



SAWC

RECUPERATIVE CARE CENTER PROGRAM GUIDELINES

Shelter Association of Washtenaw County
312 West Huron St. Ann Arbor, MI 48103
734-662-2829 x254 Ask about the Recuperative Care Center
734-996-3022 fax
www.annarborshelter.org sawccares@washtenaw.org

WHAT IS RECUPERATIVE CARE?

Recuperative Care is a program operated & staffed by the Shelter Association of Washtenaw County in partnership with Packard Health that provides immediate shelter, meals, housing case management, and medical care to homeless persons who require a successful resolution of an acute medical condition or the stabilization of a chronic medical condition. The program offers short-term care to patients with conditions that would be exacerbated by living on the street or other unsuitable places. The program maintains 6 beds (4 for men and 2 for women) at the Delonis Center. Although care and rest are provided the RCC is not a skilled nursing facility. On-site nursing staffing is limited and is primarily for treatment planning and health education. Please review the attached admission criteria carefully before submitting a formal referral application.

WHEN TO MAKE A REFERRAL

Referrals and Client Intakes are accepted from:

8:30 a.m. – 4:30 p.m. Monday-Thursday

8:30 a.m. - 1 p.m. Friday

WHO CAN MAKE A REFERRAL?

A social worker, discharge planner, registered nurse, community provider, or prescriber may call to initiate a referral and check on bed availability.

MAKING A REFERRAL

Review admissions criteria on referral form. Fax referral form to **734-996-3022**. Then **text or call 734-489-9112** to notify RCC Outreach Coordinator or Program Director of sent fax. RCC will review referral form with Packard Health to determine client appropriateness for admission. RCC will respond to discuss client referral and discuss preliminary appropriateness for RCC. If you would like to discuss referral with RCC staff or are concerned about a lack of timely response, please call the Delonis Center Front Desk at 734-662-2829 x 254.

WHAT HAPPENS NEXT?

Referral Process: Once the Referral Form is received, the RCC Program Director, the RCC Outreach Coordinator, and the Packard Health Nurse will determine if the patient meets the Recuperative Care admission criteria. After review, the referring provider will be notified (within a few hours) of acceptance or denial. If approved, additional medical documents will be requested and sent by fax from the referring provider.

Acceptance: The Program Director will then arrange the date and time for RCC admission which will usually be the following business day. If a same day discharge is needed, discharge should be arranged early enough in the day for them to arrive prior to 4:30 PM. The discharging facility is responsible for arranging transportation. Clients are preferably to arrive at the RCC between Monday through Friday 8:30-4:30 PM for intake and orientation.

Patients **MUST BE PROVIDED** a 30-day supply of all necessary medication unless a shorter course of administration is recommended or other arrangements are made with the RCC Program Director. Please use **Genoa Pharmacy** for filling new prescriptions so the client may have prescriptions delivered to RCC. Patients **MUST BE PROVIDED** with assistive device for ambulation if prescribed by referring facility.

WHAT HAPPENS NEXT? (CONT.)

If a client is deemed medically inappropriate, requiring a higher level of care, or does not have required medications upon arrival to the Recuperative Care Center, the RCC Program Director will follow up with the referring provider to seek alternative arrangements of care for the patient.

Denial: If the referral is denied the RCC Outreach Coordinator may be available to visit the patient at the referring provider location for further review for program appropriateness.

PROGRAM GUIDELINES/CRITERIA

Referrals are screened by the RCC Program Director, RCC Outreach Coordinator, and the Packard Health Nurse upon receiving the faxed Referral Form. A preliminary approval and correspondence with the referring provider may happen within 2 to 3 hours.

PATIENT ADMISSION CRITERIA:

- Experiencing homelessness including: residing in a place not mean for habitation, including an uninhabitable home, and/or previously living in an unstable environment that does not allow recuperation
- Have a medical issue that would benefit from an RCC stay
- Be independent in Activities of Daily Living or have adequate assistance and care
- Be willing to come to Delonis Center, comply with medical recommendations, and progress medical goals--unique circumstances of awaiting for guardianship or power of attorney approval, a SAWC staff can visit the patient at the hospital to share RCC program details
- Be bowel and bladder continent
- Be medically and psychiatrically stable enough to receive care in our Recuperative Care Center. Must not be suicidal or homicidal (danger to self or others).
- Patients requiring IV Antibiotic must be able to self-administer or the discharging facility needs to arrange to have a Home Health Nurse come to the RCC location to assist the patient
- Not require skilled nursing care unless it can be provided by Home Health nursing
- Not received benzodiazepine for alcohol withdrawal in the past 24 hours
- Be diabetes independent (with supplies) or would benefit from ongoing education and training
- Have a condition with an identifiable end point of care for discharge

EXCLUSION CRITERIA

- Active substance abusers unable or unwilling to abstain when on premises during the Recuperative Care stay
- A person with an active communicable disease such as the flu, MRSA, VRE etc. Isolation is not possible in the Delonis Center.

PAPERWORK REQUIRED POST PRELIMINARY APPROVAL OF ACCEPTANCE AND PRIOR TO ADMISSION:**From hospital/inpatient:**

- Recuperative Care Referral Form
- Release of Information from referring entity naming the Shelter Association of Washtenaw County
- Discharge summary
- Psychiatric or substance abuse consultations
- All pertinent social service information

From Emergency and Outpatient Department:

- Recuperative Care Referral Form
- Discharge summary
- All pertinent clinical information (i.e. labs, x-rays, etc.)
- TB status or other infectious diseases disclosure (i.e. MRSA, VRE, etc)