**Section 260.1800 Admission and Participation Practices**

a) The facility shall establish admission criteria for respite care that provide for:

1) The admission of children for no more than 14 days, unless an extended authorization is approved by the Division of Specialized Care for Children for a family emergency such as, but not limited to, a funeral, the primary caregiver recovering from a medical event, or if more time is needed for respite services;

2) The admission of children whose medical plan of care can be met by the facility; and

3) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws.

b) Eligibility for Respite Care Admissions

1) The child (under age 22) shall be medically complex, may be technology dependent, or shall have a medical condition that requires care to be delivered by a nurse or trained parent/caregiver.

2) The facility's site physician or site APRN shall review the child's clinical documentation prior to admission. Documentation shall consist of a physician's signed medical plan of care from private duty nursing where applicable, or documentation provided by a caregiver such as a primary care physician, an APRN, or specialist. The site APRN will confirm the information on the day of the child's admission and enter it in an electronic medical record, and obtain and review any other documentation necessary to provide safety and comfort in the facility environment.

3) The medical plan of care provided by the health care provider and reviewed by the facility's medical director shall include, but not be limited to, the following:

A) Diagnosis;

B) Food or drug allergies;

C) Prescription medications;

D) Other medications, including holistic or over-the-counter;

E) Scheduled treatments or therapies;

F) Feeding and nutritional guidelines;

G) Vital sign and transfer parameters;

H) Equipment and monitoring parameters;

I) Current vaccines;

J) Any additional information that will help the child's stay, such as individual child's preferences or habits to assist in the child's care; and

K) Any activity restrictions.

4) The facility shall employ Registered Nurses who are trained in cardio-pulmonary resuscitation (CPR), are certified in Pediatric Advanced Life Support, and who have additional training on equipment specific to the child, such as ventilator equipment.

5) Prior to a child's admission for respite care, the facility shall conduct an assessment of the child, review the home care plan with the child's representative, and develop a medical plan of care to meet the needs of the child. The facility shall obtain the information that forms the basis for the medical plan of care from the child's representative. That information shall include, but not be limited to:

A) A description of the child's usual routine;

B) Instructions for the child's personal care;

C) Food preferences and feeding schedule;

D) Food, drug or other allergies;

E) Scheduled treatments or therapies;

F) Vaccines and immunizations;

G) Educational or therapy programming;

H) Emergency contact information; and

I) Any additional information, such as the child's preferences or habits, that will assist in the child's care.

c) The facility shall establish admission criteria for transitional care that provide for:

1) The admission of children for no more than 120 days;

2) The admission of children whose medical plan of care can be met by the facility; and

3) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws.

d) Eligibility Criteria for Transitional Care Admissions

1) The child (under age 22) shall be medically complex, may be technology dependent, or shall have a medical condition that requires care to be delivered by a nurse or trained parent/caregiver.

2) The facility shall employ Registered Nurses who are current in CPR and are certified in Pediatric Advanced Life Support, and who have additional training on equipment specific to the child, such as ventilator equipment.

3) There shall be an identified child’s representative and a plan in place to secure a safe residence upon discharge from transitional care.

4) If the child doesn't have an identified primary health care provider, the site physician will act as the primary health care provider until a primary health care provider is identified.

5) The facility's medical director shall review the child's clinical documentation prior to admission. Documentation shall include, but not be limited to, a medical plan of care, hospital health care provider progress notes, medical history and a physical examination, and any other documentation that would assist the facility in caring for the child.

6) A child being referred from an acute care or intermediate care hospital shall have a complete onsite preadmission assessment by the facility's case manager and may include the site APRN as needed before admission is approved.

7) The child's diagnosis or history shall not include behaviors that would interfere with the safety of the child or others, or that would prevent the child from being safely cared for in the physical and medical environment provided.

8) The child shall be clinically stable.

9) A child with a new tracheostomy shall be stable and shall have the first tracheostomy change done in the hospital setting prior to transfer.

10) A child transferring from a newborn intensive care unit (NICU) shall be stable on a home ventilator for at least three weeks with no significant setting changes (e.g., breath rate, pressure changes, mode, oxygen requirements, a change in the amount of time on a ventilator).

11) For a child's initial transfer from a pediatric intensive care unit (PICU), the child shall be stable on a home ventilator for one week with no significant changes (e.g., breath rate, pressure changes, mode, oxygen requirements, a change in the amount of time on a ventilator).

12) If, at the time of admission, a child currently is being treated for a bacterial infection, the child shall have been on antibiotics and afebrile for 48 hours prior to admission.

13) The child shall tolerate feedings or have an alternative means of nutrition.

14) Vaccines and immunizations shall be current, or the facility shall ensure that the child has a catch-up immunization plan.

15) Durable medical equipment company supplies shall be functional. Equipment and supplies shall be present 24 hours prior to admission, unless the child's equipment is transferring with the child from the hospital.

16) Identified child's representative shall sign or have signed a training agreement within 24 hours after admission.

e) The child shall be ineligible for admission if the child requires any of the following:

1) Continuous 1:1 direct, visual nursing supervision or care;

2) Scheduled nebulizer treatment more frequently than every two hours;

3) Except for children in hospice care, scheduled supplemental oxygen greater than 40% FiO2;

4) Hyperalimentation requiring daily adjustments;

5) Endotracheal intubation; or

6) Pressor medications requiring monitored adjustments.

f) Within the first eight hours after admission, the child shall undergo a complete nursing assessment, and a nursing narrative shall be completed.

g) The facility shall admit and serve only those children for whom it has the trained personnel, equipment and supplies to meet the medical plan of care and to ensure the safety of the child.

h) A site physician shall be identified for each child admitted. The medical plan of care shall document the method for contacting the site physician at any time.

i) The facility shall ensure that all of a child's home medical equipment is managed by an identified durable medical equipment company who shall provide proof of service.

j) The facility shall establish participation criteria for medical day care that provide for:

1) The participation of children for no more than 12 hours in 24 hours;

2) The participation of children whose plans of treatment can be met by the facility;

3) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws; and

4) A staff for the medical day care that is separate and distinct from the staff that provides services for children receiving respite care or transitional care.

k) The facility shall establish participation criteria for weekend camps that provide for:

1) The participation of children whose plans of treatment can be met by the facility;

2) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws; and

3) A staff for the weekend camps that is separate and distinct from the staff that provides services for children receiving respite care or transitional care.

l) The facility shall establish criteria for diagnostic studies that provide for:

1) Conducting only those diagnostic studies ordered by a physician and that are typically conducted in the home;

2) Meeting all provisions for short-term stays, in accordance with subsection (a), if children are admitted overnight;

3) The participation of children whose plans of treatment can be met by the facility; and

4) Nondiscrimination toward children or their families based on disability, race, religion, sex, source of payment, and any other basis recognized by applicable State and federal laws.

(Source: Amended at 45 Ill. Reg. 13925, effective October 25, 2021)