


POLICY AND PROCEDURE

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| <u>POLICY TITLE:</u> DSAMH Group Home Discharge Policy | <u>POLICY #:</u> DSAMH002 |
| <u>PREPARED BY:</u> DSAMH Policy Committee | <u>DATE ISSUED:</u> 3/1/2019 |
| <u>RELATED POLICIES:</u> DSAMH001 Group Home Admission Policy DSAMH003 EEU Provider Appeal Process DSAMH026 Grievance Policy | <u>REFERENCE:</u> Title 16 Health and Social Services Delaware Administrative Code |
| <u>DATES REVIEWED:</u> 2/15/2019 4/11/2022 7/25/2023 | <u>DATES REVISED:</u> 4/11/2022 3/22/2023 |
| <u>APPROVED BY:</u>  8/23/2023 1:57 PM 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 the wellbeing of group home residents not be jeopardized by inappropriate discharges, establish appropriate group home discharge procedures, ensure discharges are in compliance with Title 16 Health and Social Services Delaware Administrative Code (6.0-6.8) and Patient Bill of Rights, increase group home utilization of bed days by decreasing unnecessary holds on vacant beds, decrease client length of stay in acute care facilities pending a group home placement, and decrease provider financial distress caused by unnecessary bed holds for residents that cannot return to the facility within a reasonable duration of time (not to exceed 60 days).

II. POLICY STATEMENT:

It is the policy of the Division of Substance Abuse and Mental Health (DSAMH) to approve and authorize the discharge of group home residents in accordance with federal and state laws and regulations governing 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 provider. 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.

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

“Delaware resident” means either:

1. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware 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.

“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.

“Emergency Discharge” means that the group home has discharged a resident because even with reasonable accommodation and treatment interventions, the 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” 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.

“Intent to Discharge” means that a group home has determined and documented that one or more of the conditions required for discharge are present and that the resident may be discharged.

“Involuntary Discharge” means 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 resident. The resident must be notified of the process to appeal the decision.

“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 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 Residence Protection, 3305 Group Homes for Persons with Mental Illness.

"Short-Term Transfer" means the time-limited movement of a resident to a bed outside of the group home to receive other needed services that are beyond the capability of the group home. A short-term transfer is generally appropriate when the resident is anticipated to be able to return to the group home within a thirty (30) day period.

"Voluntary Discharge" means that the resident (or legal representative) has met with the group home staff and, after careful consideration of current and future needs, agrees to a discharge date and signs a detailed discharge plan.

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 (SPMI), 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. **DSAMH Review of Discharge Requests:** A group home may not discharge any resident without the approval of the PAC and EEU.
 1. The Group home, in consultation with PAC staff, will complete all steps and documentation required to process discharge.
 2. PAC Clinical Services Administrator or designee will review the request to ensure that there are no extenuating circumstances indicating that discharge is not warranted and then will submit the discharge recommendation to EEU. Extenuating circumstances may include improper notification, significant change in client status, or legal mandates.
 3. The EEU will review and approve, if appropriate.
 4. Providers can appeal denials of discharge requests (see DSAMH003 Provider Appeal Process).

- B. **Discharge Requirements:** No discharge shall be initiated or implemented without notification of and consultation with DSAMH's PAC and the EEU. In order to discharge a resident, one of the following conditions must be present:
 1. The resident demonstrates the ability to live in a less restrictive setting and no longer needs the level of care provided at the group home.
 2. The resident requires a level of care beyond the scope of what is reasonably available within the group home.
 3. 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.

4. The resident has materially violated essential rules of the group home and such violation seriously affects the welfare of the resident or other residents of the group home.
 5. The resident has failed to pay for 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.
 6. The facility ceases to operate.
 7. The resident has exhibited behaviors that caused harm to self or others, has made serious threats of harm to others, or has caused substantial damage to property.
 8. In cases of incarceration or inpatient treatment in a nursing facility for a period beyond sixty (60) continuous days, or relocation to another state, the resident will be subject to an immediate discharge by the group home provider, PAC and EEU. When possible, the resident shall be notified of discharge through a notice of action and has the right to appeal the decision.
 9. Resident death.
- C. Discharge Documentation: 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.
1. Notification: The group home shall 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 shall be presented in a language and manner that the resident understands. The notification shall include:
 - a. The reason for discharge.
 - b. The effective date of discharge.
 - c. The location to which the resident is to be discharged.
 - d. A statement that the resident has the right to appeal the discharge by contacting their PROMISE Care Manager who will provide them with further guidance.
 - e. 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).
 2. Emergency Discharge/Notification exception: In an emergency, a resident may be discharged without prior written notification. 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 possible not to exceed five (5) business days following discharge. 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. The provider shall complete a Group Home Emergency Discharge Request Form (DSAMH002A).

3. Discharge Plan: At a minimum, the discharge plan shall include the following:
 - a. An assessment of the resident's post-discharge social, financial, vocational, housing, and treatment needs.
 - b. A list of available support services and provider linkages necessary to meet the assessed needs of the resident.
 - c. A timetable of pre-discharge activities necessary to promote a successful transition to the post-discharge setting.
 - d. Written verification of receipt of 16 Del C. § 1121, Residents Rights.

- D. Short-Term Transfer: A resident may be transferred to another facility for acute care or other services when the resident's needs exceed the capacity of the group home.
 1. Communication with DSAMH: The PAC and the EEU shall be notified whenever a resident leaves a group home on short-term transfer. The PAC/EEU must be provided with updates regarding the resident's progress, or lack thereof. Updates shall be provided on a schedule to be agreed upon by the PAC and group home. If permanent discharge is being considered, EEU shall be notified and necessary steps taken, as defined within this policy.
 2. Review of Short-Term Transfer: The group home shall establish and maintain contact with the facility receiving a resident on short-term transfer, at minimum, on a weekly basis. 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.
 3. Discharge of Residents on Short-Term Transfer: At any time within the thirty (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. This abbreviated process is for residents that have extenuating circumstances that cannot be remediated by short-term interventions.
 - a. The group home shall hold the resident's bed for the full thirty (30) day notice of intent period.
 - b. If the resident is subsequently determined to be able to successfully return to the group home within the thirty (30) day notification period, the resident shall be returned to the group home and the notice of intent to discharge will be rescinded.
 - c. 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 five (5) to seven (7) days beyond the end of the original thirty (30) day bed-hold period. Extensions beyond seven (7) days will be decided on a case-by-case basis.
 - d. In the event that a resident is initially thought to be on a short-term transfer, but the resident's condition clearly precludes a return to the

group home, the resident may be discharged. Justification for good cause discharge must verify unsuitability for return or verification that resident's initial short-term transfer will require longer-term care.

- E. If the resident no longer needs acute care services, the resident shall return to their previous group home. If no space is available, the resident shall be referred into the next available bed appropriate to the client's needs.
- F. Voluntary Discharges: Residents may choose to voluntarily discharge from group home services at any time, with or without medical approval, unless treatment is mandated by a legal order or mental health commitment order. A voluntary discharge shall 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. Discharge Plan: The group home must develop a discharge plan with the resident (and, if necessary, their legal guardian) that addresses the resident's treatment and service needs. The resident must acknowledge their understanding that they are voluntarily giving up their bed. The PROMISE Care Manager will verify this with resident before processing discharge with the EEU.
 - 3. Against Medical Advice: In cases where the resident is self-discharging against medical advice the prescribing provider must declare the resident is psychiatrically stable enough to make the decision. The provider must ensure the resident has been counseled on risk and benefits of discharge. 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.
- G. 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 thirty (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 sixty (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.
- H. Providers are required to ensure their programs and staff follow all applicable federal and State regulations. Appendix A has 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. DSAMH002A, DSAMH Group Home Discharge Request Form, includes a list of the reasons for discharge. The form has fields to provide narrative on the reasons for discharge

and a list of required documentation to be submitted with the form to PAC/EEU. 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.

- I. 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 resident needs and system availability. Any involuntary transfer will require good cause justification and full discharge notification processes.

VI. **POLICY LIFESPAN:** Annual review by Policy Committee.

VII. **REFERENCES/RESOURCES:**

Potential Time Frames for Discharge from Group Home -- Appendix A
Reasons for Discharge – Appendix B
DSAMH Group Home Emergency Discharge Request Form-- DSAMH002A

Appendix A: Potential time frames for discharge from Group Home

| Type | Directional Level of Care Change | Time Frame | Minimum Days |
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| Voluntary to Community | Step down to community services | Dependent on success of pre-discharge activities and resources | 0 |
| Higher Level of Care | Step up to higher level of care | Dependent on success of pre-discharge activities and resources and/or verification of prolonged stay in higher level of care | 30 |
| Correctional Facility | N/A: Not a level of care in a community setting | Duration of incarceration greater than sixty (60) days or resident has been incarcerated for thirty (30) days and justification for termination is provided, unless waived by EEU and PAC. | 30 |
| Voluntary Against Medical Advice | N/A: Level of care not determined | Provider must ensure resident is psychiatrically stable and all steps have been taken to ensure resident safety. | 0 |
| Involuntary Short-Term Facility to Long Term | Step up to higher level of care in psychiatric or medical facility where stay is extended | Notice at thirty (30) day mark, thirty (30) days for appeal, resident remains in state of "not discharge ready." Resident must be served notice of discharge or opportunity to sign and consent to discharge. | 60 |

Appendix B: Reasons for Discharge

- **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.
- **Emergency Discharge:** 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.
- **Against Medical Advice:** resident is withdrawing participation in services against medical advice and resident, or legal guardian if applicable, have been counseled on the risks and benefits.
- **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.
- **Financial Refusal:** the resident has failed to pay for 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.
- **Short-Term Transfer to Long-Term Psychiatric Care:** stay exceeded 30 days. 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.
- **Short-Term Transfer to Long-Term Medical Care:** stay has exceeded thirty (30) days and resident is not expected to be able to return to community level of care. Absence has exceeded sixty (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.
- **Incarceration:** resident will be incarcerated 60 days or more.