### RECUPERATIVE CARE PROGRAM

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# PROGRAM GUIDELINES: Required Documentation

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

### From ALL Referring Agencies:

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 listyonl 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