



Referral Checklist for Hospitals and External Facilities

Thank you for your referral and your support of the City Union Mission. We appreciate the care and services you provide.

Name:		Admission Date:	
Date of Birth:		Admission Reason:	
Gender:		Referring Facility:	
Diagnosis List:			
Projected discharge date:			

Referring Staff Name: _____ Phone Number: _____
 Email Address (required for notification): _____

Referral Submission Checklist: Please include the following.

- Admission Screening Checklist
- Face sheet
- History and physical (H&P) and the medication list
- For individuals with serious mental illness (SMI), intellectual disability/developmental disability (ID/DD) and/or related conditions: Please complete a **PASRR** with signature by a physician. Please include the return code here: _____.
- The individual's consent (on the Admission Screening Checklist)
- Fax or scan to:
 - fax: (816) 631-5153

Notice:

- Individuals with needs beyond our boundaries of care may need to return back to the hospital for proper care, placement and for safety.
- There are no on site nursing services or medical beds. We are not able to provide isolation or quarantine for longer than 5 days. Individuals do share common areas (restrooms, showers, dining room).
- Individuals will need to be independent in all self-care, activities of daily living, and be prepared to exit the centers during times we close and for emergency situations.
- Eligibility and approval to our different programs and services within our centers are determined after arrival. This allows us to meet with the individual and discuss opportunities.
- Placements are not accepted on holidays, Saturdays and Sundays.

Referral Process:

- Referrals are reviewed weekly (8 am - 4 pm Monday to Friday). The Health Services Department will contact you via email to confirm if medically cleared.

- For complex cases, we are available to consult with you for individuals we cannot offer a bed.

Admission Screening: Please answer all the questions in the following categories. Circle yes or no for each individual question. Omission of information may result in coordination delays. Questions with an asterisk may require additional information.

HOMELESS VERIFICATION		
YES	NO	Verified the individual is in a homeless situation and aware of being sent to a homeless shelter.
YES	NO	Did the individual state they are currently staying at one of our centers?
LEGAL		
YES	NO	Is the individual their own POA?*
YES	NO	Is the individual their own guardian and able to consent to services?
YES	NO	Is the individual a sex offender?* (Note: our Women & Family Center may not accept sex offenders).
CURRENT LEVEL OF FUNCTION, BEHAVIOR AND NEED		
YES	NO	Is the individual A&O to person, place, time and situation?*
YES	NO	Is the individual able to function in a group setting?
YES	NO	During the hospital stay, was the individual on 1:1 observation for medical and/or behavioral related concern?
YES	NO	Is the individual able to navigate the stairs in case of emergency exit/evacuation?
YES	NO	Is the individual psychiatrically stable and not manic at this time as verified by the physician/psychiatrist's statement and documentation?
YES	NO	Is there a recent history of violent behavior including in your facility?
YES	NO	Is the individual displaying and/or has recent history of suicidal or homicidal ideations?
YES	NO	Manic Psychosis with unstable symptoms?
YES	NO	Has the patient received Haldol or other sedatives in the last 72 hours?*
YES	NO	Does the patient have a Stage 3, Stage 4, or unstageable pressure injury?*
MEDICAL		
YES	NO	Is the individual medically stable as verified by physician's documentation and statement of stability?
YES	NO	Is the individual stable to be in a shelter environment without daily medical, nursing interventions or daily nursing care?
YES	NO	Is the individual bed ridden or require bed rest?
YES	NO	Does this individual have a contagious or infectious disease? (examples: COVID 19, Influenza/Flu, Hepatitis A, Tuberculosis, Norovirus, C Diff, RSV, Meningitis, Shigella, Chickenpox/Varicella, Shingles, Measles, Monkeypox, Mumps, Pertussis, Rubella, MRSA, Hepatitis C, VRE or any other virus that can be transmitted human to human).*
YES	NO	Does this individual have a known recent or current case of scabies, lice, bed bugs or related case?

YES	NO	Was substance use involved in hospital admission?
YES	NO	Is there a withdrawal concern?
YES	NO	Is the patient cognitively impaired or struggles with short-term memory recall?*
YES	NO	If applicable, is the patient's BIMS score < 12?
YES	NO	Is the patient independent for 6/6 Activities of Daily Living? This includes toileting, bathing, grooming, and eating
YES	NO	Does the individual have a catheter or ostomy-related equipment?*
YES	NO	Is the individual independent in all areas of diabetic management? (Place Yes if not applicable)
YES	NO	Is the individual able to independently take care of all wound care and dressing/change needs?
YES	NO	Does the individual require the use of an oxygen tank, CPAP and/or related devices?
DISCHARGE COORDINATION		
YES	NO	Will the individual arrive with a minimum of two weeks of filled medications at discharge with them? Individuals will need 2 weeks of medications on hand, able to independently manage and take medications.
YES	NO	Is the projected arrival day and time a weekday and between 8 am and 4 pm to reduce stress on discharged individuals?
YES	NO	Are necessary follow-up appointments set and included on discharge paperwork?
YES	NO	If indicated, is the PASRR completed?

INDIVIDUAL'S CONSENT AND SIGNATURE	
patient signs here	I am able to self care and manage all my medications on my own.
patient signs here	I am able to navigate the stairs in case of emergency and exit a building as needed.
patient signs here	I am able to navigate a top bunk. (Do not sign if you are not able to).
patient signs here	I am aware that I am being referred to a homeless shelter.
patient signs here	I have reviewed all of the screening information above and agree.
patient signs here	I have signed a release of information and I agree to release the diagnosis, medication list and progress notes to City Union Mission for the purpose of this referral and my continuity of care.
patient signs here	I will check to ensure I have discharge papers, a minimum of two weeks of medications in hand before I leave the hospital.
patient signs here	My projected discharge date is:_____. If approved, my arrival time to City Union Mission should be between 8 am and 4 pm Monday to Friday (no holidays or weekends).

Our Women & Family Center is located at 1310 Wabash Ave, Kansas City, MO 64127. After receiving clearance, please call our Women & Family Center Reservation line at (816) 474-4599. Note: arrival times from the hospital will be between 8 am and 4 pm, Monday to Friday (no holidays or weekends).

Our Men Center is located at 1108 East 10th Street, Kansas City, MO 64106. After receiving clearance, the individual may present from the hospital between 8 am and 4 pm, Monday to Friday (no holidays or weekends).

Our L. Minor Care Center is located at 1112 East 10th Street, Kansas City, MO 64106. After receiving clearance, current L. Minor Care Center residents may present from the hospital between 8 am and 4 pm, Monday to Friday (no holidays or weekends).

Frequently Asked Questions (FAQ) from Hospitals and Community Facilities

1. Is a PASRR required?
 - a. Yes, one is required for Individuals with serious mental illness (SMI), intellectual disability/developmental disability (ID/DD) and/or related conditions: Please complete a PASRR with signature by a physician. (url: [Preadmission Screening and Resident Review \(PASRR\) | Nursing Homes & Other Care Options | Health & Senior Services](https://health.mo.gov/seniors/nursinghomes/pasrr.php) <https://health.mo.gov/seniors/nursinghomes/pasrr.php>)
 - b. Our Mission is a private organization that does not take state or federal funds. We request the screening as it assures appropriate placement of individuals known or suspected of having a mental impairment(s) and that the individual's needs can be and are being met in the appropriate placement environment.
 - c. Completing this within the hospital removes the barrier this population faces when moving forward to appropriate placement. If your facility is unable to complete it, we can set a time/date to consult and collaborate.
 - d. To set this up, contact info@cityunionmission.org and we will set up a meeting (in person, zoom, google meet or teleconference) to consult and collaborate.
2. Does the City Union Mission have medical beds?
 - a. No, although there are some accommodations we can make when possible such as bed rails for support and extra pillows.
3. Are there nurses on site to provide bedside care at discharge?
 - a. No. Our Health Services team provides and coordinates medical services that will bring comfort, promote healing, and increase knowledge of methods to maintain health, prevent illness, and when it is necessary, to seek outside medical attention.
4. If the patient is homeless but requires a higher level of care than your facility is available to provide, what is your advice?
 - a. While we have to stay within our boundaries of care to ensure we are providing the best care possible, we are available to consult and collaborate.
 - b. To set this up, contact info@cityunionmission.org and we will set up a meeting (in person, zoom, google meet or teleconference) to consult and collaborate on how we can assist with placement options in the community.
5. The individual we referred refuses to release information to the City Union Mission and/or sign the referral.
 - a. We will not be able to process the referral without this. We need to ensure we can support the individual.
 - b. Any medical information received is only reviewed by our Health Services and Center Administrator to provide and coordinate care.

6. How do I refer to the L. Minor Care Center?
 - a. All of our guests start at our Men Center and/or Women & Family Center and are referred by our Mission Team Members.
 - b. For more information: <https://cityunionmission.org/what-we-do/mental-health/> and/or amanda.greene@cityunionmission.org.
7. The patient is homeless and needs to discharge ASAP.
 - a. Consider rehab, skilled facilities and other care facilities that accept 24/7 direct admissions from hospitals.
8. Our hospital pharmacy cannot provide the needed medications. Can we send the individual with prescriptions that the individual can pick up later or your center can assist?
 - a. We are unable to process this referral until discharge coordination is completed. The individual needs to be discharged with a minimum of two weeks of medications in hand.
9. If I answer "no" on the screening, will they be disapproved?
 - a. Each and every one of our guests has individualized medical and physical needs, and we as a Mission will consider each individual situation as it comes. We will review the referral packet and contact the referring agency with any additional questions or concerns we may have before making a final decision.