

POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Group Home Discharge Policy	<u>POLICY #:</u> DSAMH02
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 3/1/2019
<u>RELATING POLICIES:</u> DSAMH Appeal Process DSAMH Group Home Admission 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> DATE APPROVED:	<u>NOTES:</u>

Purpose:

The purpose of this policy is (1) to ensure that the wellbeing of group home residents not be jeopardized by inappropriate discharges, (2) to establish appropriate group home discharge procedures, (3) ensure discharges are in compliance with TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE and Patient Bill of Rights, (4) increase group home utilization of bed days by decreasing unnecessary holds on vacant beds, (5) decrease client length of stay in acute care facilities pending a group home placement, and (6) decrease provider financial distress caused by unnecessary bed holds for residents that cannot return to the facility within a reasonable duration of time (30 to 60 days).

II. POLICY STATEMENT:

It is the policy of DSAMH to approve and authorize the discharge of group home residents in accordance with federal and state laws and regulations governing administration of care to residents in long term care facilities. Discharges will be based on the assessed needs of the resident and the group home's capacity to meet those needs. It is the policy of DSAMH to ensure that the resident, and legal representative when applicable, is informed of reason for discharge, and that appropriate resident care and clinical information is communicated to the receiving facility. Furthermore, it is the policy of DSAMH that each group home will handle all discharges in an appropriate manner that will not violate the rights of residents.

III. Definitions:

"Acute Care" means the treatment of an acute medical condition in a general or specialty hospital, generally for a period of 14 (fourteen) or fewer days.

"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.

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

"Intent to Discharge" means that a group home has determined and documented that one or more of the conditions required for discharge is/are present with respect to a resident and that the resident should be discharged.

"Resident" means a person who lives in and receives supportive services from a group home, or has done so but is pending discharge. As the context may require, the term resident may also refer to the individual's legal representative.

"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.

"Short-term Transfer" means the time-limited movement of a resident to a bed outside of the group home, whether for acute care or to receive other needed services that are beyond the capability of the group home, but without the initial intent of designating the bed as unoccupied and available for assignment to another person. A short-term transfer is generally appropriate when the resident is anticipated to be able to return to the group home within a 30-day period. A short-term transfer may be reviewed at any time to assess the prognosis for the resident's return to the group home and the appropriateness of a decision to notify the resident of the intent to discharge.

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.

Voluntary Discharge means, in this policy, that the resident (or legal representative) has met with the group home staff and, after careful consideration of current and future needs, voluntarily agrees to a discharge date and signs a detailed discharge plan, removing the necessity of waiting an additional 30 days for appeal process.

Involuntary Discharge means, in this policy, that the group home is pursuing discharge of resident through administrative processes, without the signed consent and agreement of resident. Due process and notice of intention to discharge must be provided to client.

IV SCOPE:

Group homes are operated under contract with the Division of Substance Abuse and Mental Health (DSAMH).

V. PROCEDURES/RESPONSIBILITIES:

I. Discharge Requirements: In order to discharge a resident, one of the following conditions must be present:

- A. The resident requires a level of care beyond the scope of what is reasonably available within the group home.
- B. The resident has demonstrated the ability and willingness to live in a less restrictive setting and no longer needs the level of care provided at the group home.
- C. The resident, even with reasonable accommodations, poses either a direct threat to the health or safety of self or others, or direct threat of substantial physical damage to the property of others.
- D. The resident has materially violated essential rules of the operation of the group home and such violation seriously affects the welfare of the resident or other residents of the group home.
- E. The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid or DSAMH contract) a stay at the group home. For a resident who is enrolled in Medicaid, the group home may charge a resident only the allowable charges under Medicaid regulations.
- F. The facility ceases to operate.
- G. An emergency discharge is warranted.
- H. In cases of incarceration, client death, inpatient treatment in a nursing facility for a period beyond 60 continuous days, or relocation to another state, resident will be subject to an expedited disenrollment process by the group home provider, PAC and EEU. When possible, resident will be notified of discharge through a notice of action and still has the right to appeal the decision.

II. Discharge of Group Home Resident: A group home may seek the discharge of a resident for any of the aforementioned reasons. However, the group home shall ensure the development of a written

discharge plan, in consultation with the resident and family member or legal guardian, if applicable, anticipated post-discharge providers, and the resident's treatment team.

A. Documentation: At a minimum, the discharge plan shall include the following:

- 1) A realistic assessment of the resident's post-discharge social, financial, vocational, housing, and treatment needs.
- 2) A list of available support services and provider linkages necessary to meet the assessed needs of the resident.
- 3) A timetable of pre-discharge activities necessary to promote a successful transition to the post-discharge setting.
- 4) Written verification of receipt of 16 Del C. § 1121, Rights of Patients.

B. Notification: The group home must provide written notice of intent to discharge, except in an emergency. The written notification of proposed discharge shall be given to the resident and a family member or legal guardian, as applicable, at least thirty (30) days prior to the proposed discharge date. The notification must be presented in a language and manner that the resident understands. The notification shall include:

- 1) The reason for discharge.
- 2) The effective date of discharge.
- 3) The location to which the resident is discharged.
- 4) A statement that the resident has the right to appeal the discharge, and the right to an impartial hearing.
- 5) The name, address and telephone number of DLTCRP or Division of Aging and Adults with Physical Disabilities (DSAAPD) to request a hearing.
- 6) The name, address and telephone number of the agency responsible for the protection and advocacy of mental health consumers established under the Protection and Advocacy for Mentally Ill Individuals Act. (*Community Legal Aid Society, Inc., Community Services Building, Suite. 801, 100 West 10th Street, Wilmington, DE, 19801, Phone: 302-575-0660*).

C. Consultation with DSAMH: No resident shall be issued a written notice of intent to discharge without prior notification of and consultation with DSAMH's PROMISE Assessment Center (PAC) and the Eligibility and Enrollment Unit (EEU).

D. Emergency Discharge/Notification exception: In an emergency, a resident may be discharged without prior written notification or hearing. In this circumstance, the resident must be given

written notification of the opportunity to challenge the emergency discharge and to request a post-discharge hearing, as soon as is practical following the emergency discharge.

1) No resident may be discharged before the group home develops and implements an emergency discharge plan adequate to protect the resident's safety and welfare until the requested discharge hearing (if any). The emergency discharge plan must address the resident's need for housing.

2) No emergency discharge shall be initiated or implemented without prompt notification of and consultation with DSAMH's PAC and the EEU.

III. Short-Term Transfer: A group home may initiate a short-term transfer of a resident to a bed in another facility, when the resident is demonstrably in need of acute care or other services that are beyond the reasonable capacity of the group home to provide, either on-site or through coordination of services on an outpatient basis.

A. Communication with DSAMH: DSAMH's PAC and the EEU shall be notified whenever a resident leaves a group home on short-term transfer. Short-term transfers generally occur when the resident enters specialized treatment facilities such as acute care psychiatric or medical hospitals or rehabilitation centers. The PAC/EEU must be provided with updates regarding the resident's progress, or lack thereof, with respect to the likelihood of return to the group home and/or the advisability of providing written notification to the resident of the intent to discharge. Such updates shall be provided on a schedule to be agreed upon by the PAC and group home. If permanent discharge is being considered, EEU will be notified and necessary steps taken, as defined within this policy.

B. Review of Short-term Transfer: The group home shall establish and maintain contact with the facility receiving a resident on short-term transfer. To determine the likelihood of the resident's return to the group home, a review of the resident's progress and prognosis should occur within 30-days of the initial transfer. Subsequent reviews of the resident's progress, prognosis and likelihood of return shall occur as appropriate. Collaboration of care must be documented weekly to prepare for resident's return to group home facility.

C. Discharge of Residents on Short-term Transfer: At any time within the 30 days from date of initial transfer, if it is determined by the group home, PAC, and EEU that the resident is unlikely to successfully return to the group home, the resident shall be issued a written notice of intent to discharge. Justification for discharge (good cause) must verify unsuitability for return and/or verification that resident's initial short-term transfer will require longer-term care. This abbreviated process is for residents that have extenuating circumstances that cannot be remediated by short-term interventions.

1) PAC, EEU, and group home must concur with the decision to issue a notice of intent to discharge.

2) The group home shall hold the resident's bed for the full 30-day notice of intent period.

3) If the resident is subsequently determined to be able to successfully return to the group home within the 30-day notification period, the resident shall be returned to the group home and the notice of intent to discharge will be rescinded.

4) With the concurrence of the PAC/EEU, a group home may extend the period during which a bed is held, if subsequent reviews indicate that a resident on short-term transfer will be able to return to the group home within 5 to 7 days beyond the end of the original 30-day bed-hold period.

D. Emergency Discharge of Residents Initially on Short-Term Transfer: Short-term transfer to a medical treatment setting, including a psychiatric hospital, shall not result in discharge. In the event that a resident is initially subject to a short-term transfer and the receiving facility, the group home, the PAC, and the EEU concur that the resident's condition will clearly preclude the resident's return to the group home within a 45-day period from the date of initial transfer, and the resident's immediate return to the group home would create an emergency situation, then the resident may be discharged under emergency discharge procedures.

IV. Residents Discharged While a Patient in an Acute-Care Facility: If a group home resident is transferred to or, in an emergency situation, discharged to an acute-care facility and is a patient at an acute-care facility at the time of discharge, the group home must accept the resident back into the group home when the resident no longer needs acute-care services and there is space available in the group home. If no space is available in the group home, the resident shall be accepted into the next available bed.

V. Voluntary Discharges: Residents may agree to voluntarily discharge from a group home in a variety of circumstances and from a variety of settings (short-term facilities, prisons, community settings, etc.) due to long-term change in status. Residents may discharge themselves at any time, with or without medical approval, unless treatment is mandated by a legal order or mental health commitment order. Provider-initiated discharges will not be accepted if the consumer is in a short-term specialized facility and there is no verification that the resident will be unlikely to return to the group home in a reasonable period of time. A voluntary discharge should include the following:

- 1) Due Diligence: The group home must demonstrate due diligence by documenting efforts to ensure the resident is making an informed decision; is legally competent to make this decision; and must verify resident's psychiatric or medical plan with current or future provider.
- 2) Highly Unlikely and Improbable: The group home and resident (and their legal representative or guardian, if applicable) must develop and sign a discharge plan that reflects that it is highly unlikely and improbable that resident will be able to return to the group home, and that the resident understands they are giving up the bed. The PROMISE

Care Manager will verify this with resident before processing discharge with the EEU. The provider and resident can move forward on the agreed-upon discharge date.

- 3) **Against Medical Advice:** In cases where the resident is self-discharging against medical advice, provider must ensure the resident is able to make decisions, has been counseled on risk and benefits of discharge, and treating psychiatrist is not declaring the resident is incompetent to make decisions. Resident may not make this decision if they are on court commitment or if they have a legal guardian. Every effort must be taken to promote resident safety and well-being, including post-discharge support.
- 4) Group home must follow relevant steps in II. Discharge of Group Home Resident.

VI. Incarceration: In cases where resident is incarcerated or is pending incarceration, they may voluntarily sign a discharge with the provider as part of coordination of care. If resident has not signed discharge voluntarily, a notice of intent to discharge must be sent or provided directly to resident and 30 days must elapse before discharge proceeds. At the discretion of DSAMH, the discharge may be considered if DSAMH is provided with a sentencing order that verifies incarceration will be 60 days or longer, or stipulates consumer may not return to group home. The provider is expected to offer justification for terminating the resident's services, including documentation of the expected duration of incarceration, and any safety concerns related to the behaviors that led to incarceration that may also affect group home eligibility and safety standards. At the discretion of DSAMH, the available bed may also be reassigned to another consumer with emergent need for group home placement.

VII. Coordination and Consultation with the Division of Long Term Care Resident's Protection (DLTRCP):

The group home and the EEU shall endeavor to consult with DLTRCP on any case involving the discharge of a resident initially transferred out of the group home into an acute care facility OR a resident who is being discharged while in an acute care facility. This is to ensure that all appropriate measures are taken to prevent misinterpretation of appropriate procedure or misunderstanding of future obligations.

- A. EEU shall request consultation with DLTRCP in any case exhibiting complex and/or confusing circumstances. EEU shall facilitate consultation with DLTRCP as appropriate.

VIII. DSAMH Approval of Discharge: A group home may not discharge any resident without the initial approval of the PAC and final approval of EEU.

- A. Group home, in consultation with PAC staff, will complete all required steps and documentation required to process discharge.
- B. PAC Clinical Services Administrator (or designee) will review and submit discharge recommendation to EEU.
- C. EEU will review and approve, if appropriate.
- D. There are no extenuating circumstances indicating discharge is not warranted due to improper notification, significant change in client status, legal mandates, or other deferment of discharge requested or approved by DSAMH Administration.
- E. Providers can appeal denials of intent to discharge request or denial of discharge request.
- F. DSAMH shall not unreasonably withhold approval of discharge.

VIV. Providers are required to ensure their programs and staff follow all applicable federal and state regulations. Appendix A has sample time frames for notice of intent to discharge and required wait times, to ensure residents do not lose their residence and services without due process and thoughtful consideration. Appendix B is a sample Good Cause worksheet and form to review potential discharges and to provide written justification to PAC/EEU. Both have fillable capacity and check boxes for easier review. Programs are responsible for developing their own notification processes and ensuring they comply with all required federal and state regulations and agency contract with DSAMH.

VII: Transfers between group homes (internal or external): Providers with more than one group home may move residents (lateral transfer) to another group home in their agency, if move is voluntary and in the best interest of the resident(s). EEU and PAC must be provided a brief justification and approve transfer. It is expected that internal recommendations for transfer within the same provider ensure accurate transfer of all residents' psychiatric, medical, and general well-being needs. Admission and discharge documentation will be required from receiving and sending facilities. Resident's PROMISE recovery plan will follow resident with same authorization dates. A request for transfer to an external provider will be assessed and determined by EEU based on client needs and system availability. Any involuntary transfer will require good cause justification and full discharge notification processes. Imminent safety risk situations may require acute care hospitalization and/or emergency placements.

Appendix A: Potential time frames for discharge from Group Home

Type	Directional Level of Care Change	Time Frame	Minimum Days
Voluntary to Community	Step Down to community services	Dependent on success of pre-discharge activities and resources	0
Voluntary Higher Level of Care	Step up to higher level of care (Skilled Nursing Facility, Hospice, Acute care facilities for minimum of 45 days (psychiatric facility) or 60 days plus (medical facility)	Dependent on success of pre-discharge activities and resources and/or verification of prolonged stay in higher level of care	45
Voluntary Correctional facility	N/A: Not a level of care in a community setting	Resident stay will exceed 60 days and client signs discharge	60
Voluntary Against Medical Advice	N/A: Level of care not determined	Provider must ensure resident is competent and all steps have been taken to ensure resident safety.	0
Involuntary Correctional facility (client has not signed)	N/A: Not a level of care in a community setting	No verification of length of stay, must wait 30 days, send letter of intent, wait 30 days, and then seek good cause discharge, unless waived by DSAMH authority (EEU and PAC).	60
Short Term Transfer extended duration	Psychiatric Hospitalization expected to exceed 30 days	Emergency Discharge Procedures: may proceed immediately if approved by acute care facility, PAC, and EEU (III.D). Client must still be served notice of discharge or opportunity to sign and consent to discharge. This involves rare cases where consumer has demonstrated failure at the group home level and has repeatedly been unable to remain in community for any extended period of time.	0
Involuntary Short-Term Facility to Long Term (client has not signed)	Step up to higher level of care in psychiatric or medical facility where stay is elongated	Notice at 30 day Mark, 30 days for appeal, no consensus from short-term facility provided and client remains in state of "not discharge ready." Client must still be served notice of discharge or opportunity to sign and consent to discharge.	60

Appendix B: Good Cause Worksheet

In compliance with TITLE 16 HEALTH AND SOCIAL SERVICES DELAWARE ADMINISTRATIVE CODE, with specific focus on [Patient Bill of Rights](#) and Admission/Discharge regulations, we are submitting required documentation to discharge this resident. Short-term transfer to a medical treatment setting, including a psychiatric hospital, shall not result in discharge. The following regulations or criteria may apply:

- Change in psychiatric status: Resident primary diagnosis does not meet eligibility requirements.
- Change in functional status: Resident does not require twenty-four (24) hour supervised community residence because of improved and sustained recovery or resident's level of care exceeds ability of group home to provide care and requires an Acute Care placement or Nursing Home placement long term. (Group Home Discharge Policy V.I.A and V.I.B)
- Safety: Even with reasonable accommodation and treatment interventions, resident constitutes a direct threat to the health or safety of self or others, or engages in behaviors that result in substantial physical damage to the property of others. (Group Home Discharge Policy V.I.C)
- Resident is withdrawing participation in services against medical advice and resident, and support network (where applicable) or legal guardian, have been counseled (i.e. Decisional Balance Exercise or similar interventions).
- Refusing treatment: Resident is refusing to comply with treatment plan to an extent that it poses a threat to the health and safety of resident or others. (Group Home Discharge Policy V.I.D)
- Financial refusal: The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid or DSAMH contract) a stay at the group home. For a resident who is enrolled in Medicaid, the group home may charge a resident only the allowable charges under Medicaid regulations. (Group Home Discharge Policy V.I.E)
- Competency or Legal Guardian: If applicable, where a resident is adjudicated incompetent, is determined to be incompetent by the resident's attending physician, or is unable to communicate, the resident's rights shall devolve to the resident's next of kin, guardian or representative.
- Short-term transfer to long-term psychiatric hospitalization specialized treatment facility: Stay exceeded 30 days. Acute care psychiatric hospital and resident were provided 30-day Notice of Intent to Discharge. Absence has exceeded 60 days. Resident is not discharge ready, and is not expected to be discharge ready, with any reasonable certainty, at time of discharge decision. Facility must accept the resident back into the facility when the resident no longer needs acute or specialized care and there is space available in the facility. If no space is available, the resident shall be accepted into the next available bed. (Group Home Discharge Policy V.III and V.IV)
- Short-term transfer to Long-term Medical placement specialized treatment facility: Stay has exceeded 30 days and resident is not expected to be able to return to community level of care. Medical facility and resident were provided 30-Day Notice of Intent to Discharge. Absence has exceeded 60 days or resident has voluntarily signed discharge plan. Resident is not discharge ready, and is not expected to

be discharge ready, with any reasonable certainty, at time of discharge decision. Facility must accept the resident back into the facility when the resident no longer needs acute or specialized care and there is space available in the facility. If no space is available, the resident shall be accepted into the next available bed. (Group Home Discharge Policy V.III)

Criminal Justice System: Incarcerated resident's situations will vary case by case, based on charges, pre-sentencing information, and expected release date when applicable (or known) pre- or post-trial. Resident behaviors and safety considerations may be addressed under group home safety regulations. Resident absence has exceeded 30 days and/or resident is not expected to be able to return to community level within 30 days. Resident and correctional facility mental health provider were given Thirty-Day Notice of Intent to Discharge. Absence has exceeded 60 days or Resident has voluntarily signed discharge plan. Facility must accept the patient or resident back into the facility when the resident is released if there is space available in the facility and resident still meets eligibility criteria at time of discharge and does not pose a health and safety risk to self or others. If no space is available, the resident shall be accepted into the next available bed. (Group Home Discharge Policy V.III, V.IV, and VI)

Emergency Discharge: A discharge is required due to unforeseen circumstances like natural disasters, environmental conditions, domestic violence, and other acceptable emergencies as approved by DSAMH authority. Emergency Discharges will be reviewed on a case by case basis by DSAMH.

Group Home Justification for Good Cause Discharge Notification Form:

Group Home Facility:

Client Name:

MCI:

DOB:

Admission Date:

Consulted Clinical Services Administrator PROMISE PAC and EEU issuing Notice of Intent: Yes No

Date of 30 Day Notice of Intent to Discharge:

Client Response to 30 Day Notice (if any):

Client voluntary signed discharge? Yes No

Coordination of care efforts documented in record? Yes No

Discharge Date:

Date Submitted to PROMISE:

Discharge Considerations: (Check all that apply)

- Change in psychiatric status Change in functional status Safety Client Refusal
- Client is refusing to comply with treatment plan Competency or Legal Guardian involved
- Long-term Psychiatric Hospitalization specialized treatment facility Financial Refusal
- Long-term Medical placement specialized treatment facility
- Criminal Justice System Emergency Discharge Other:

Primary reason for discharge:
Treatment team efforts and interventions to mitigate issues leading to determination to discharge:
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, what barriers are present for this group home to maintain client or re-admit client to group home in the immediate future?
Other narrative that may support Discharge Determination:
Supporting documentation included:
Submitted by:

