



Admission & Referral Process – Recuperative Care

1. Introduction & Purpose

Recuperative care provides short-term medical support for individuals experiencing homelessness who need a safe place to recover from an illness, injury, or medical procedure. The goal is to stabilize patients, support recovery, and connect them with housing and social services to prevent readmission to hospitals or further health deterioration.

2. Eligibility Criteria

To qualify for recuperative care, a patient must meet the following criteria:

Eligibility

- Adults (18+) who are experiencing homelessness
- Medically stable (not requiring 24-hour nursing care)
- Discharged from a hospital, emergency department, or clinic but still needing short-term care
- Able to perform basic activities of daily living (with minimal assistance)
- No acute psychiatric crisis or immediate substance withdrawal symptoms



Exclusions

- Patients requiring IV therapy, ventilator support, or dialysis
- Patients with aggressive behavior that poses a safety risk
- Severe cognitive impairment that prevents independent living
- Those with a highly contagious infectious disease

3. Referral Process

Step 1: Referral Submission

- Referrals can be submitted by hospitals, shelters, clinics, and case managers.
- The referring provider completes the referral form, including:
 - Patient demographics
 - Medical history and current condition
 - Reason for referral

Step 2: Required Documentation

The following documents must be attached to the referral:

- ✓ Hospital discharge summary



- ✓ List of current medications and prescriptions
- ✓ Insurance details (if applicable)
- ✓ Case manager social work notes (if available)

Step 3: Review & Approval

- The recuperative care team reviews the referral within 24-48 hours.
- If approved, the referring provider is notified, and transportation arrangements begin.
- If not approved, feedback is given with alternative care recommendations.

4. Admission Workflow

Once a patient is accepted, the following steps occur:

1. Patient receives confirmation of acceptance and an admission date.
2. Upon arrival, the patient undergoes an initial health screening.
3. A personalized care plan is developed.
4. The patient is given an orientation to recuperative care services, including rules, meal schedules, and expectations.

5. Services Provided



Recuperative care offers comprehensive support beyond basic medical care, including:

-  Medical oversight (wound care, medication assistance)
-  Assistance with medication management
-  Housing case management (connecting patients with permanent housing solutions)
-  Mental health support and counseling
-  Follow-up coordination with healthcare providers

6. Length of Stay

- The typical length of stay is between 2 to 6 weeks, depending on medical needs and housing availability.
- Extensions may be granted for patients awaiting permanent housing or additional recovery time.
- Early discharge may occur if a patient violates program policies or no longer requires recuperative care.

7. Discharge Planning & Transition Support



A structured discharge plan ensures patients receive continued care and support:

- ✓ Medical Follow-Up – Coordination with primary care providers and specialists
- ✓ Housing Support – Assistance with transitional or permanent housing placements
- ✓ Medication & Resources – Ensuring patients have prescriptions and transportation for follow-ups
- ✓ Case Management – Helping connect patients to community services and benefits

Final Notes:

- Recuperative care aims to reduce hospital readmissions and promote long-term health stability.
- Referral approval is based on availability, and priority is given to those with urgent medical and housing needs.