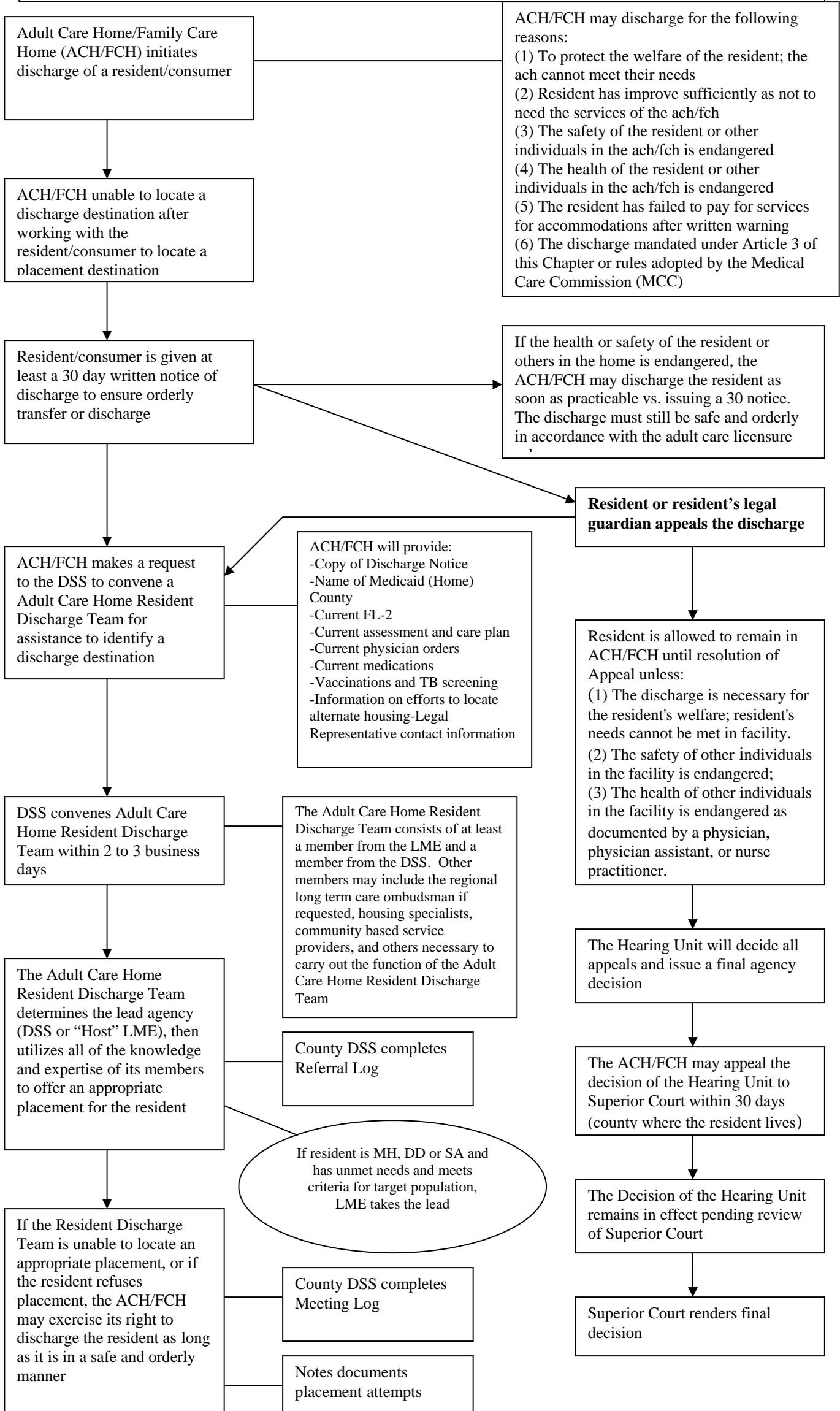


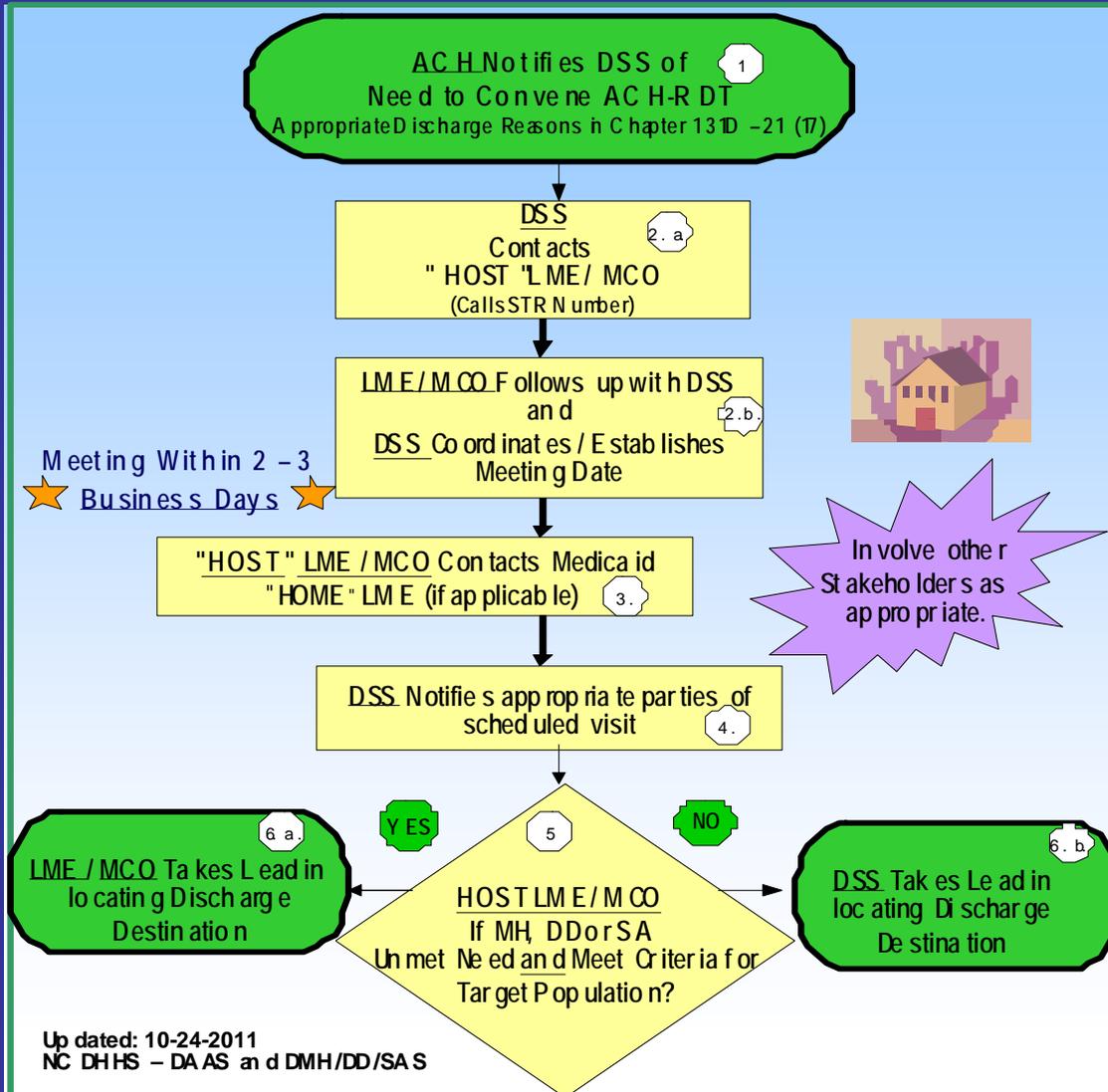
# Adult Care Home Resident Discharge Team - House Bill 677

<http://www.ncga.state.nc.us/Sessions/2011/Bills/House/PDF/H677v7.pdf>

## Appendix A



# Adult Care Home Resident Discharge Team (ACH-RDT) Flowchart :



## DETAILS:

1. ACH-RDT Notifies local Department of Social Services (DSS) of the need to convene the ACH-RDT upon *Notice of Discharge* provided to resident/legal representative & if "destination is unknown", ACH will provide at minimum the following discharge information:

- ❖ Name of Medicaid "Home" County
- ❖ Legal Representative's contact information (if applicable)
- ❖ Copy of Notice of Discharge & documentation on reasons for discharge
- ❖ Documentation on efforts made to locate alternative discharge destination.

### In Addition To:

- ❖ A copy of the resident's most current FL 2;
- ❖ A copy of the resident's most current assessment care plan, and Incident Report(s) applicable;
- ❖ A copy of the resident's current prescriptions;
- ❖ A list of the resident's current medications, MAR;
- ❖ A record of the resident's vaccination and TB screening.

2. DSS: Initiates contact with the Screening, Triage and Referral (STR) number (during regular business hours) to notify the "Host" LME/MCO (where the resident physically resides) of the need to convene the ACH-RDT. DSS point person will provide their contact information.

LME/MCO will follow up with DSS within one business day. DSS provides all discharge information and leads coordination to establish meeting date.

3. "HOST" LME or MCO: Initiates immediate contact with the "Home" LME/MCO (if applicable) to inform of the need to convene the ACH-RDT and provides discharge information. DSS, LME/MCO will coordinate with other community partners as appropriate throughout process.

4. DSS: Notifies ACH, Client/legal representative, and if appropriate *MH/SA Service Provider* of scheduled visit.

5. & 6. "HOST" LME or MCO: Establishes if resident has a MH, DD or SA unmet need and meet criteria for *target population*
- ❖ If resident has a MH, DD or SA unmet need, and meets target population, LME/MCO takes lead to locate appropriate discharge destination.
  - ❖ If resident does NOT have a MH, DD or SA unmet need and does NOT meet target population, DSS takes lead to locate appropriate D/C destination.

## **Statewide Crisis Services**

Any individual may receive crisis and emergency services in North Carolina for mental health, substance abuse, and intellectual/developmental disabilities issues. Regardless of where the individual is in the state, they can call the 24-hour access/crisis telephone line in the county in which they reside at any time. A trained person answering the telephone will connect the individual with services to address their situation. The individual may receive crisis services regardless of the ability to pay.

Based on the situation the individual will be connected with one or more of the following crisis services:

### **Mobile Crisis Team**

Mobile Crisis Management services are available at all times, 24/7/365 for individual who may need support to prevent a crisis or are experiencing a crisis related to mental health, substance abuse, or intellectual/developmental disabilities. Mobile Crisis teams provide services in locations such as the home, school, workplace, or other places. Before contacting the local Mobile Crisis Management provider, it is recommended that the individual first contact the Local Management Entity (LME) or the mental health, substance abuse, or developmental disabilities service provider, if assigned one.

### **NC START (Systemic, Therapeutic, Assessment, Respite, and Treatment)**

NC START provides prevention and intervention services to adults with intellectual and/or developmental disabilities (IDD) and complex behavioral health needs. They provide crisis response and respite for the individual in crisis and ongoing training, consultation, and support to family members and providers. The first priority of NC START services is to provide person centered supports that enable the individual to remain in the home or community placement during and after a crisis.

Although providing services in the home for persons in crisis, and training, consultation, and support to family members and providers is priority, short term emergency respite may be available in crisis situations that cannot be addressed in the home or current placement. Short term planned respite is also available to NC START consumers who live at home with their family and are unable to access traditional respite due to behavioral needs.

Although NC START may contact directly, it is recommended that you contact the LME access/crisis line first.

### **Walk-In Crisis and Psychiatric Aftercare**

An adult, adolescent, or family in crisis can receive immediate care at a Walk-In Crisis and Psychiatric Aftercare site. The care may include an assessment and diagnosis for

mental illness, substance abuse, and intellectual/developmental disability issues as well as planning and referral for future treatment. Other services may include medication management, outpatient treatment, and short-term follow-up care. Psychiatric aftercare may also assist consumers returning to the community from a state psychiatric hospital or alcohol and drug abuse treatment center until they are established with a local clinical provider.

**Facility-Based Crisis (Professional Treatment Services in Facility-Based Crisis Program)**

Facility-Based Crisis provides an alternative to hospitalization for adults who have a mental illness, substance abuse disorder or intellectual/developmental disability and are in crisis. Services are provided in a 24-hour residential facility and include short-term intensive evaluation, and treatment intervention or behavioral management to stabilize acute or crisis situations. Before contacting the local Mobile Crisis Management provider, it is recommended that the individual first contact the Local Management Entity (LME) or the mental health, substance abuse, or developmental disabilities service provider, if assigned one.

Additional Crisis Services information is found at  
[http://www.ncdhhs.gov/mhddsas/crisis\\_services/index.htm](http://www.ncdhhs.gov/mhddsas/crisis_services/index.htm).

**The Division of Mental Health, Developmental Disabilities, and Substance Abuse  
Services  
Summary of Target Populations  
HB677 Procedures**

**Adult Mental Health Target Populations**

**Adult with Mental Illness (AMI) Eligibility Criteria.**

Adult, ages 18 and over, who meets diagnostic criteria,\* and who as a result of a Mental Illness exhibits functioning which is so impaired as to interfere substantially with his/her capacity to remain in the community. In these persons their disability limits their functional capacities for activities of daily living such as interpersonal relations, homemaking, self-care, employment, and recreation.

Level of functioning criteria includes:

- Any client who has or has ever had a GAF score of 50 or below OR
- Current client who never had a GAF assessment when admitted

**AND**

- Who without continued treatment and supports would likely decompensate and again meet
- the level of functioning criteria (GAF score of 50 or below) OR
- Current client who when admitted met level of functioning criteria but as a result of effective treatment does not currently meet level of functioning criteria

**AND**

- Who without continued treatment and supports would likely decompensate and again meet the level of functioning criteria (GAF score of 50 or below) OR
- New client who does not currently meet GAF criteria and no previous GAF score is available, and who has a history of:
  - two or more psychiatric hospitalizations; OR
  - two or more arrests; OR
  - homelessness as defined by:
    - 1) lacks a fixed, regular and adequate night-time residence OR
    - 2) has a primary night-time residence that is:
      - a) temporary shelter or
      - b) temporary residence for individuals who would otherwise be institutionalized or
      - c) place not designed/used as a regular sleeping accommodation for human beings.

NOTE: It should be noted that an individual can remain in the target population even though his/her level of functioning might improve beyond the initial GAF score of 50.

This population should include any clients who are currently homeless or who are at imminent risk of homelessness as defined by:

- 1) due to be evicted or discharged from a stay of 30 days or less from a treatment facility

**AND**

- 2) lacking resources to obtain and/or maintain housing.

This population should also include any clients who have been assessed as having special communication needs because of deafness or hearing loss and having a Mental Health diagnosis.

\* Diagnostic Criteria: Severe mental illness diagnosis such as Schizophrenia, Major Depression, Bipolar, Anxiety Disorders, and Personality Disorders.

### **Adults Substance Abuse Target Population**

#### **Adult Substance Abuse Treatment Engagement and Recovery (ASTER)**

Adults who are ages 18 and over with a primary alcohol or drug abuse disorder and who require substance abuse assessment, treatment initiation, engagement, treatment and/or continuity of treatment services and supports for relapse prevention and recovery stability.

### **Developmental Disabilities Target Populations**

#### **Adult with Developmental Disability (ADSN)**

Adult, age 18 and over, who is:

- Screened eligible as Developmentally Disabled in accordance with the current functional definition in GS 122C-3(12a) OR
- Meets the State definition of Developmentally Disabled and having a co-occurring diagnosis of Mental Illness OR
- A confirmed Thomas S. class members and was receiving MR/MI funded services at the dissolution of the Thomas S. lawsuit.

These individuals must have a Developmental Disability Assessment based on NC SNAP 1 through 5.

Eligibility Determination for this population group should be completed annually in conjunction with the Person Centered Plan process.

Developmental Disability means a severe, chronic disability of a person which:

- Is attributable to a mental or physical impairment or combination of mental and physical impairments;
- Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22;
- Is likely to continue indefinitely;
- Results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, capacity for independent living, learning, mobility, self-direction and economic self-sufficiency; and
- Reflects the person's need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services which are of a lifelong or extended duration and are individually planned and coordinated.

**Informed Consent For Release Of Information  
For Adult Care Home Resident Discharge Team**

\_\_\_\_\_  
Resident/Consumer Name

I give permission for \_\_\_\_\_ (Adult Care Home/Family Care Home name) to obtain information from or release the following information about me to the Adult Care Home Resident Discharge Team to assist in finding an appropriate living arrangement for me.

Information to be shared

- A copy of the Discharge Notice with the Hearing Request Form from the adult care home or family care home;
- A copy of the most current FL-2;
- A copy of the most current assessment and care plan;
- A copy of the most current physician's orders;
- A list of the current medications;
- A copy of the vaccinations and TB screening;
- A list of all destination locations contacted that were unable to admit me; and
- Information about my legal representative, including contact information and relationship..

- I understand the contents to be released or obtained, the need for the information, and that there are statutes and regulations protecting the confidentiality of authorized information.
- I understand that this consent is voluntary and is valid for one year.
- I understand that I may withdraw this consent at any time except to the extent that information has already been released or obtained.
- If other specific information is needed or information needs to be released or obtained by another agency not listed above, I understand that I will be asked to sign another consent form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**STATEMENT OF CONFIDENTIALITY FOR ADULT CARE HOME  
RESIDENT DISCHARGE TEAM MEMBERS**

I, \_\_\_\_\_, as an member of the Adult Care Home Resident Discharge Team, and an employee of \_\_\_\_\_, may have access to or be exposed to confidential information about residents of adult care homes or family care homes. I understand and agree that I am not to share confidential information to any unauthorized person verbally, in writing, electronically, or in any other manner without the consent of the resident or his/her legal representative, and then, only as appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date