

		<h2>Policy and Procedure</h2>
Name of Policy:	Pre-Discharge Planning Meeting Requirements for Community Residential Rehabilitation-Host Home (CRR-HH) Providers to Assure Clinically Appropriate Planning for After Care or Transfer Occurs Prior to Discharge	
Policy Number:	CM-CAS-048	
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, CRR-HH 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 as much notice as possible but not less than 30 days' notice prior to discharge.

It may be clinically appropriate at times for the Member to need an Inpatient Hospitalization while in CRR-HH Treatment. It is expected that the Member will return to a CRR-HH upon discharge from the Inpatient unit and no formal discharge will occur or be requested while the Member is in the hospital. The Treatment Team should reconvene upon the Member's discharge from Inpatient care and return to CRR-HH 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 CRR-HH is clinically indicated.

Purpose: To establish process for Pre-Discharge Planning Meeting prior to CRR-HH 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 CRR Care Manager, TCM, JPO, C&Y, CASSP/ County Designee(s), School, and others identified by the Member and/or Parent Guardian.

Acronyms: **CASSP:** Children and Adolescent Service System Program
Coordinator/County Designee
CRR-HH: Community Residential Rehabilitation-Host Home
C&Y: Children and Youth
JPO: Juvenile Probation Officer
TCM: Targeted Case Manager

- Procedure:**
1. Effective Discharge Planning begins upon admission to CRR-HH. Discussion of potential after-care 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 Members' attending Psychiatrist, Psychologist or Clinical Director determines that the CRR-HH 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. CRR-HH staff contacts PerformCare Care Manager and provides a Clinical Update which includes at a minimum the attending Psychologist, Psychiatrist or Clinical Director's Clinical Rationale for determining that the CRR-HH cannot meet Member's Behavioral Health Treatment Needs.
 - 2.2. Within 3 days of the determination that the CRR-HH cannot meet the Member's needs, the CRR-HH contacts ALL Team Members (Member, Parent/Guardian, PerformCare CRR Care Manager, TCM, JPO, C&Y, CASSP/County Designee(s), School, 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 CRR-HH initiates the Pre-Discharge Planning Meeting by providing the Team with the attending Psychologist, Psychiatrist or Clinical Director's clinical rationale for discharge, and if applicable, include specifically why the CRR-HH cannot meet the Member's needs. The Team discusses clinical concerns and determines if any additional supports can be added to assist CRR-HH with meeting Member's Behavioral Health Treatment needs. For example, the Team may explore revisions of the treatment plan, incorporating specialized outpatient services, transfer to another CRR-HH within the Agency or another CRR-HH Provider, as well as, possible utilization of Inpatient in cases where there is significant risk to self or others. In some situations, the CRR-HH may be asked to see services of a consultant. At rate setting, CRR-HH Programs typically include cost of clinical consultant and specialized services when developing budgets.
 4. The Team determines if the Member should receive additional supports, whether the CRR-HH should seek the services of a consultant, or the Member should be transferred to another CRR-HH or Level of Care. If discharge is determined to be the appropriate plan, the CRR-HH gives a

formal written 30-day notice to all Team Members, which includes an anticipated discharge date, the attending Psychologist, Psychiatrist, or Clinical Director's Clinical Rationale, and a summary of the discharge plan as determined by the Team Meeting.

- 4.1. Transfer to another CRR-HH provider: All CRR-HH 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 CRR-HH Provider to send out referrals for transfer prior to the Member's discharge. This includes transfer of pertinent clinical records to the accepting program, as well as a list of all of the Member's medications.
- 4.2. Discharge to a Different Level of Care: All CRR-HH 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 the member is provided a prescription adequate through the scheduled after care medication appointment.
5. The CRR-HH Provider will continue to provide ongoing behavioral health treatment of the Member and their family as included in the current treatment plan, during the 30 day notice period, in addition to assuring that adequate aftercare treatment is in place prior to discharge.
6. **Under No Circumstance should a CRR-HH ask the Juvenile Probation Officer or Children and Youth Services Agency to remove the Member from CRR-HH 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 CRR-HH setting as described in the policy statement above.
7. The CRR-HH Provider is expected not to discharge the Member home in the interim to finding another CRR-HH, or to finding an alternative Level of Care (i.e. RTF, etc.) since it has been determined by the Team, including the CRR-HH Provider that the Member meets Medical Necessity for Out of Home Treatment.

Related Policies: None

Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:

A handwritten signature in cursive script, appearing to read "Jack P.", is written over a horizontal line. The signature is written in black ink and extends slightly above and below the line.

Primary Stakeholder