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Revised 2/13/20

Policy and Procedure on Admission

I-110

PURPOSE

The purpose of this policy is to establish procedures that ensure continuity of care during admission or service initiation including ProAct's admission criteria and processes.

POLICY

Services may be provided by ProAct as registered and licensed according to MN Statutes, chapter 245D and MN Statutes chapter 245A. All services will be consistent with the participant's service-related and protection-related rights identified in MN Statute section 245D.04. ProAct may provide services to persons with disabilities when ProAct is able to meet the person's needs.

Documentation from the admission/service initiation, assessments, and service planning processes related to ProAct's service provision for each participant and as stated with this policy will be maintained in the participant's service recipient record.

Admission criteria

- A. Be at least 14 years old or as funding determines.
- B. Have a diagnosed educational, mental or physical disability with functional limitations in three or more major life activities.
- C. Able to control behaviors so that you are not hazardous or threatening to yourself or others.
- D. Require at least one of the program services.
- E. Eligible to ProAct's transportation or have access to reliable transportation.
- F. Have sufficient financial program support.
- G. ProAct has the adequate staffing to support the participant.

Refusal to Provide Services

- A. When a participant and/or legal representative requests services from ProAct, a refusal to admit the participant must be based upon an evaluation of the participant's assessed needs and ProAct's lack of capacity to meet the needs of the participant.
- B. ProAct must not refuse to admit a participant solely on the basis of the type of services the person is receiving or solely on the person's:
 1. Severity of disability
 2. Orthopedic or neurological disabilities
 3. Sight or hearing impairments
 4. Lack of communication skills
 5. Physical disabilities
 6. Bathroom needs
 7. Behavioral disorders
 8. Past failures to make progress

In the case that services are not provided, a letter is written and a copy is maintained.

The Case Coordinator and/or Program Manager will ensure that during the admission process the following will occur:



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- A. Develop, document, and implement the *Individual Abuse Prevention Plan* (IAPP), according to MN statutes, section 245A.65, subdivision.
- B. Provide the written list of the rights of persons served that identifies the participant's rights according to MN statutes, section 245D.04, subdivisions 2 and 3
- C. Explain what will be provided on the day of service initiation or within five (5) working days of service initiation and annually thereafter
- D. Make reasonable accommodations when necessary, to provide this information in other formats or languages to facilitate understanding of the rights by the participant and/or legal representative.
- E. Explain and provide the following copies (may be provided within five [5] working days of service initiation) of the following policies and procedures to the participant and/or legal representative.
 1. Policy and procedure on grievances
 2. Policy and procedure on temporary service suspension.
 3. Policy and procedure on service termination.
 4. Policy and procedure on data privacy
 5. Policy and procedure on emergency use of manual restraint
 6. Policy and procedure on reporting and reviewing of maltreatment of vulnerable adults
 7. Policy and procedure on reporting and reviewing of maltreatment of minors
- F. Obtain written authorization (and annually thereafter) from the participant and/or legal representative for:
 1. Authorization for medication and treatment administration and assistance
 2. Agreement and authorization for injectable medications
 3. Authorization to act in an emergency
 4. Standard release of information
 5. Specific release of information (if applicable)
 6. Financial authorization (within 5 working days of service initiation)
- G. The appropriate forms are signed by the participant and/or legal representative that includes the date of admission or readmission, identifying information, and contact information for members of the support team or expanded support team and others as identified by the participant or case manager
- H. During the admission/intake meeting, the support team or expanded support will discuss:
 1. ProAct's responsibilities regarding health service needs and the procedures related to meeting those needs as assigned in the *coordinated service and support plan* and/or *coordinated service and support plan addendum* (CSSP and CSSPA)
 2. Frequency of progress reports and progress review meetings, at a minimum of annually
 3. The initial financial authorization. Also, the Case Coordinator and/or Program Manager will survey, document, and implement the preferences of the participant served and/or legal representative and case manager for the frequency of receiving statements that itemizes receipt and disbursements of funds or other property. Changes will be



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documented and implemented when requested

- I. Admission process follow up and timelines:
 - A) The Case Coordinator and/or Program Manager or designee will ensure that the participant's service recipient record is assembled according to standards. Orientation will generally occur on the first day and no later than 72 hours after the participant starts.
 - B) Within 15 calendar days of service initiation, the Case Coordinator and/or Program Manager will complete a preliminary CSSPA based upon the CSSP. At this time, the participant's name and date of admission will be added to the *admission and discharge register* maintained by the Case Coordinator and/or Program Manager
 1. when a participant served requires a *positive support transition plan* (PSTP) for the emergency use or planned use of aversive and deprivation procedures prohibited under Minnesota statutes, chapter 245D.
 2. The PSTP must be developed and implemented within 30 calendar days of service initiation.
 3. No later than 11 months after the implementation date, the plan must be phased out.
- J. Within 45 calendar days of service initiation, the support team or expanded support team will meet to assess and determine:
 1. The scope of services to be provided to support the participant's daily needs and activities
 2. Outcomes and necessary supports to accomplish the outcomes. The participant's preference for how services and supports are provided including how ProAct will support the participant to have control of his/her schedule.
 3. Whether the current service setting is the most integrated setting available and appropriate for the participant
 4. How services for this participant will be coordinated across 245D licensed providers to ensure continuity of care
 5. The participant's ability to, at a minimum and within the scope of services, self-manage health and medical needs, personal safety, symptoms or behaviors by using the *self-management assessment* form.
- K. Also, at the 45 day meeting, a discussion of how technology might be used to meet the person's desired outcomes will be included. The Coordinated Service and Support Plan or CSSPA will include a summary of this discussion. The summary will include a statement regarding any decision that is made regarding the use of technology and a description of any further research that needs to be completed before a decision regarding the use of technology can be made.
- L. Within 10 working days of the 45-day meeting, the Case Coordinator and/or Program Manager will develop and document outcomes and supports for the participant, based upon the assessments completed at the 45-day meeting.



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M. Within 20 working days of 45-day meeting, the Case Coordinator and/or Program Manager will obtain dated signatures from the participant and/or legal representative and case manager to document completion and approval of the assessment and CSSP.

D. REFERRAL AND ADMISSIONS PROCESS

The policy of ProAct is to ensure the criteria for admissions/exclusions is consistent and in compliance with Minnesota statutes.

1. PROCEDURE

Each inquiry about services will receive an immediate response by the Intake Coordinator/Case Coordinator, who is the initial point of contact. As a matter of course, general information about the organization and referral packet information will be offered. The name and address of the inquirer and potential applicant will be requested.

The Intake Coordinator/ Case Coordinator will provide program information and any other information requested by the inquirer. A referral file will be established on every participant for whom a referral packet has been requested.

2. REFERRAL POLICY

A referral is generally made by the case manager from the county of financial responsibility for the applicant. The Intake Coordinator/Case Coordinator will be responsible for assisting the referral source in completing and submitting these materials. This information will be forwarded to the Director/Manager to be assigned to a Case Coordinator. The Intake Coordinator/Case Coordinator will be responsible for assisting the referral source and potential applicant throughout the admissions and intake process. Once the intake process is completed, the Intake Coordinator/Case Coordinator will transfer the applicant to the assigned Case Coordinator.

Referrals will be accepted in the order they are received, with two possible exceptions host county referrals may take precedence, and participants needing specialized accommodations may have a delayed start date. The referral process is completed when the admissions/discharge committee has met and reviewed all requested referral information received by ProAct:

1. Application for Services (Eagan)
2. Copy of participant's current Participant Service Plan, CSP, CSSP, or IEP for students
3. Physical examination report current within one year and psychological examination.
4. *Current medical information is needed for the admissions committee review; however, a current physical must be in the participant's file prior to his/her start date. ADS requirement: physical must be current to within 3 months of start date. All other programs: physical must be current to within 1 year prior to start date.



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5. Social history
6. Residential and day program progress and assessment records
7. Applicants who do not reside in an ICF-MR facility will require a Service Agreement Form from the county of financial responsibility
8. *CADI case managers report that they do not always have all of the above information in the participant's file, and that they may be unable to attain any. The admissions/discharge committee will review information provided, and make a determination of acceptance.

3. ADMISSIONS COMMITTEE

The admissions committee includes the Director of Programs/Services, Intake Coordinator/Case Coordinator, Nurse, Employment Manager, Job Development Manager, representatives from each ProAct program. The committee reviews all referral information to determine whether or not the needed services can be provided or developed. An "Admissions Committee Review Form" is completed by the Intake Coordinator/Case Coordinator and submitted for filing.

The Intake Coordinator/Case Coordinator will contact the participant and team upon acceptance.

When services can be provided, an intake meeting will be scheduled, after all necessary forms, information and funding has been received, and a start date will be determined. The intake procedures and checklist will be completed.

4. NOTIFICATION OF APPLICATION STATUS

Applicants must be notified of the status of their application within 30-45 days after receipt of a written request for services.

5. NON-DUPLICATION OF SERVICES

ProAct will not provide services to those persons who qualify for the following:

- a) for participants receiving "Special Education" and related services as defined in the Education of the Handicapped Act; or
- b) for participants who are eligible for vocational services provided under section 110 of the Rehabilitation Act.

6. WAITING LIST

When program enrollment equals the licensed maximum, participants accepted for services will be placed on a waiting list and notified when a vacancy occurs. A printed record of the waiting list will be kept by the Intake Coordinator/Program Coordinator and the list will be reviewed with the Vice President/Director of Programs/Services to ensure its accuracy whenever there is a change to the list, and monthly. Fiscal year summaries of waiting lists will be stored for four years.



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7. ASSESSMENT

The first thirty (30) to forty-five (45) days of the participant program is an assessment period, according to the guidelines of Rule 245D. Assessment will be completed annually thereafter. Assessments will be conducted on an individual basis, using the standardized assessment form or additional standardized assessment tools. Assessments shall be coordinated by the Case Coordinator in consultation with the other program staff and consultants. A written narrative must include: 1) a summary of the participant's progress or lack thereof, 2) observational data stated in behavioral terms, and 3) program recommendations.

- a) An Intensive Support Services Assessment (ISSA) /Individual Abuse Prevention Plan (IPPA) will be developed during the participant's intake and re-assessed 45 days after start date. Certain forms completed in order to identify strengths, functional limitations and needs of the person.
- b) The vocational component of an assessment is designed to assess a participant's work skills and behaviors including: quality, work tolerance, productivity, work habits, and work behaviors.

The assessment categories will include

- i. Self-care component which includes eating and drinking, personal hygiene, toileting and clothing
- ii. Community orientation component emphasizes safety; areas covered include familiarization, resources, independence, leisure and financial
- iii. Mobility component includes ambulation, community safety, individualized transportation and public transportation
- iv. Vulnerable Adult component is the assessment that includes medical, personal care, mobility/community and social skills
- v. Support services necessary to obtain and maintain community based supported employment are assessed
- vi. Therapeutic needs and adaptations pertinent to service delivery are assessed in accordance with requests from the case manager

8. PLANNING CONFERENCE

A planning conference is scheduled to be held within forty-five (45) days of a participant's service initiation. Within ten (10) working days after the meeting, ProAct will develop and document the Coordinated Service & Support Plan Addendum. The purpose of the conference is to review assessment data, identify personal and program needs, and define the participant's goals and objectives as well as the staff members who will provide services and training to reach those goals. All members of the interdisciplinary team are invited to attend this conference.

9. RECORDS



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The outcome of the referral process will be recorded on ProAct's Referral Outcome Form at the time of determination. ProAct will keep referral outcome documentation for seven years. Current referral outcome data will be kept by the Intake Coordinator/Case Coordinator. Referral outcome data from previous fiscal years will be stored with the archive files.