

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Group Home Admissions Policy	<u>POLICY #:</u> DSAMH01
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 3/1/2019
<u>RELATING POLICIES:</u> DSAMH Appeal Process DSAMH Group Home Discharge Policy	<u>REFERENCE:</u> Title 16 Health and Social Services Delaware Administrative Code
<u>DATES REVIEWED:</u> 2/15/2019	<u>DATES REVISED:</u>
<u>APPROVED BY:</u> <u>DATE APPROVED:</u>	<u>NOTES:</u>

Purpose:

The purpose of this policy is (1) to ensure that group homes provide a supportive and rehabilitative environment in a timely manner, (2) and to ensure group home admissions are in compliance with TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE (6.0-6.8) and Patient Bill of Rights, and (3) are in accordance with contractual requirements.

II. POLICY STATEMENT:

It is the policy of DSAMH to approve and authorize admission of group home residents, in accordance with federal and state laws and regulations governing administration of care to residents in long-term care facilities. DSAMH is committed to ensuring clients are referred to, and placed in, group homes in a timely manner. In addition, DSAMH promotes the safety of clients, other residents, and staff at the group home. The procedures and responsibilities below will define expected referral timelines, medical necessity, eligibility process, and placement expectations.

III. Definitions:

“Day” means calendar day, unless business day is specified.

“Discharge” means movement of a resident to a facility or location outside of the group home, designating the resident’s bed as unoccupied and making that bed available to assign to another person. Discharge does not mean the movement of a resident to a bed within the same group home or to the short term transfer of a resident to another facility.

“DSAMH” means the Division of Substance Abuse and Mental Health.

“EEU” means the DSAMH Enrollment and Eligibility Unit.

“Emergency” means a situation in which the behavior of a resident is causing, or threatens to imminently cause, physical injury or death to the resident, other residents, staff, or others. In addition,

when a resident's medical illness, accident or injury has the potential to cause significant morbidity or mortality for the resident, other residents or staff.

"Group Home" means a residential facility licensed as a Group Home for Persons with Mental Illness by the Division of Long Term Care Residents Protection (DLTCRP), together with the legal entity to which the license was issued.

"Resident" means a person who lives in and receives supportive services from a group home.

"Resident's Treatment Team" means a group consisting of a psychiatrist, residence manager, the resident, and other persons with expertise or background relevant to the resident's needs and supports.

"PROMISE Program" means Promoting Optimal Mental Health for Individuals Through Supports and Empowerment (PROMISE) Home and Community-Based Services (HCBS) waiver program.

"PAC" means PROMISE Assessment Center.

"SPMI Targeting Criteria" means Serious and Persistent Mental Illness Diagnosis and Functional Criteria, as defined in PROMISE HCBS waiver and in agency contract.

"SUD" means Substance Use Disorder.

IV SCOPE:

Group Homes (GH) operated by or under contract to the Division of Substance Abuse and Mental Health (DSAMH).

V. PROCEDURES/RESPONSIBILITIES:

- I. Admission Requirements: In order for a consumer to be successfully placed in a group home, the following conditions must be met:
 - A. PROMISE Care Manager: Eligibility criteria used by PROMISE Care Managers includes: Adults (age 18 and older) meeting the targeting and functional criteria for SPMI and SUD, if a PROMISE service is needed to maintain the individual in the community. A Recovery Plan will indicate need for group home support and person-centered goals, as identified by the client and their support network. Recommendations of current or past treatment providers may also inform Recovery Plan.
 - B. EEU Eligibility Verification: EEU staff will verify medical necessity for group home level of care, prior to identifying a group home placement. Required elements may include, but are not limited to, the following:
 1. Client needs support with basic daily living skills throughout the day, every day.
 2. The provider must document dangerous behaviors, if any, that prevent the consumer from living in the community without 24/7 supervision, based on a documented history of socially-unacceptable behavior, and including attempted interventions that were unsuccessful. This may include well-documented

behaviors that could lead to serious legal charges against the consumer, such as sexually inappropriate or aggressive behaviors, or other kinds of aggression.

3. The consumer is medically compromised and needs interventions that can only be provided by medical personnel OR that require a safe, closely monitored environment.
4. The provider must document a need for daily services that exceeds four or more contacts a day, or a need for observation that cannot be predicted.
5. Documented evidence of presence of Target A or B SPMI and functional criteria, and beneficiary consent for treatment (or accepted legal alternative that may include mental health commitment order, legal guardian, or treating psychiatrist documentation detailing consumer inability to sign consents).
6. EEU Referral to Group Home: EEU staff will take into consideration any specialized needs before referring to our network of group home providers. Whenever possible, the EEU will seek to meet beneficiary choice, taking into consideration the milieu and capacity of our service provider's locations, and will ensure group homes receive complete referral information to be able to conduct an efficient and through intake and admission for the client. Special considerations: If a consumer is being referred from an acute care facility, and has been with said facility for an extended period of time, that facility will provide the following items below to the group home prior to placement. There may be mitigating circumstances that prevent all items from being provided. EEU, referring agency, and receiving agency will evaluate if omission requires delay in placement.
 - a) State ID
 - b) Insurance cards
 - c) Social Security card
 - d) Proof of income, including representative payee
 - e) Family/emergency contact
 - f) Legal status (probation, OTOO, guardian, etc.)
 - g) Current psychiatric evaluation
 - h) RN assessment
 - i) List of current meds and lab work (2 weeks of meds, if admitted)
 - j) List of current medical providers
 - k) Comprehensive physical, including eye and dental exams, within past 12 months
 - l) PPD completed within past 12 months
 - m) List of past hospitalizations
 - n) Crisis plan
 - o) Current risk
 - p) Birth certificate
7. Group Home Admission: Group Home staff must follow their admission criteria and ensure compliance with all federal, state, and contractual obligations. This includes verifying medical necessity for level of care, identifying any safety concerns and developing an individualized plan to address these, and promoting a successful transition into the group home. Clinical treatment plan must be in compliance with federal, state, and contractual requirements.
8. DSAMH has determined client eligibility for group home level of care prior to referral. The group home provider must accept the beneficiary once assigned.

If the Group Home provider identifies issues that would preclude the beneficiary from being served in the assigned group home, they should discuss their concerns with the PAC/EEU staff. If no resolution is successful, the provider may appeal the admission decision.

9. Appeals: Formal written appeal must be provided to the PAC/EEU. See Group Home Appeal form and Appeal Process, Policy #EEU002.

- II. Timelines: The following timeline requirements are intended to streamline client access to group home units and reduce any unnecessary delay in either exiting an acute care facility or remaining in a level of care insufficient for current needs.
 - A. Pre-Vacancy Planning: Group home notifies EEU of pending vacancy and EEU reviews existing eligible clients for prospective referral. As necessary, EEU and GH may consult on prospective cases prior to formal referral and expected discharge date. Once group home has an exact discharge date, a formal referral will be provided by the EEU, if eligible candidates are available. Client intake process commences, engagement is started, and group home visits are scheduled, with input from client and current treatment provider prior to vacancy date.
 - B. Planned Group Home Bed Vacancy timeline: Client visits program (day pass) within one day of bed availability (or sooner, if possible). First overnight pass is completed within three days. If more time needed for client to acclimate to group home and accept services, an additional three-day pass is completed. Admission is required by the 9th day. If client is unavailable for admission or refuses or delays admission, the referral may be rescinded by DSAMH, and EEU will send GH Home an alternative candidate after 10 days.
 - C. Unsuccessful Referrals: Clients that refuse group home placement, are unavailable for group home placement, or deemed “not discharge ready” by an acute care treatment provider, or other institution, may have referral rescinded on the 10th day. DSAMH reserves the discretion, in collaboration with group home provider, to extend this referral time period for unusual circumstances that justify the delay or extension of the engagement period.
 - D. Unplanned Vacancy: When an unplanned vacancy occurs due to unforeseen circumstances, and the group home’s discharge has been approved by PAC/EEU, DSAMH will work cooperatively with the GH to expedite placing a new resident. All processing, outreach, engagement, passes, and admission must be completed by the 22nd day or referral may be rescinded. Expected timelines are stated in chart below.
 - E. *In all cases, no new referral can be granted admission to a group home bed until DSAMH has approved the discharge request, in accordance with DSAMH Group Home Discharge Policy. This may include receipt of all necessary documentation, notice of intent to discharge, discharge summary, and other documentation, dependent on discharge type and specific circumstance.*

Activity	Countdown to Available Bed	Group Home Bed Availability	ACTION	Turn-around Time in Days
Pre-Vacancy: Administrative Processing, Outreach and Engagement	30 Days Out	GH Pending vacancy	GH to Notify EEU as soon as vacancy is reasonably certain within 30 days.	N/A
	21-7 Days Out	EEU reviews prospective clients	EEU will identify prospective client(s) for potential placement and discuss candidate demographics and needs with provider. (GH Admissions Policy 1.C)	N/A
	14-7 Days Out	GH identifies set discharge date for existing client and notifies EEU	EEU formally refers identified client to GH and admission process commences. It is preferable referral is provided at least seven days prior to expected vacancy and within 3 days of notification of notification of expected vacancy date.	3
	7-1 Days Out	Group Home Outreach	GH plans to have bed available within 3 days of actual vacancy. Group Home completes all required preparatory intake admission steps, per agency requirements, prior to first client visit to group home. First visit date is planned within 3 days of unit being vacated.	7
Activity	Vacancy Days	Planned Group Home Bed Availability	ACTION	Expected time Limit in Days:
Ideal Pass Timeline & Admission	by Day 1	Client day pass (4 hours)	Client has a 4-hour day pass to visit group home and become acclimated.	1-9 Days
	by Day 3	Client Overnight Pass	Client has an overnight pass.	
	by Day 8	Client has 3-day Pass	Client successfully stays at GH 3 consecutive nights.	
	by Day 9	Admission	Client admitted on day 4.	
Unsuccessful referral	Day 10	Referral rescindment	If Client does not accept admission by 10 th day, DSAMH may rescind referral and send new eligible referral to provider.	10 Days
Activity	Vacancy Days	Unplanned Group Home Bed Availability	ACTION	Expected time Limit in Days:
Administrative Processing, Outreach and Engagement	by Day 3	Group home notifies PAC/EEU	Group home will submit all required discharge documentation for former resident that has left group home in an unplanned manner, in accordance with DSAMH Group Home Discharge Policy.	3
	by Day 7	New referral	DSAMH will process discharge and send new referral within 4 days of submission of discharge paperwork by GH.	4
	by Day 12	Group Home Outreach	Group Home completes all required preparatory intake admission steps, per agency requirements, prior to first client visit to group home.	5
Ideal Pass Timeline & Admission	by Day 13	Client day pass (4 hours)	Client has a 4-hour day pass to visit group home and become acclimated.	1
	by Day 15	Client Overnight Pass	Client has an overnight pass.	2
	by Day 20	Client has 3-day Pass	Client successfully stays at GH 3 consecutive nights.	
	by Day 21	Admission	Client admitted on day 4.	1-9 Days
Unsuccessful referral	Day 22	Referral rescinded	If Client does not accept admission by 22 nd day, DSAMH may rescind referral and send new eligible referral to provider.	22 Days

Group Home Appeal Form:

Group Home Facility:

Client Name:

MCI:

DOB:

Referral Date:

Consulted Clinical Services Administrator PROMISE PAC and EEU: Yes No

Group Home Concerns: (Check all that apply)

- Change in psychiatric status Change in functional status Client safety Existing residents' safety Staff safety Acute medical care required (Total care) Ambulatory concerns Long-term medical placement in a specialized treatment facility required Criminal justice history Emergency discharge Individualized needs that cannot be accommodated by group home and cannot be reasonably accommodated in compliance with American Disabilities Act. Presence of a disqualifying condition for group home placement Other:

Primary reason for appealing admission:
Ancillary concerns regarding admission:
What level of care does group home recommend for client, if not Group Home level of care?
If Group Home level of care is appropriate for client, what barriers are present for this group home that prevents admission? Can these be resolved in the immediate future?
Include any documentation that supports appeal. Appeal should include review by group home treating psychiatrist. List Documentation attached here:
Submitted by:
Date: