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DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES ADMINISTRATIVE BULLETIN TRANSMITTAL MEMORANDUM

DATE ISSUED: December 9, 2010 **REVISED:** May 12, 2015

SUBJECT: **Administrative Bulletin 5:11**
Residential Placement from State Psychiatric Hospitals

The attached **revised** Administrative Bulletin is being forwarded for your review, action if necessary, and distribution to staff as appropriate. Please be advised that each recipient of this order is responsible for being familiar with the content and ensuring that all affected personnel adhere to it.

Lynn A. Kovich
Assistant Commissioner

LAK:pjt

DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES

ADMINISTRATIVE BULLETIN 5:11

DATE ISSUED: December 9, 2010 **REVISED: May 12, 2015**

SUBJECT: Residential Placement from State Psychiatric Hospitals

I. PURPOSE

1. To establish procedures that will ease the transition and discharge of consumers to the community and relocating from State Psychiatric Hospitals into supportive housing or residential services.

2. To maximize the utilization of all the Division of Mental Health and Addiction Services' (DMHAS) contracted housing for consumers being discharged from the State Psychiatric Hospitals.

II. DEFINITIONS

1. Hospital: a state psychiatric facility listed in N.J.S.A. 30:1-7.

2. Provider: a community agency licensed under the standards in N.J.A.C. 10:37A and any subsequent regulation related to licensed programming by DMHAS, or a Program for Assertive Community Treatment (PACT) provider who will serve a consumer who will be the recipient of a housing subsidy funded by DMHAS or another funding source (i.e., Section 811, mainstream vouchers, or rental subsidy).

3. Placement Entity (PE): staff designated by the Hospital that serves as the primary contact for Providers.

4. Brief Visit (BV): A physician-ordered time away from the Hospital (overnight) for a visit to a potential residence for the purpose of transitioning to the discharge placement.

5. Day Pass: A physician-ordered time away from the Hospital that does not require overnight stay in order to assist in transition from the hospital to the community.

III. RESPONSIBILITIES OF HOSPITALS

1. Hospitals shall assign consumers when a housing subsidy or residential vacancy is pending or known to exist, and only in accordance with the procedures in this Bulletin.

2. Hospitals will ensure that consumers are assigned to the most integrated level of care in the geographic region of her/his personal preference. Assignments will take into account the individual needs for discharge that are assessed by the treatment team and of equal importance, the consumers' preferred housing modality. Consumers shall participate in the discharge process and make their choices for placement known to the hospital treatment team, PE and provider agencies.

3. Hospitals will ensure that consumers deemed to be 'Special Status' will be assigned by their treatment teams utilizing procedures in accordance with N.J.A.C. 10:36 et seq. This process includes a hospital review by the Special Status Patient Review Committee (SSPRC) then the DMHAS Clinical Assessment and Review Panel (CARP). The administrative review of SSPRC and CARP is an advisory review to be considered by the treatment teams and such review will be completed in a timely manner to allow for review and approval of discharge planning, day passes, brief visits and final discharge.

4. Hospitals will consider the recommendations of the community provider, and attempt to accommodate the wishes of the consumer and their family, in order to facilitate continuity of treatment for the consumer.

5. Hospitals agree to have the consumer available for interviews or day passes as prearranged with a Provider.

6. In consideration of living arrangements, when consumers move to the community, individuals being discharged should be prescribed a simplified psychotropic medication regimen that does not include liquid/concentrates or PRNs. If any such exceptions are required, these must be justified in the medical record and the documentation shared with the designated provider.

7. DMHAS and Hospitals shall work with Providers towards resolution of payment issues for consumers who are non-Medicaid eligible.

8. The Hospital will inventory the consumer's personal belongings including the list of contraband items removed. Prior to transport to the residential provider, the Hospital will return these items to the consumer in a safe manner, where indicated and appropriate.

IV. RESPONSIBILITIES OF PROVIDERS

1. Each Provider shall designate an Admissions Coordinator.

2. Consumers will be assigned to a specific provider by the Division based on the geographic location of the consumer's choice and the identified needs of the consumer. If the consumer objects to the assigned Provider and the consumer received services from the Provider in the 12 months prior to admission to the

Hospital, the Division may assign another Provider if it believes it is clinically appropriate for the consumer. PEs will review available housing options, including subsidies that can be used, in the individual's preferred geographic region that provide clinically-appropriate services and supports in the most integrated setting. Once this available housing option is identified, the individual will be assigned to that Provider. The Provider will conduct an intake with the individual, and notify the Hospital staff and Regional Olmstead Coordinator of any recommended additional services and/or supports.

3. Providers shall give the PE and the assigned Hospital social worker, notice at least 24 hours in advance of their intent to meet with the consumer who has been assigned to a provider as per this Bulletin.

4. For purposes of engaging the consumer, the Provider will assist in facilitating the transportation of consumers.

5. For purposes of continuity of care, Providers will be involved in the discharge process (e.g., meeting with the Hospital treatment team to develop a comprehensive discharge plan).

6. Providers will follow all protocols established by DMHAS (including web-based data systems) on a real-time basis for tracking of the assignment process, monitoring and residential resource availability.

V. PROVIDER ASSIGNMENT PROCESS

When a discharge plan includes either residential placement or supportive housing, the consumer's hospital treatment team will direct the assigned social worker to generate an assignment form and information package for a consumer. These materials will be forwarded electronically by the social worker to the PE. The PE will ensure the assignment form is completed, sent to and received by the Provider within one (1) business day and that the consumer is assigned to the Provider. DMHAS and the Hospital will assure that communication from the PE is timely, accurate, and responsive to the Provider's needs.

1. The informational package will consist of:
   a. Psychosocial Assessment;
   b. Psychiatric Evaluation;
   c. Physical Exam;
   d. Psychological Assessment, if completed;
   e. Clear judiciary involvement;
   f. Accurate family/guardian/emergency contact information
      i. Consent for release of information prior to contacting above;
   g. Medication Administration Record;
   h. Progress Notes - last 2 weeks; and
   i. Copy of consumer's identification (if available).

2. Hospitals will facilitate assigned Provider access to the assigned consumer's charts. Copies of pertinent information from the chart shall be made for the Provider by the nursing service clerk within 24 hours of request.

3. Hospitals will assist in scheduling the Provider interview with the consumer. Hospital and Provider will work together to communicate the Provider's estimated time of arrival to all parties.

4. The Provider will begin face-to-face engagement with the consumer within five (5) business days of the receipt the assignment.

5. The PE shall review and forward the assignment materials to the appropriate Provider within one working day of receipt. The PE will be responsible to monitor the status of the assignment.

6. Assigned consumers shall be placed into the available vacancy or provided a subsidy as soon as possible. The goal is for each individual to be discharged and placed within 21 days of the Provider's receipt of the information packet.

7. For assignments being made outside the geographic area of a hospital, the PE will notify the Regional Olmstead Coordinator (ROC) and PE for that geographic area that the assignment is being made.

VI. BRIEF VISITS (BVs)

1. BVs shall not be ordered for consumers being discharged into a residential placement, except when a BV is requested by the consumer, or when required by the SSPRC/CARP for the purpose of providing a gradual transition to the community for those individuals who need of such transition, and so should be arranged early in the discharge planning process.

2. When a BV is requested by the consumer or deemed necessary, the referring Hospital will provide the following for purposes of engaging the consumer with the Provider:

   a. Copies of updated relevant medical information;
   b. Copies of updated relevant psychiatric and psychological information;
   c. Updated information regarding judicial involvement/legal status which may affect acceptance into an apartment setting;
   d. Current Medication Administration Record (MAR) for purpose of medication reconciliation;
   e. Appropriate medications for the transition period (if such medications have been ordered). Medications for the BV shall adhere to requirements in III.6 above;
   f. Relevant medical supplies (glucometers, etc.);
   g. Adequate clothing;

h. Consumer identification (passport, birth certificate, driver's license, etc.) to be used by landlords for the purpose of securing apartments; and
i. Other treatment interventions and appropriate treatment plan information as requested by the Provider.

3. BVs shall lead directly to discharge. An exception may be granted by the Hospital if the Provider provides a clinical justification within 24 hours of the end of the BV and based on that justification the Hospital and the consumer agree to a delay in the discharge.

4. Treatment teams and/or discharge staff shall have direct communication with the Provider regarding this request. Unless there is agreement between the Hospital and Provider that the residence is not suitable, or the consumer has indicated a desire not to move to the residence, consumers shall be discharged from the BV directly without returning to the hospital. In cases in which return to the Hospital is indicated, the consumer shall be allowed to see the treating psychiatrist/team for an evaluation without being required to stay overnight at the hospital.

5. In instances where there is disagreement between Hospital and Provider, a case conference will be scheduled by the assigned social worker with all interested parties so the clinical status will be resolved within five (5) working days.

VII. VACANCY TRACKING

1. Providers will forward to the PE a listing of current vacancies on a weekly basis until DMHAS automates this function. Upon the implementation of a web-based vacancy tracking system, the Providers will be responsible to maintain an accurate real-time accounting of vacancies and other data as requested. The Hospital PE will share a listing of these vacancies and forward this information to the Social Work Department for distribution to the Treatment Teams.

2. Based on the treatment team's recommendation and patient's preference, the PE will coordinate and assign the provider who can offer the most integrated level of care.

3. At no time should an assignment be made to an agency that does not have access to a subsidy or an appropriate existing or pending vacancy.

VIII. LOCAL RESIDENTIAL MEETINGS

1. At least monthly, the PE, Hospital Social Work Supervisors, ROCs, and DMHAS Program Analysts shall convene representatives from the PE, with each DMHAS funded Provider (e.g., Legacy Housing, Supportive Housing, PACT, ICMS), and the appropriate Program Analyst(s) for a Local Residential Olmstead Meeting at the appropriate Hospital to review all vacancies.

2. The purposes of the meeting will be to: match a consumer with each anticipated vacancy, and where appropriate assign a provider to serve the individual. In addition, the purpose of the meeting is to resolve any ongoing or recurring issues. All vacancies will have an appropriate assignment or alternate plan prior to the end of the meeting.

IX. PROCEDURE FOR COMMUNICATION AND PROBLEM RESOLUTION

1. If there are clinical concerns raised by the Provider, an initial discussion will occur between the Hospital Social Work Supervisor, Unit Manager, the Discharging Social Worker, the ROC and the Provider's Admissions Coordinator.

2. The Provider will notify in writing the PE, and the ROC via email of any additional resources that may be needed.

3. The ROC and the PE will contact the Office of Olmstead, Compliance, Planning and Evaluation (OCPE) to discuss additional support services.

4. The ROC and PE will notify the agency of the decision regarding additional resources.

5. The agency may contact OCPE for additional assistance.

6. A level of care assessment can be requested if the agency would like to ensure/validate the level of care determination.

7. Recurring problems shall be resolved at the Local Residential Olmstead Meeting.

8. Trends and patterns will be brought to the attention of the Assistant Director of the Office of Olmstead, Compliance, Planning and Evaluation for review and appropriate remediation where necessary.

X. CRITERIA FOR MEDICAL CLEARANCE

1. Consumers referred from a Hospital to a Provider must have a complete medical evaluation prior to BV or discharge. A medical evaluation shall consist of the following requirements:

   a) Vital Signs (respiration, pulse, temperature, blood pressure) taken within 24 hours.

   b) Complete list of all current medications, dosages, allergies and side effects.

   c) Free from communicable disease statement documented within the past 48 business hours.

d) Standard physical examination completed within the past year.

e) Medical history, review of systems, and discussion of current treatment regimen for medical illnesses. If the annual medical history remains unchanged, an indication of same, with updated signature and date is acceptable.

Lynn A. Kovich
Assistant Commissioner, DMHAS

Date 5/11/15