



12421 Dahlia Ave, El Monte 91732
Phone: 626-565-1000 x1 | Fax: 626-469-3702 | Direct: 626-469-2306
Email: admissions@horizonSGV.org

Patient: _____ Person making referral: _____
DOB: _____ Referrer Phone: _____
Managed Care Plan: _____ Referrer Email: _____
ID#: _____ Referrer Facility: _____
Managed Care CM / Hospital CM Contact: _____ Phone: _____
Reason for Referral: _____
Primary Diagnosis: _____
Special Treatments: _____
(i.e. wound care, PT/OT, IV ABTS, respiratory care, glucose monitoring, non weight bearing)

Medical Records

- H&P
MD Progress Notes
Discharge Orders
TB status. Last PPD Date/CXR
Behavioral Diagnosis
Medical Equipment (DME)
Special Dietary Records
PT/OT Notes
30-Day Supply of Meds on Discharge
Negative COVID Test on Discharge

ADLs and Special Needs

- Independent with ADLs? YES NO
Is client ambulatory? YES NO
If not, independent with mobility? YES NO
Assistive device? YES NO
Can attend all appointments independently? YES NO
Can self-administer all meds? YES NO
Recent falls? YES NO
Continent? YES NO
If incontinent, can change own briefs? YES NO
Alert and oriented? YES NO
History of Dementia or Alzheimer's? YES NO
History of MRSA or other isolation? YES NO
Psychiatric Diagnosis: YES NO
If so, receiving psychiatric care? YES NO
History of RECENT substance use? YES NO
If so, signs of withdrawal? YES NO
On methadone? YES NO
If so, enrolled in methadone program? YES NO
Dx: _____
Location: _____
Describe: _____
Program: _____
Program phone: _____



ADMISSION CRITERIA and REFERRAL PROCESS

ADMISSION CRITERIA

The patient is:

- ✓ **homeless**/becoming homeless/lives in an inappropriate post-hospitalization setting
- ✓ able to **independently complete all daily activities** (ADLs)
- ✓ **ambulating a minimum distance of 100 feet** prior to referrer discharge, with or without DME use
- ✓ medically and psychiatrically **stable** at discharge
- ✓ **alert** and oriented to name, date, location, and situation
- ✓ able to **self-administer** medication with staff oversight
- ✓ is **continent** of both bladder and bowels (If incontinence garments are used, the patient must be able to change them independently)

DME devices may be accepted, provided:

- ✓ the patient can use them independently and safely, including transfers to toilet and other similar activities

EXCLUSION CRITERIA

- X **Unable to transfer or perform ADLs** independently or with supervision
- X The **cognitively impaired**
- X Patients with active tuberculosis/C-DIFF/MRSA of sputum or any bodily fluids
- X **Meets admission criteria for SNF/LTC**
- X Stage 3 or higher decubitus ulcers
- X **Extensive complex wounds** requiring wound vac, drains or daily wound care
- X Highly infectious cultured microorganisms requiring isolation or with the ability to spread easily
- X Continuous O2 greater than 2L and unable to operate independently
- X Cardiac **EF less than 30%**
- X **Unwillingness to abstain from active substance abuse**
- X **Combative or aggressive** behavior towards staff or patients
- X Patients **actively detoxing** need to be stabilized prior to referral

Referral Process

All admissions will be reviewed on a case-by-case basis. A referral form with supporting documentation must be emailed or faxed to our Admissions Coordinator. During business hours, confirmation of receipt will be provided within 1-2 hours. After hours, please expect receipt confirmation no later than the next business day. Documents will be reviewed, and the hospital will be contacted with questions. The Admissions Coordinator will then determine approval or denial of the patient. If approved, the Admissions Coordinator will coordinate the patient's admission. If denied, a reason will be provided.

Additional Details

- Recuperative Care is covered under Medi-Cal and is not charged to resident or referring provider, but through the Managed Care Plan
- Referring hospital must fax a completed discharge checklist and discharge summary with instructions
- New clients may arrive between 9 a.m. – 6 p.m. daily, 365 days a year
- Referring hospital/facility are responsible for client transportation to Horizon Center
- It is recommended for our clients to arrive at the facility with a 30-day supply of medications. If medication supply is unavailable, it will be ordered through SNP pharmacy, unless a predesignated pharmacy is chosen by the client. If a medical case manager conducting the intake assessment determines that the patient is not suitable for our program, the client will be returned to the hospital within 36 hours, as indicated in the letter of authorization
- A case manager will also provide a social intake within 48 hours of arrival
- The referring hospital must coordinate home health if needed, which must be in place prior to hospital