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|--|-------------------------------|-------|----------|--|------------|--|--|
| SUBJECT: | Swing Bed Admission Agreement | | | NO: | 607-0002 | | |
| <input checked="" type="checkbox"/> Policy <input checked="" type="checkbox"/> Procedure <input type="checkbox"/> Protocol/Pre-Printed Order <input type="checkbox"/> Other: | | | | | | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Supersedes # 607-0002 11/11/08; 7/14/109 | | | | Effective Date | 11/09/2010 | | |
| Author | Karen Livezey | | | Date of Electronic Distribution | 11/09/2010 | | |
| Dept. Manager | Judy Folk | | | Medical Director/ CAH Oversight | | | |
| Administrative | Leann Anderson | | | Policy Committee | | | |
| Committee | | | | Other | | | |
| Audit Review: | Initials: | sc | S.CARR | | | | |
| | Date: | 12/11 | 04/01/12 | | | | |

POLICY

It is the policy of Prosser Public Hospital District to provide information to the patient regarding his or her rights and all the rules and regulations governing patient conduct and responsibilities during their stay in the facility. This is provided both verbally and in writing, in a language that the patient understands.

Each patient (or the patient’s representative) admitted to this facility must sign an admission agreement which includes: consent for treatment and acknowledgement of explanation and receipt of written copies of facility practices; Resident Rights Policy 483.10; Admissions, Transfer & Discharge Rights Policy 483.12; and Residents Behavior and Facility Practices Policy 483.13 at the time of admission or within forty-eight (48) hours prior to admission. Proper orientation will be given to each patient and/or representative to the facility, staff, and facility services.

SUPPORTIVE DATA:

- Swing Bed Admission Agreement Packet (Located in Forms)
- Admission Agreement Signature Pages (Located in Forms)
- Re-Admission Agreement (Located in Forms)
- Medicare Certification Form (Located in Forms) PMH form SNF-46 Rev 12/96
- Swing Bed: Medical Record Content & Forms Policy #607-0009

RESPONSIBLE PARTIES:

1. Admissions Coordinator
2. Patient Financial Representative

PROCEDURE:

The Admissions Coordinator is responsible for the following:

1. The Admissions Coordinator or designee will meet with the patient and/or representative prior to or upon admission to review the Admission Agreement and complete 1 through 2 of the signature pages.
2. The patient and/or representative must sign the Admission Agreement signature pages within 48 hours prior to or upon admission.
 - a. If it has been less than 6 months since the Resident was admitted to swing bed status, they only need to sign the Re-Admission Agreement
3. The original signature pages of the Admission Agreement will be filed in the patient’s clinical chart.
4. A copy of the signature pages and the Admission Agreement Packet will be given to the patient and/or representative.

The Patient Financial Representative is responsible for the following:

1. The Financial Representative will meet with the Resident and/or Legal Representative and review the financial chapter of the Admission Agreement and complete page 4 of the signature pages.
2. The original signature pages of the Admission Agreement (page 3) will be filed in the Resident's clinical chart.
3. A copy of the insurance cards will be obtained for admission registration, census data and information for billing purposes.
4. If the Resident admits under Medicaid as their primary coverage; a 15-31 form will be faxed to local CSO

The Admissions Coordinator will also confirm that the following documentation is provided to the facility upon admission.

1. Orders signed by admitting physician
2. Copy of History and Physical
3. PASRR Screen
4. Copy of advanced directives and Power of Attorney documents (If Resident has one)
5. Copy of insurance cards
6. Insurance verification form (when applicable)
 - a. Medicare: Medicare Certification Form– Physician must sign
 - b. Medicaid: Authorization from DSHS (15-31 form)
 - c. Self-Pay: Medicare determination form (if applicable) (decertification letter)
 - d. Private Insurance: Name and phone number of agent or case manager.