

PROGRAM GUIDELINES: General Information

What is Recuperative Care?

Recuperative Care is a program operated & staffed by JWCH Institute Inc. that provides transitional housing, meals, case management and medical care to homeless persons who are recovering from an acute illness or injury. The Program offers short-term care to patients with conditions that would be exacerbated by living on the street, in shelters or other unsuitable places. The Program maintains 75 beds between two locations (45 beds at the Weingart Center in Downtown Los Angeles and 30 beds at Bell Shelter in Bell). Although there is 24-hour LVN/nursing coverage, it is not a skilled nursing facility. Please review the attached admission criteria carefully before submitting a formal application.

Who can make a referral?

A social worker, registered nurse or health care provider (doctor, NP, or PA-C) may call to initiate a referral and check on bed availability. Patients may not self-refer.

When to make a referral:

Referrals are accepted from 8 AM - 5 PM Monday thru Friday.

Making referral:

Contact the Recuperative Care operator at (213) 689-2131 or (213) 689-2132. If a bed is available and the referral is thought to be appropriate, the referring medical provider must complete the Recuperative Care Provider Referral Form. The completed referral form should be faxed to the Recuperative Care Bed Control Unit at (213) 624-2302.

What happens next?

Once the Provider Referral Form is received, the on-call Recup Provider will determine if the patient meets the Recuperative Care admission criteria. After review, the referring agency or provider will be notified (within a few hours) of **preliminary acceptance** or denial. If approved, the remainder of the Recuperative Care Referral Packet including chest x-ray, history & physical, medication reconciliation form, verification of homelessness, disease disclosure form, AND FOLLOW-UP APPOINTMENTS for specialty care (if needed) will need to be faxed to the Program Coordinator. Once the completed application is received, the Recuperative Care Provider will review the additional information and finalize the approval for acceptance into the program and determine placement location. The Intake Coordinator will then arrange the date and time for Recup admission and arrange for patient transportation if available.

Clients to be admitted must arrive at the Recuperative Care Unit by 4:30 PM Mon-Fri. **Other arrangements must be approved by the Recuperative Program Coordinator.**

Established Locations:

www.jwchinstitute.org	
515 East 6th St. Second Floor Los Angeles, CA. 90021 Phone: 213.689.2132 Fax: 213.624.2302	5600 Rickenbacker Rd. Building 1-E Bell, CA. 90201 Phone: 323.263.8840 Fax: 323.263.8348

Of note:

1. If a client is deemed medically inappropriate or requiring a higher level of care, does not have required medications upon arrival to our Recuperative Care Program, he/she will be returned to the referring facility.
2. Patients **MUST BE PROVIDED** a 30-day supply of all necessary medication unless a shorter course of administration is recommended.
3. Patients **MUST BE PROVIDED** with shoes upon discharge from referring facility. Patients may be returned otherwise.
4. Patients **MUST BE PROVIDED** with assistive device for ambulation if prescribed by referring facility.

PROGRAM GUIDELINES: Criteria

Admission Criteria

Referrals are screened and evaluated by the on-call provider upon receiving the faxed Provider Referral Form which **MUST BE COMPLETED** by the responsible referring provider. A preliminary approval will be determined in a timely manner.

Patient must:

- ◆ Be homeless
- ◆ Have an acute medical illness
- ◆ Be independent in the Activities of Daily Living and medication administration
- ◆ Be willing to see an LVN or Registered Nurse every day and comply with medical recommendations
- ◆ Be bowel and bladder continent
- ◆ Be medically and psychiatrically stable enough to receive care in our Recuperative Care facility. Patient must not be suicidal or homicidal.
- ◆ Have a condition with an identifiable end point of care for discharge.

Exclusion Criteria

- ◆ Sex offender
- ◆ Child molester
- ◆ Arsonist
- ◆ History of assault on a police officer
- ◆ Patients with unstable medical or psychiatric conditions that require an inpatient level of care.
- ◆ Patients requiring IV hydration (Patients requiring IV Antibiotic must be able to self-administer or arrange to have a Home Health Nurse come to the Recup Care location to assist the patient)
- ◆ Active substance abusers unable or unwilling to abstain during the Recup Care process.
- ◆ Home oxygen

PROGRAM GUIDELINES: Required Documentation

● STEP 1. Paperwork required to obtain preliminary approval of acceptance:

From ALL Referring Agencies:

1. Provider Referral Form - Must be completed by REFERRING PROVIDER ONLY.
This is the only form needed to initiate the referral process and to obtain a preliminary approval for acceptance into the program.

● STEP 2. Paperwork required after preliminary approval of acceptance and prior to admission:

From hospital/inpatient:

1. Recuperative Care Case Manager Program Referral Form
2. Initial History and Physical and Discharge Summary
3. All pertinent labs and other related clinical and diagnostic studies.
4. Psychiatric or substance abuse consultations.
5. All pertinent social service information
6. Follow up appointments for specialty care, if applicable
7. TB status or other ID disclosure. (MRSA, VRE, etc)
8. Public Communicable Disease Disclosure
9. Verification of Homeless
10. Medication Reconciliation Form (with frequency and dosage of administration.) Please list onl medication which patient will be provided upon discharge.

From Emergency and Outpatient Department:

1. Recuperative Care Case Manager referral form
2. ER/Outpatient History and Physical
3. All pertinent clinical information, labs, x-rays etc.
4. Follow-up appointments
5. Medication Reconciliation Form (with frequency and dosage of administration)
6. TB status and other ID disclosure (MRSA, VRE, etc)
7. Public Communicable Disease Disclosure
8. Verification of Homelessness

From Shelters/Clinics

1. Recuperative Care Case Manager Referral form
2. Copies Progress Notes/Physical Exam note detailing acute medical need
3. Copies of pertinent clinical and social service information.
4. Copies of recent discharge paperwork from Hospital or ER visit.
5. List of current medications (with frequency and dosage of administration)
6. TB status and other ID disclosure (MRSA, VRE, etc)
7. Public Communicable Disease Closure
8. Verification of Homeless