

What Are Priority Referrals?

- **Does this person have a long-term or chronic condition that limits their mobility?**

This would include a degenerative disease or any condition that would affect their ability to navigate steps and require use of a cane, walker or wheelchair. The assumption is that the condition is lasting and the person's ability to walk is not likely to improve.

- **Is this a person on hospice?**

Last year 10% of our referrals were for people on hospice. We need to determine if this is a long-term or short-term hospice case. Often hospice patients pass away within weeks or months. Sometimes the referral source will let you know how long the ramp is likely to be needed. Often a call to the patient or their caregiver can provide this information. If the access need will not be for long, then a portable or temporary ramp might make sense for a short-term illness. It would be a kindness to recommend a local provider who can help them, which you can easily find this on Google. You can then move on to a client who is likely to use the ramp for a longer period.

- **Is this a person receiving dialysis?**

Last year 9% of our referrals were for people on dialysis. Ramps for these people benefit both the client and the community. Patients often must leave home three times a week for treatment. If they can't negotiate steps, they may be depending on EMS for six trips per week. This comes with a cost to the patient (or their insurer), while EMS is less available to field other calls. In fact, EMS and fire departments often reach out to us to try to get a ramp for that person. Some firefighters even show up to build it!

- **Does this person live alone?**

Last year 33% of referrals were for people who lived alone. But "living alone" can mean there is no one else at home at all, or a family member lives in the home but works every day, or a caregiver attends the person only a few days or hours a week. This even comes down to a spouse who is too weak or frail to assist. In any of these cases, is the person isolated for stretches of time when an emergency might occur? Bottom line: Can this person escape in a fire, gas leak or other emergency if no one else is at home or truly able to assist?

- **Is this person pending discharge from a hospital or rehab facility?**

Often a patient is unable to go home from rehab until they have a ramp, especially if they live alone. So we have to consider the condition. If it is an amputation, it is likely the ramp will be needed long-term. Is this a broken bone that will heal, so a ramp will only be needed during the healing process? Often a call to the social worker will determine whether the need is temporary or permanent. If temporary, this is another situation in which to suggest a portable ramp. Another key is whether advance notice is given of the discharge date. For many patients in rehab, three to four weeks' notice could be given. If it's late notice, then the portable ramp is again a suggestion until you can free up a crew to build the ramp.

- **Does this person require a mobility device to ambulate?**

Again, is this a short-term or long-term situation? Is this due to a broken leg that will mend within several weeks? Or is it arthritis that makes it painful to negotiate steps but does not require a mobility device. There may be higher priorities.

- **Does this person have an existing dangerous ramp?**

This box is often checked, but at the site survey there is no existing ramp. Unfortunately, we really can't quite trust this answer on the referral form. To make this priority meaningful, we might want to call the person to confirm it. We can also request a photo of the existing ramp, demonstrating its condition. If the ramp is indeed makeshift or dangerous to the person (and caregivers), then this referral can rise in priority.

- **Is this referral from APS, CPS, AAA, Medicaid or other government agency?**

For the sake of TRP's reputation, we need to be attentive to the referral source. It is critical to follow up quickly, make a determination, and reply to the referral source. If this is not done, these agencies have the ability to open an investigation. Indeed, this has happened with APS. This may create a reputational risk. Another consideration requiring immediate response would be if we have a contract. We don't have many of those now, but have in the past and may again in the future. A third consideration might be if the agency will reimburse TRP for the ramp, but it must be built within a few weeks. How much would the reimbursement be? Is it worth it?

- **Is the referral from a medical facility that provides grants to TRP?**

We have many examples of facilities that make grants and also provide referrals. The largest of these is WellMed, which submits a very large number of referrals. Their foundation has been a generous donor for years. When writing grants to these entities, it is helpful to show how well we respond to their referrals. After all, they are paying for the ramps we build. They would love to see their grant used for some of their own referrals.

- **Is the person qualified as low-income?**

Our referral form asks if the person is low-income by the agency's qualification standards. Last year 92% of our referrals had this box checked. But we have no way of knowing if their clients really qualify by the agency's standards, or even if they have such standards. Sometimes it is up to us to do the qualifying. Many of you check Zillow for housing value before going out to survey a property. Others look at county tax records. Even if the value seems high, it is possible the person is a long-time resident whose income has not increased along with their home's value. If there is a question, there may be a need to discuss it with the referral source.

If a client is clearly not low income but is willing to pay for the ramp, this can be considered **IF** there is volunteer help available **AND** it would not take time away from building a ramp for a qualified low-income person.