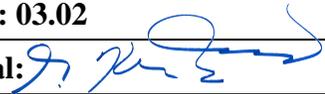


ALASKA PIONEER HOME		P&P No: 03.02
Title: Pre-Admission and Level of Care		Approval: 
Key Words: Selection, Pre-admission, Applicant list, Level of Care		
Team: Admin, Social Services, Nursing	Effective Date: 12/12/13	Page: 1 of 7

PURPOSE

To describe the criterion used to select an applicant for admission to the Alaska Pioneer Homes (AKPH).

POLICY

AKPH applicants are offered admission to a Home in the order of application date and level of care needed.

The AKPH makes every reasonable effort to match the level of care to the needs of the applicant.

DEFINITIONS

Activities of daily living (ADL) include mobility, transfer, eating, toileting, bathing, grooming, dressing, oral care, medication management, and recreation.

Level of care is a grouping of the type and extent of services that a resident receives while living in a Pioneer Home.

PROCEDURE

I. Applicant Selection for Admission to a Home

- A. Conditions for selection
 1. Based on the date and time that an application is received; the earliest applicant has preference. Addition to the waitlist(s) and change of status from inactive to active that are submitted to the central office, can take up to 15 business days to take effect.
 2. Applicant is on the active waiting list.
 3. Applicant requires the same level of care as the available vacancy.
 4. There are no provisions for a needs based priority of admission.
 5. The Alaska Veterans and Pioneer Home (AVPH) in Palmer, the State Veteran Home, requires a 75% veteran occupancy by the Veterans Administration. As a result, AVPH admits a higher ratio of veterans.
 6. The Home social worker informs applicants of other available services within the community.

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1. Pioneer Home central office provides information about a Home's applicants:
 - a. Completed application form
 - b. History and physical form
 - c. Certificate of need
2. Applicant is interviewed in person by Home staff who assess for admission.
3. Applicant is assessed for abilities and needs for assistance with:
 - a. Activities of daily living, including nutritional support, grooming, dressing, toileting, and bathing.
 - b. Mobility and balance.
 - c. Medication management and health-related issues, such as pain control.
 - d. Cognitive and behavioral function which includes assessment for appropriate behavior.
 - e. Cultural, recreational, and spiritual support.
 - f. Safety and acceptable behaviors for living within a communal environment.
4. The applicant's abilities and needs are matched with the level of care which most closely addresses them.
 - a. If the applicant is not appropriate for the vacancy, the applicant is notified in writing explaining the decision.
 - b. An appeal procedure is included with the letter to the applicant.
 - c. The application form and related materials are kept on file during the appeal procedure.
 - d. Copies of the application and materials are sent to the central office.
 - e. If the appeal is denied, the applicant remains on the waiting list for appropriate placement.

II. Offer of Admission and Acceptance**A. Assigning a bed when a vacancy occurs**

1. Person selected to occupy the vacancy can be:
 - a. A current Home resident who needs a higher level of service, *or*
 - b. An applicant on the waiting list who requires services provided at the level of care of the vacancy.

B. Use of applicant lists

1. When Home vacancies occur, an applicant list is requested from the Division of Pioneer Homes central office.
2. The list is scanned to the Home and the applicants are reviewed.

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3. This list is used for all current vacancies on the date the list is received by the Home.
4. Each applicant is considered sequentially beginning at the top of the list.
5. Pertinent information is noted about the eligibility of each applicant, such as level of care needed.
6. The Home continues to work from the list that was received from the central office until the current vacancies are filled.
7. When an applicant is offered admission to a Home, it is noted whether the offer is accepted or declined, and dated. Reasons for declining an offer are noted.
8. It is the responsibility of the applicant to provide current telephone contact information.
9. Failure to respond within 5 business days is considered a decline of the offer; current position on the active wait list is maintained.
10. When the Home's vacancies are filled, the wait list is sent to the central office to update the division list.

C. Room acceptance

1. Room offers are made by telephone or mail.
2. If a room is offered, the applicant accepts the room within 5 business days of the offer.
3. If an offer is accepted, the applicant moves into the Home within 30 days of the offer.
4. Billing commences by the 30th day of the original acceptance date or the move in date, whichever is sooner.
5. If an applicant is unwilling or unable to accept the offer, the applicant's name is transferred to the inactive waiting list.
 - a. The applicant remains on the inactive list for at least 180 days before applying for a transfer to the active list.
 - b. It is the responsibility of the applicant to request a transfer to the active list once the 180 day waiting period expires.
 - c. An exception to the 180 day rule may be applied if an individual can provide written appeal to the Home administrator. The appeal explains a change in medical condition or guardianship that necessitates immediate transfer to the active waitlist.

D. Admission is not granted to applicants for the following reasons:

1. Condition of the applicant
 - a. Applicant has a communicable, contagious, or infectious disease that would threaten the health, safety, or welfare of the Home residents.

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- b. Applicant exhibits behaviors that would threaten the health, safety, or welfare of the Home residents, as determined by the Division.
 - c. Applicant or applicant's legal representative fails to consent to the person entering or remaining in the Home.
 - d. Care needs cannot be met by Home staff.
2. Payments to the Home are unpaid and overdue, and the Division determines that the Home resident has sufficient assets to pay for the care.
 - a. Admission or re-admission is not granted with a past due account.
 3. Applicant fails to provide proof of Medicare Part A, Part B, and Part D insurance coverage under the Social Security Act, or private medical insurance providing coverage at least as extensive as the Medicare coverage.

III. Levels of Care**A. Background about levels of care**

1. The Pioneer Homes operate in accordance with statutes and regulations pertaining to assisted living homes in Alaska.
2. The definition and cost of each level of care is determined in the Alaska regulations.
3. Each level of care designates a grouping of assisted living services which are described in the assisted living contract.
4. The services are personalized in the assisted living plan for that resident.
5. Due to funding, facilities, and staff availability, the AKPH cannot guarantee that all care levels will be available to every Home resident.

B. Assessment for level of care

1. An assessment is used to determine a resident's level of care.
2. Portions of this assessment are completed prior to admission to determine the initial level of care.
3. The remaining assessments are completed upon admission, updated 30 days after admission, and every 90 days thereafter.
4. The care team matches the resident's needs and abilities with the most appropriate services.
5. The care team advises the Home administrator of any unresolved level of care needs.
6. The Home administrator has final authority to determine the level of care.
7. The need for acute care or care not provided in a Home necessitates a resident transfer or discharge to another facility.
 - a. A 30 day advance written notice by the Home administrator is given, if possible.
 - b. Residents requiring emergency treatment are transferred immediately.

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C. Summary and definition of the three levels of care

1. Level I care

- a. Includes the provision of housing, meals, emergency assistance, and opportunities for recreation.
- b. Does not include routine staff assistance with activities of daily living (ADL), medication administration, or health services.
- c. AKPH pharmacy may supply the prescribed medications.
- d. Is appropriate for seniors who are able to independently perform all activities of daily living; no routine staff assistance is provided.
- e. Residents who receive Level I service are:
 - 1) Ambulatory or independently mobile.
 - 2) Independent in performing ADL, medication administration, and health services.
 - 3) Able to demonstrate cognitive ability to function independently.
 - 4) Independent in maintaining safe and comfortable living quarters, e.g. making bed and dusting. Heavy housekeeping is provided by the Home.

2. Level II care

- a. Includes the provision of housing, meals, emergency assistance, and staff assistance.
 - 1) Staff assistance includes assistance with ADL, medication administration, recreation, and health-related services.
 - 2) Staff assistance includes supervision, cueing, or hands-on assistance, with the resident performing the majority of the task.
- b. Occasional staff assistance is provided during day and evening hours, but nightshift assistance and 24-hour supervision are not provided.
 - 1) During the night shift, the resident is independent with ADL and capable of self-supervision.
 - 2) Residents may receive medication administration during the night shift.
- c. For seniors who require occasional, minimal staff assistance or cueing.
- d. Resident who receive Level II cares may require one or more of the following assistance during day or evening hours:
 - 1) Occasional assistance with ambulation or mobility.
 - 2) Occasional cueing or assistance with ADL, including bathing, grooming, dressing, and meal set-up.
 - 3) Assistance with medication administration or intermittent health services.

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- 4) Occasional restroom assistance or reminder cues, to promote bowel and bladder continence. Assistance in managing incontinence promotes health, hygiene, and dignity.
 - 5) Assistance with maintaining safe and comfortable living quarters.
3. Level III care
- a. Includes the provision of housing, meals, emergency assistance, and staff assistance.
 - 1) Staff assistance includes assistance with ADL, medication administration, recreation, and health-related services.
 - 2) Staff assistance includes hands-on assistance with the staff performing the majority of the effort.
 - b. The resident receives assistance throughout a 24-hour day.
 - c. Resident who receive Level III services may require one or more of the following assistance during a 24-hour day:
 - 1) Assistance with ambulation or mobility at frequent intervals.
 - 2) Assistance with ADL at frequent intervals, including eating and drinking.
 - 3) Assistance with medication administration and health services.
 - 4) 24-hour supervision.
 - 5) Structured activity and recreation programs due to impaired mobility, cognition, communication, orientation, and socialization.
 - 6) Safeguards to prevent wandering or falls.
 - 7) Use of restraints to ensure safety.
- D. The following assessments may be conducted to assist in determining level of care:
1. Physical therapy assessment
 2. Pain assessment
 3. Depression scale
 4. Mini-mental status
 5. Psychological or psychiatric evaluation
 6. Abnormal involuntary movement scale (AIMS)
- E. Other services that may be available in the Home:
1. Day services include services provided in a Home to a person who requires Level III services for up to eight hours a day between the hours of 6 am - 6 pm.
 - a. Includes meals if meals are scheduled during the period that the person is receiving day care.
 2. Respite services include room and board provided in a Home to a person who requires Level III services for up to 14 consecutive days, 24 hours a day.

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New: 1/1/12

Revised: 3/15/12; 7/20/12; 3/15/14

Reviewed: 3/15/14

ATTACHMENTS

AKPH pre-admission form

N-07 Alzheimer's Disease and dementias

REFERENCES

7 AAC 74.010, 7 AAC 74.020, 7 AAC 130.205, 7 AAC 130.230, HCBS SOP