HORIZON
RECUPERATIVE CARE

One-Page Referral Form

Date: _____

Patient: _____
DOB: _____
Managed Care Plan: _____
ID#: _____

Person making referral: _____
Referrer Phone: _____
Referrer Email: _____
Referrer Facility: _____

Managed Care CM / Hospital CM Contact: _____ Phone: _____
Client Phone #: _____ Primary Diagnosis: _____
Admit Date: _____ Discharge Date: _____ In Recup past 12mo? _____

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
- ❑ ___-Day Supply of Meds

ADLs and Special Needs

Independent with ADLs?	❑ 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			
History of Dementia or Alzheimer's?	❑ YES	❑ NO			
History of MRSA or other isolation?	❑ YES	❑ NO			
Able to ambulate 100+ ft?	❑ YES	❑ NO			
Uses assistive device?	❑ YES	❑ NO	Device: _____		
Alert and oriented?	❑ x4	❑ x3	❑ x2	❑ x1	
Wounds?	❑ x4	❑ x3	❑ x2	❑ x1	❑ NONE
If so, select applicable:	❑ Wound Vac		❑ Home Hlth.		❑ Ability to self-care
Psychiatric Diagnosis:	❑ YES	❑ NO	Dx: _____		
If so, receiving psychiatric care?	❑ YES	❑ NO	Location: _____		
History of RECENT substance use?	❑ YES	❑ NO	Describe: _____		
If so, signs of withdrawal?	❑ YES	❑ NO	_____		
On methadone?	❑ YES	❑ NO	Program & Phone: _____		
Agrees to be reached for CalAIM services?	❑ YES	❑ NO	_____		

HORIZON
RECUPERATIVE CARE

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 100ft** 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)
- ✓ can use any DME devices 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 **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 that can spread easily
- X Continuous O_2 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

Referral Process

Please email or fax the referral form and supporting documents to our Admissions. Each submission is reviewed individually, and we'll contact the referrer if we need more information. After review, the Admissions Coordinator will approve or deny the admission. If approved, they'll schedule the admission; if denied, a reason will be provided.

Additional Details

- Medi-Cal Managed Care covers Recuperative Care for eligible residents.
- When Medi-Cal coverage doesn't apply, Horizon can accept patients under a Letter of Agreement with the referring facility.
- The referring hospital or facility is responsible transportation to Horizon.
- Clients should arrive ideally with a 30-day supply of all prescribed medications.
- If the medical intake finds the patient unsuitable, Horizon will return the patient to the hospital within 36 hours, per the authorization letter.
- A case manager completes the social intake within 48 hours of the client's arrival.
- The referring hospital must have any required home-health services in place before discharge.