

HOSPITALITY HOUSE REFERRAL PROCEDURE

1. Referrals to Hospitality House (HH) can be made from the following sources:
 - a. Psychiatric Hospital
 - b. MHMR Centers; Community Care Coordinators (CCC) or Liaison Workers
 - c. Family members
2. Individuals who are referred need to be hospitalized at the time of referral, stable, or stable behaviorally and mentally (or at baseline) if living in the community.
3. Referrals are given to the HH Service Coordinator or Social Worker.
4. If a referred individual is accepted and an open bed is not available, then that person will be placed on a waiting list.
5. If a waiting list exists, it will be updated on a regular basis.
6. The following information is needed when referrals are made:
 - a. Name
 - b. Date of birth
 - c. County of residence
 - d. TSH Social Worker or community contact
 - e. Family correspondent
 - f. Social Security number
 - g. Race and sex
 - h. Marital and legal status
 - i. Physical and mental diagnoses; statuses
 - j. Insurance information
 - k. Treatment history
 - l. Social history
 - m. Daily notes/description of daily behavior
 - n. Current psychiatric evaluation
 - o. Current lab work
 - p. Current physical status
 - q. Allergies
 - r. Legal status and history
7. The following criteria will be used to determine eligibility for placement in HH
 - a. The resident does not require nursing care which prohibits program participation.
 - b. There are no legal limitations which would interfere with participation in our program (parole and probation status is considered based on charges).
 - c. History of repeated hospitalizations or long term psychiatric care.
 - d. Inability to care for personal health, hygiene, finances, employment, or compliance to treatment.
 - e. Is at least 18 years of age.
 - f. Has the potential to respond to the rehab program offered.
 - g. Has the potential to function within the HH physical program.
 - h. Is not dangerous to self, others, or property.
 - i. Is not an elopement risk.
 - j. If on parole or probation, we would need written authorization for placement from the individual's parole or probation officer.
 - k. If the resident's referral packet is incomplete or missing important information, then the admission will not proceed until this is corrected, unless waived.
 - l. If developmentally disabled, be approved for placement at HH by consumer's

MRAs and LRMHMR, has a mental illness, and meets the same criteria as other referrals. If the person has mental retardation without a mental illness, that person is not appropriate for the program.

- m. Is willing to reside at HH voluntarily and sign a residential agreement or guardian.
 - n. Is ambulatory or is able to mobilize via mechanical aids.
 - o. Is approved for placement by the HH Treatment Team
 - p. If the person has a guardian, then the guardian is in agreement with placement and signs the consent to reside.
 - q. Those who smoke have 6 designated smoke breaks during the day (unless they smoke during community access/patio access, etc. Smoking materials are not allowed to be kept by residents inside the building (fire risk).
 - r. No one will be accepted on a short term basis unless approved by the Treatment Team.
8. Entitlement; benefits; insurance
- a. If the referral is on disability, Medicare D and Medicare status need to be provided.
 - b. If the referral does not have any benefits, then a copy of the Social Security determination for benefits must accompany the application for admission or SS card.
9. We do not accept acute cases that pose a risk to self or others.
10. Once a referral packet is complete: It will be routed to members of our Treatment Team for review and comment and then the packet will reviewed by our psychiatrist. Residents have a right to choose their own relationships, may pursue their relationships in private if both parties are consenting adults, and we cannot prevent sexual encounters.
11. Consensual sexual activity is a right of voluntary residents; further, as a non-secured facility with very limited requirements on visual contact, we cannot and do not guarantee that any resident will refrain from sexual activity. Therefore, Hospitality House is an inappropriate placement for any resident directed by a guardian who desires that their ward have a limitation on sexual activity.
12. Once a resident is approved for placement, the resident will be invited to visit HH. This visit is helpful in allowing the resident to render an informed consent about their admission to HH, and for us to obtain additional information if needed. Pre-placement visitation is recommended and may occur at any time during the referral process.
13. Both the resident and primary correspondent need to be advised that we will apply to become payee for any entitlements the resident receives. \$60.00 a month will go into a trust fund which is managed by the facility, unless this is waived.
14. The following will need to be provided in order to insure a smooth transfer to HH:
- a. Notification and input provided by the resident's family.
 - b. If applicable, current guardianship paperwork.
 - c. A physical exam within 10 days of admission to HH.
 - d. A 30 day furlough, if the person is coming for an acute care/hospital setting, it is preferred, but not required.
 - e. A contingency plan in the event the admission does not work out.
 - f. Resident agrees and is willing to follow the rules of the facility.
 - g. A provision of a 2-4 week supply of medication, is preferable, but not mandated.
 - h. Spending money.
 - i. Clothes. If clothing is not available, new clothes are maintained
 - j. Indication of any status changes in health, mental status, legal issues, or behavior.

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- k. Indication/record of allergies, special needs, problems, or diet.
- l. Any resident with a history of IV drug use or promiscuous sexual behavior will need to have a Hepatitis panel and a HIV tests done with the results known before they are allowed admission to our facility. This does not preclude admission, it is needed to know if protection of other residents is needed
- 16. Residents, family members, or guardians should agree that when discharge criteria has been met or a resident signs a 72 hour discharge notice, that the resident be returned to their original county of residence unless other arrangements have been made.
- 17. No transfer will occur until final authorization has been obtained from the Lakes Regional S-O MHMR Center's contract manager.

Authorized and Unauthorized Personal Items:

Authorized	Unauthorized
1 radio	items made of glass
14 shirts	knives/weapons
12 pants	letter openers
14 panties/underwear	over the counter medications (provided)
2 pair of shoes	food items
1 pair of house shoes	pots/pans
1 light jacket	dishes
1 heavy jacket/coat	expensive jewelry
books or magazines	pins/needles
5 sleepwear items	any chemicals
1 housecoat/robe	cars
plastic bottles of perfume/aftershave	electric heaters, blankets, appliances
belts/suspenders	cigarette lighters/matches
plastic sun glasses	live plants (many are poisonous)
inexpensive watches/jewelry	
batteries for radio	
cigarettes/tobacco - to be turned into staff	
spending money - to be turned into office	

A resident may have a tv/stereo/gaming system. Residents and family need to understand that we cannot be responsible for any personal item(s). We encourage residents to get a lock box for their closet or to keep their closet locked at all times. There is a Trust Fund to hold excess money, which can be withdrawn Monday through Friday.

Discharge Criteria

1. The resident meets discharge criteria or chooses to leave, or chooses to leave against medical advice (there is a special procedure if this occurs).
2. The resident decides to sign self out via giving 72 hour notice or any length of notice, preferably with enough time to coordinate a successful move. (or guardian does the same)
3. The resident becomes physically unable to participate in the program (medically).
4. The resident/guardian chooses to not follow the rules of the facility, creating a danger to self or others.
5. Preferably, the resident agrees to return to their original county of residence.
6. Attempts are made with the referring MHA/receiving MHA to provide services after

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- discharge. Many times this is not possible; LRMHMRC is notified of each discharge.
7. Anyone discharged against advice (medical or Treatment Team advice) may not be considered for re-admission if the stability of the resident is of concern. LRMHMRC is notified as well as local police if the person is experiencing a mental health crisis and considered a danger to self or others.
 8. Any resident who consumes alcohol or drugs, or becomes destabilized during a home visit will be reviewed by the physician and Treatment Team for continued placement at Hospitality House.
 9. Anyone refusing to return to the facility after a home visit will be immediately discharged as this is considered a choice to be discharged AMA.
 10. If the behavior or lack of monitoring by a resident's family is not sufficient to ensure safety for the resident, then family visits may be modified, curtailed, or halted per Treatment Team/physician instructions. Adult Protective Services referrals may be made depending upon the threat to the resident.

Misc.

1. Placement here constitutes the individual's agreement to follow the treatment recommendations made in this facility; however, the resident has the right to refuse services, orders, etc. If this is considered potential for danger to self or others, discharge may occur.
2. We will seek appropriate services to restore the medical, mental, and physical health of the resident. Failure of third party payment may result in a recommendation for discharge if there is a health threat to the safety of the resident, i.e. referral to a nursing facility, general hospitalization, etc.
3. We do not fund any treatment provided outside of our facility for medical or psychiatric care. Dental care is the responsibility of the resident; however, some assistance may be obtained by outside providers, and HH seeks all avenues to obtain dental care.
4. Any resident with a history of serious violence, convictions for assault, or sexual predation, regardless of their level of functioning, are reviewed access the community with appropriate supervision, and if needed, guardian consent.
5. Our Treatment Team reserves the right to make final decisions regarding referral, admission, treatment, setting limits for behavior, and discharge.
6. Individuals being admitted will consent to living and participating in a program which may limit a right, if determined by the physician.
7. No referral will be considered until all requested information has been received.
8. Visitation is between the hours of 9:00 a.m. and 8:00 p.m., seven days a week, but provisions can be made for alternate hours under special circumstances.
9. There are three people to a room unless special circumstances prevent this.
10. Rooms may be decorated as the resident desires as long as the items in the room meet licensing (fire retardant) specifications, i.e. curtains, extension cords, etc.
11. Each resident is expected to be responsible for their own personal property. Each has the option of having their closet locked, key provided and obtaining other storage devices to use to secure items (as long as the charge nurse has the means to gain access into locked areas in case of a fire hazards).
12. We do not provide transportation for family visits, but can assist with transporting the resident to bus stations when the resident is deemed capable of safely navigating bus terminals, stops, etc.