

PerformCARE®		Policy and Procedure
Name of Policy:	Pre-Discharge Planning Meeting Requirements for Residential Treatment Facility (RTF) Providers to Assure Clinically Appropriate Planning for After Care or Transfer Occurs Prior to Discharge	
Policy Number:	CM-CAS-047	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	All Departments	
Applies to:	Associates	
Original Effective Date:	10/01/09	
Last Revision Date:	05/01/20	
Last Review Date:	07/22/21	
Next Review Date:	07/01/22	

Policy: Clinically Appropriate Treatment for the Member is expected to be the priority for all Providers. In order to assure a coordinated and orderly discharge, RTF Providers will schedule and facilitate a Pre-Discharge Planning Meeting with all Team Members prior to giving Notice of Discharge at least 45 days prior to the anticipated discharge date. It is expected that Providers give 30 days' notice (at a minimum). It may be Clinically Appropriate at times for a Member to need an Inpatient Hospitalization while in RTF Treatment. It is expected that the Member will return to the RTF upon discharge from Inpatient and no formal discharge will occur or be requested while the Member is in Inpatient. The Treatment Team should reconvene upon the Members discharge from Inpatient and return to RTF to discuss ongoing treatment and the possible need for additional or alternative treatment options. It is expected that this Policy be followed if the Treatment Team determines that a discharge from the RTF is clinically indicated.

Purpose: To establish process for Pre-Discharge Planning Meeting prior to RTF Provider issuing 30 day notice for removal/discharge.

Definitions: **Team Members:** Are defined as the Member and Parent/Guardian, as well as, any Behavioral Health or Community Support Systems including but not limited to PerformCare RTF Care Manager, TCM, JPO, C&Y, CASSP/ County Designee(s), School, Attending Psychiatrist, and others identified by the Member and/or Parent Guardian.

Acronyms: **CASSP:** Children and Adolescent Service System Program Coordinator/County Designee

C&Y: Children and Youth
JPO: Juvenile Probation Officer
RTF: Residential Treatment Facility
TCM: Targeted Case Manager

- Procedure:**
1. Effective Discharge Planning begins upon admission to RTF. Discussion of potential after plans should be part of every Treatment Team review meeting based on the Member's goals and anticipated after care plan. Part of the 30 day Psychiatric update should include potential recommendations for after care.
 2. If the RTF's attending Psychiatrist determines that the RTF has met the Member's needs at that level of care, or may not be able to meet the Member's treatment needs:
 - 2.1. The RTF Contacts PerformCare RTF Care Manager and provides Clinical Update which includes at a minimum the attending Psychiatrists Clinical Rationale for determining that the RTF cannot meet Members Behavioral Health Treatment Needs.
 - 2.2. Within 3 days of the determination that the RTF cannot meet the Member's needs, the RTF Contacts ALL Team Members (Member, Parent/Guardian, PerformCare RTF Care Manager, TCM, JPO, C&Y, CASSP/County Designee(s), School, Parent/Guardian, and others requested by Member and/or Parent/Guardian) to schedule a Pre-Planning Discharge Meeting. The meeting must be scheduled at least 45 days prior to the anticipated discharge date.
 3. The RTF initiates the Pre-Discharge Planning Meeting by providing the Team with the attending Psychiatrist's clinical rationale for discharge and if applicable, include specifically why the RTF cannot meet the Member's needs. The Team discusses clinical concerns and determines if any additional supports can be added to assist RTF with meeting Members' Behavioral Health Treatment needs. For example, the Team may explore revisions of the treatment plan, incorporating specialized outpatient services, or utilization of inpatient in cases where there is significant risk to self or others. In some situations, the RTF may be asked to seek services of a consultant. At rate setting RTF Programs typically include cost of clinical consultant and specialized services when developing budgets for rate setting.
 4. The Team determines if the Member should receive additional supports, whether the RTF should seek the services of a consultant, or the Member should be transferred to another RTF or Level of Care. If discharge is determined to be the appropriate plan, the RTF gives a formal written 30-day notice to all Team Members, which includes an anticipated discharge date, the attending Psychiatrists' clinical rationale, and a summary of the discharge plan as determined by the Team Meeting.

- 4.1. Transfer to another RTF Provider: All RTF Providers will be aware of the process for transfer, which is included as Attachment 1 (Transfer Provider Form) to this policy. It is the responsibility of the current RTF Provider to send out referrals for transfer prior to the Members discharge. This should include transfer of pertinent clinical records to the accepting RTF program, as well as a list of all of the Member's medications.
- 4.2. Discharge to a Different Level of Care: All RTF Providers will be aware of the referral process for step down LOC. This includes scheduling an outpatient medication management appointment prior to discharge and assuring that Member is provided a prescription adequate through the scheduled after care medication appointment.
5. The RTF Provider will continue to provide ongoing behavioral health treatment to the Member and their family as indicated in the current treatment plan during the 30-day notice period. As well, as assure that adequate aftercare treatment is in place prior to discharge.
6. **Under No Circumstance should an RTF ask the Juvenile Probation Officer or Children and Youth Services Agency to remove the Member from RTF and transfer to Detention or Shelter.** Agencies will be advised to disregard such requests. Behavioral Health Treatment is not provided in Detention or Shelter Programs. Members who present immediate significant risk to self or others should be assessed for Inpatient for stabilization and return to the RTF setting as described in the policy statement above.

Related Policies: None

Related Reports: None

Source Documents

and References: *OMHSAS Bulletin OMHSAS-09-04 dated June 15, 2009*
Best Practice Guidelines for Family Involvement with Youth who are in Residential Treatment Facilities

Superseded Policies

and/or Procedures: None

Attachments: None

Approved by:


Primary Stakeholder