


POLICY AND PROCEDURE

<u>POLICY TITLE:</u> DSAMH Group Home Admissions Policy	<u>POLICY #:</u> DSAMH001
<u>PREPARED BY:</u> DSAMH Policy Committee	<u>DATE ISSUED:</u> 3/1/2019
<u>RELATED POLICIES:</u> DSAMH003 EEU Appeal Process DSAMH002 Group Home Discharge Policy	<u>REFERENCE:</u> Title 16 Health and Social Services Delaware Administrative Code
<u>DATES REVIEWED:</u> 02/15/2019 07/25/2023 05/07/2024	<u>DATES REVISED:</u> 02/23/2022 03/13/2023 05/01/2024
<u>APPROVED BY:</u>  <u>DATE APPROVED:</u> 8/20/2024 10:57 AM PDT	<u>NOTES:</u> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. PURPOSE:

The purpose of this policy is to ensure that group homes provide a supportive and rehabilitative environment in a timely manner, 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 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 monitors 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:

“Acute Care” means the treatment of an acute medical condition in a general or specialty hospital.

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

“Delaware resident” means an individual who is not eligible for an out-of-state Medicaid plan and meets either of the following criteria:

1. An individual is domiciled in a permanent location or maintains a place of abode that they stay in that is a building, structure, or vehicle within the limits of the State, and spends more than 183 days in the State.
2. A person who possesses a valid Delaware-issued identification card such as driver's license or non-driver identification card.

"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 the short-term transfer of a resident to another facility.

"DHCQ" means the Division of Health Care Quality.

"DSAMH" means the Division of Substance Abuse and Mental Health.

"Community Appeals Committee" means the multidisciplinary committee led by the DSAMH Medical Director that review appeals for admissions, discharges, and level of care decisions.

"EEU" means the DSAMH Eligibility and Enrollment 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 harm to the resident, other residents, or staff.

"Group Home" means a residential facility licensed as a Group Home (GH) for Persons with Mental Illness by DHCQ together with the legal entity to which the license was issued.

"OTOO" means outpatient treatment over objection.

"PROMISE Program" means Promoting Optimal Mental Health for Individuals Through Supports and Empowerment (PROMISE) Home and Community-Based Services (HCBS) waiver program under DSAMH. PROMISE assesses clients for level of care needs and monitors services to ensure the client receives appropriate care from contracted providers.

"PAC" means DSAMH PROMISE Assessment Center.

"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 per Title 16, 3000 Division of Long Term Care Residents Protection, 3305 Group Homes for Persons with Mental Illness.

“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 are operated under contract with DSAMH to provide round-the-clock care to Delaware residents over the age of 18 with severe and persistent mental health issues, co-occurring medical concerns, or risk of harm to self or others. DSAMH group homes are a level of care within the PROMISE program.

V. PROCEDURES/RESPONSIBILITIES:

- A. Admission Requirements: To be placed in a group home, an individual must meet general eligibility criteria for PROMISE, as well as additional criteria indicating the need for group home level of care. The recommendation for this level of care is made by the PROMISE Care Manager and verified by the EEU before a referral is made.
- B. PROMISE Assessment.
 - 1. Through information received from the individual, their natural supports, and any past or current providers, the Care Manager determines that:
 - a. The individual needs support with basic daily living skills throughout the day, every day.
 - b. The individual is medically compromised and needs interventions that can only be provided by medical personnel or has conditions that require a safe, closely monitored environment.
 - c. The individual has not been able to safely live in the community at lower levels of care and without 24/7 supervision.
 - d. The need for group home level of care is documented in the recovery plan.
 - e. The individual consents for group home placement (or there are accepted legal alternatives in place, that may include mental health commitment order, legal guardian, or treating psychiatrist documentation detailing the individual’s inability to sign consents).
 - f. Any dangerous behaviors that have interfered with the individual’s ability to live in the community without supervision are clearly noted, based on documented history of socially unacceptable behaviors or harm to self or others.
 - g. Individuals shall not be eligible for group home admission if their residency, even with reasonable accommodation, would either constitute a direct threat to the health or safety of self or others, or result in substantial physical damage to the property of others. Such determination shall be made on an individualized basis by the resident’s treatment team. This exception requires the approval of the Community Appeals Committee.
- C. EEU Eligibility Verification: Once the assessment and recovery plan are received, EEU staff will review the information, verify medical necessity for group home level of care, and the EEU will certify that the client meets the requirements for PROMISE services.

- D. EEU Referral to Group Home: EEU staff will take into consideration any specialized needs before referring to the network of group home providers. Whenever possible, the EEU will seek to meet client choice. Consideration will be given to capacity of the service provider's locations. The EEU will ensure group homes receive complete referral information.
- E. Group Home Admission: Group Home staff must follow their admission criteria and ensure compliance with all federal, State, and contractual obligations. This may include:
 - 1. identifying any safety concerns,
 - 2. developing an individualized plan to address concerns, and
 - 3. promoting a successful transition into the group home.
- F. Appeals to admission:
 - 1. 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.
 - 2. Appeals: Formal written appeal must be provided to the PAC/EEU. See DSAMH003 Appeals Policy.
- G. If a client is being referred from another provider, the referring provider will supply the following items below to the accepting group home:
 - 1. Current psychiatric evaluation, nursing assessment, biopsychosocial assessment, comprehensive physical or documented refusal of physical (including eye and dental exams, within past twelve (12) months, crisis plan, and assessment of current risk).
 - 2. TB testing with PPD (completed within past 12 months) or x-ray, group home medical screening may assess for active symptoms of communicable diseases or recent exposure and ask for a new test.
 - 3. List of current medications including two (2) weeks of medication if admitted, lab work, list of current medical providers, list of past hospitalizations, and list of upcoming appointments within the next twelve (12) months.
 - 4. State ID, birth certificate, insurance cards, Social Security card, and family/emergency contact.
 - 5. Proof of income, if applicable, and representative payee, if assigned.
 - 6. Legal status (probation, OTOO, guardian, etc.).
- H. Timelines: The following timeline requirements are intended to streamline client access to group homes and reduce any unnecessary delay in either exiting an acute care facility or remaining in a level of care insufficient for current needs.
 - 1. Pre-Vacancy Planning: The group home notifies the EEU of the pending vacancy and the EEU reviews existing eligible clients for a prospective referral. As necessary, the EEU and GH may consult on prospective cases prior to a formal referral and discuss an expected vacancy date. Once the group home has an exact vacancy date, a formal referral will be provided by the EEU if eligible

candidates are available. The client intake process commences, engagement is started, and group home visits are scheduled, with input from the client and current treatment provider, prior to the vacancy date.

2. **Planned Group Home Bed Vacancy Timeline:** The client visits the program within three (3) days of bed availability (or sooner, if possible). The first overnight visit is completed within seven (7) days. If more time is needed for the client to acclimate to the group home and accept services, the group home may request an additional visit of three (3) days to be completed with EEU approval. Admission is required within twenty-one (21) days after referral. If the client is unavailable for admission or refuses or delays admission, the referral may be rescinded by DSAMH, and the EEU will send the group home an alternative candidate within ten (10) days.
3. **Unsuccessful Referrals:** Clients who 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 their referrals rescinded by the EEU. DSAMH reserves the discretion, in collaboration with the group home provider, to extend this referral time period for unusual circumstances that justify the delay or extension of the engagement period.
4. **Unplanned Vacancy:** When an unplanned vacancy occurs due to unforeseen circumstances, and the group home’s discharge has been submitted and approved by PAC/EEU, DSAMH will work cooperatively with the GH to expedite placing a new resident. All outreach, engagement, visits, and admission must be completed within twenty-one (21) days after referral, or the referral may be rescinded. Expected timelines are stated in chart below in Appendix A.
5. 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 the DSAMH002 Group Home Discharge Policy. This may include receipt of all necessary documentation, notice of intent to discharge, a discharge summary, and other documentation, dependent on discharge type and specific circumstance.
6. Providers that do not adhere to the timelines stated in this policy for referrals may have reimbursement affected for unassigned beds.
7. In the event of an DSAMH-approved emergency, the timelines indicated may be waived by DSAMH.

VI. POLICY LIFESPAN: This policy will be reviewed annually.

VII. RESOURCES:

Appendix A: Pre-Vacancy Group Home Bed Availability Timeline

Appendix B: Planned Group Home Bed Availability Timeline

Appendix C: Unplanned Group Home Bed Availability Timeline

Appendix A:

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)	
	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 Days
	7-1 Days Out	Group Home Outreach	GH plans to have bed available within 3 days of actual vacancy. GH 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 Days

Appendix B:

Activity	Vacancy Days	Planned Group Home Bed Availability	ACTION	Expected time limit in Days:
Ideal Timeline & Admission	By Day 3	Client visit	Client visits group home to become acclimated	1-21 Days
	By Day 7	Client overnight visit	Client has an overnight visit	
	As needed	Client has a second overnight visit of 3-days	If needed, the client will have an additional visit of 3-days	
	By Day 21	Admission	Client admitted by day 21	
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

Appendix C:

Activity	Vacancy Days	Unplanned Group Home Bed Availability	ACTION	Expected Time Limit in Days:
Administrative 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 Days
	By Day 7	New referral	DSAMH will process discharge and send new referral within 4 days of submission of discharge paperwork by group home	7 Days
Ideal Timeline & Admission	By Day 10	Client visit	Client has a visit to group home to become acclimated	1-21 Days
	By Day 14	Client overnight visit	Client has an overnight visit	
	As needed	Client has a second overnight visit of 3-days	If needed, the client will have an additional visit of 3-days	
	By Day 21	Admission	Client admitted by day 21	
Unsuccessful referral	By Day 21	Referral rescinded	If client does not accept admission by 21 st day, DSAMH may rescind referral and send new eligible referral to provider	21 Days