

DEPARTMENT OF HUMAN SERVICES

EFFECTIVE DATE: 1 November 1977 DATE ISSUED: 15 October 1977

SUBJECT: Clarification of Procedures Regarding Outside
Medical Treatment of Patients and Residents
who are the Responsibility of the State
Institutions

This Administrative Order establishes the policies and procedures regarding medical treatment of patients and residents who are the responsibility of the State institutions.

I. GENERAL POLICY

- A. Since a State institution is responsible for medical care for a patient whether in residence in the hospital or non-resident in a Family Care facility, at home on visit, or a similar situation, it is essential that there be close communication among all elements concerned with the treatment of the patient or resident. (Responsibility for medical care does not apply to those patients or residents on Convalescent Leave.) The following points should be noted in clarification of certain issues which have arisen.

II. PROCEDURES

- A. When it becomes necessary for a patient or resident on Family Care, home visit, etc. to be hospitalized in a short-term community hospital for proper treatment, whether surgical procedure or skilled medical care (and such treatment is not available at the State hospital of origin) all health care agencies involved should ascertain the following:
 - i. That the State institution responsible for the patient or resident be informed immediately concerning the hospitalization. Care should be taken that all concerned have taken proper steps. Notification may be made by the Family Care sponsor, the family, the community hospital itself, or whatever appropriate agency is involved.

(NOTE: It is equally important that the family of a patient to be allowed home on a visit be oriented to the fact that any sign of illness which might require hospitalization be immediately reported to the institution of origin before hospitalization is undertaken, unless the nature of the illness or injury be so dire as to make preliminary notification impossible. Involvement in an automobile accident either as a pedestrian or passenger would be an example.)

2. An attempt should be made at once to determine whether the patient is covered by outside insurance (Blue Cross or other health insurers.)
 3. If no outside insurer exists, determination should then be made as soon as possible as to whether the patient is eligible for Medicare coverage for acute care, or lacking that, whether Medicaid coverage is available.
 4. Following the acute phase of the surgery or illness, it should be determined whether the patient or resident can then be transferred back to the State institution of origin for convalescent care in the Medical-Surgical Unit. The State institution involved would be responsible for transportation of the patient from the short-term facility back to its own Medical-Surgical section.
3. It is understood, of course, that when the illness is of an emergency nature the patient's welfare should be of primary concern, but follow-up on the above procedures should be done as promptly as possible.


Ann Klein
Commissioner