

## Admission Criteria Frequently Asked Questions

### **What are acceptable criteria for people with a history of mental health issues?**

- The admissions team is looking for a Mental Health Diagnosis as a secondary or tertiary condition of health from the referred patient. We are unable to take residents whose mental health diagnosis is a primary concern for treatment.
- The patient must not have had a Baker Act or March Man Act over the past 30 days.
- We consider a referred patient stable in terms of mental health when they have been consistently taking prescribed psychotropic medication for at least 3-6 months.
- A patient referred with Mental Health history should already have an established relationship with Behavioral Health services. We are looking to see if the patient being referred as a history of being compliant with medical advice and is present and accountable for all therapeutic/medical appointments.
- We are unable to support residents with significant negative behavioral history. This includes having a recent history of violence or sexual assault.

### **For those with a history of poly-substance use:**

- Substance use can be up to the time of admission but must be replaced with methadone or suboxone. We are concerned about people who are just coming off long term use of recreational or pain related drugs. If there is current withdrawal effects or risk of withdrawal, we need to know there is a plan in place that can be implemented.

### **What does it mean to be bed bound or non-ambulatory? What are you looking for?**

- The resident must be able to ambulate with or without assistive device or be able to locomote independently in their wheelchair.
- They need to be independent in all other ADL's (dining room, bathroom, evacuation from facility and eating). Any reports from a Physical Therapist need to be able to affirm this ability and level of independence.

### **Would you please explain what you mean by dietary needs?**

- Only a regular diet is offered at PTC. No specialized textures or specialized preparation. The responsibility is on the resident to try and follow dietary recommendations such as low salt or low carb diet.

### **Please clarify what you mean by history of cognitive decline or Alzheimer's?**

- We are concerned about residents who are unable to follow up with their own social supportive needs. Cognitive decline or Alzheimer's makes it difficult. Despite not having a formal medical diagnosis, we screen referrals for instances of Poor Historical reporting or patient unaware of their own medical history as a sign that the referral may be experiencing a cognitive impairment.

### **What do you mean by being independent in assisting with their own medications?**

- All residents at Pathways to Care need to be able to understand the rationale for prescription medications and be able to identify each specific pill on a regular basis.