

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER**  
**POLICY AND PROCEDURE MANUAL**

**Date of Issue: 11/2/93**

**Section Number: 102**

**Date Revised: 8/16/99; 3/17/05; 8/24/06; 5/1/13; 9/1/15; 3/31/16; 1/4/17; 5/18/20**

**Policy 102 – Residential Services Admissions/Discharge**

**I. POLICY**

It is the policy of Southern Highlands Community Mental Health Center that admissions to residential services are completed in a timely and efficient manner to meet consumer needs in the least restrictive environment.

**II. DISCUSSION**

The Residential Services Program is a voluntary program made up of group homes and supported living sites that are designed to provide the supportive services and skill training necessary to maximize the consumer with a developmental delay and/or mental illness a chance for success in his/her community living environment. It is our goal to facilitate community living for consumers requiring around the clock services in the least restrictive living environments possible. Developmentally delayed individuals must be Title XIX Waiver recipients.

Definition: Group Home – A congregate setting of supervised living site with three (3) or more consumers. The Center owns the property and provides 24 hour supervision.

Supportive Residential – In this setting, the consumer(s) rents or owns the property and is responsible for all expenses of the property. The Center provides staffing based on the consumer's need up to 24 hours a day for the I/DD population and 12-24 hours a day for the mentally ill population.

**III. PROCEDURE**

- A. Referrals are made by completing the Residential Services Referral form and returning it to the Program Director. I/DD referrals will be sent the Director of Community Support Services. Mental Health referrals will be sent to the Hartley Director. Referrals may be made by anyone. Referrals forms may be accessed on the Intranet attached to this policy. Referrals will also be available on the SHCMHC website.
- B. Within two weeks of receipt of the referral form, an initial screening is conducted by the Admissions Committee which will be chaired by the Program Director. If the residential program cannot meet the needs of the individual referred, the referral source will be notified by the Program Director within 72 hours following the initial screening.

- C. If sufficient resources exist to serve the applicant and he/she is willing to accept services and the appropriate person accepts the terms set forth in the Residential Services Housing Agreement (Addendum A), but a program vacancy does not exist, the applicant will be placed on a waiting list maintained by the appropriate Residential Program Director. The list will provide explanation of any consumers removed from the list.
- D. When a housing slot becomes available, the Program Director will set up a meeting of the Admissions Committee. This meeting must occur within one week from the time the slot became available. The Admissions Committee is comprised of the appropriate Residential Program Director, the appropriate ADS Coordinator (if applicable), the Liaison Linkage Worker, the ACT Director, the Residential R.N, and the Chief Residential & Compliance Officer. The committee will review all referrals. Presentations by the case manager and/or referral source may be made to the committee. If the consumer is unknown to the committee, arrangements will be made for someone with thorough knowledge of the applicant to be available for questions and clarifications. The Committee will request a current social history, psychological evaluation, and nursing notes if applicable.
- E. The decision of the committee will be based on many factors including, but not limited to, compatibility of the individual with the group, housemate compatibility (supported living), ability to benefit from the services provided, urgency of need, available resources, etc. We do not provide on-site 24 hour nursing services. The Program RN will determine if the consumer's medical needs can be met. Consumers will be accepted into the program based on their immediate situation and not necessarily according to their ranking on the waiting list. Applicants from Southern Highlands CMHC service area will be given first priority. The decision of the committee is final.
- F. To protect the safety of the other residential consumers and staff, the applicant must disclose any violent criminal, and / or inappropriate sexual behaviors in the past or if a registered sex offender.
- G. All admissions must understand that they will be receiving 12-24 hours supervision and cannot leave home unless they are approved for a visit outside the home or accompanied by staff.
- H. Because of the fact that our residents are all in need of 12-24 hour services, consumers will be able to leave the residence with family or guardians for a maximum of 30 days each year. This is equivalent to one weekend each month with six additional days to use together or to be spread throughout the year. Because costs for us continue, even in the consumer's absence, additional days may be taken at the rate of \$100.00 per day. Frequent use of the days over 30

are to be reported to the Program Director who may request a special team meeting to re-evaluate the consumer's need for 24 hour residential services. Residents may be involuntarily discharged if medical conditions develop for the resident that require skilled nursing or place other residents at risk. Residents that are non-compliant with treatment or the rules of the home will require a critical juncture treatment team meeting to determine continued stay.

- I. In the event of a national emergency or pandemic, SHCMHC may set restrictions as needed with guidance from state and federal leaders to protect consumers and staff. Restrictions may include, but not limited to, being quarantined, limited visitation inside/ outside of home, and limited outings in the community.
- J. Rights Restrictions Form will be completed annually for all consumers (see attached) for basic restrictions that have been approved by the Human Rights Committee.

#### **Admission Criteria for I/DD Waiver Placements**

- 1. Adult consumer – must be 18 years or older.
- 2. Must have an I/DD Waiver slot.
- 3. Must have resources to afford to share a home.
- 4. Requires an array of services to prevent inpatient psychiatric hospitalization and remain in a successful community environment.
- 5. No history of sexual violence and cannot be registered as a sex offender. Other criminal activity will be reviewed to determine the liability for the other consumers and the Center.
- 6. Must safely live in a placement with the appropriate staffing ratio as determined by the consumer's IDT.
- 7. There are no 24 hour nursing services. Therefore, consumer cannot require PRN medications or skilled nursing care beyond medication dispensing, monitoring, and assessment.
- 8. Medical issues cannot interfere with active participation in the site's activities such as outings. Consumers who are incontinent, on oxygen, have feeding tubes, etc. will not be admitted.
- 9. Must be able to physically and cognitively understand and follow site rules.

10. Must be physically and cognitively able to attend Adult Day Service Program unless other services are deemed necessary by IDT.

**Admission Criteria for Group Homes and Residential Slots for Consumers with Mental Illness.**

1. Adult consumer – age 18 years or older and has a severe and persistent mental illness (may have a co-occurring diagnosis of substance abuse and/or mild intellectual disability). Autism or Asperger diagnosis will not be accepted) **AND**
2. Requires an array of services to prevent inpatient psychiatric hospitalization and remain in a successful community environment **AND**
3. Has had three (3) or more hospitalizations in a psychiatric inpatient unit or hospital in the past 12 months or five (5) or more in the last 24 months.
4. No history of sexual violence and cannot be registered as a sex offender. Other criminal activity will be reviewed to determine the liability for the other consumers and the Center.
5. Must safely live in a placement with appropriate staffing ratios as determined by the consumer's IDT.
6. Facilities do not have 24 hour nursing services. Therefore, consumer cannot require PRN medications or skilled nursing care beyond medication dispensing, monitoring, and assessment.
7. Medical issues cannot interfere with active participation in the site's activities such as outings. Consumers who are incontinent, on oxygen, have feeding tubes, etc., will not be admitted due to lack of availability of 24 hour nursing.
8. Must be able to physically and cognitively understand and follow site rules.
9. All admissions are voluntary and must be willing to share a bedroom in group homes settings.

**Group Homes**

- A. The daily rate for room and board for group homes is determined by the Business Office as set by state regulations and guidelines and may be adjusted as the cost of those services increases over time.

- B. This fee does not cover the cost of providing residential training/support services, administrative costs, transportation costs or the cost of maintaining staff to consumer ratios as dictated by the state. Those costs are covered by providing a 24 hour block of services for each consumer in accordance with state and federal guidelines. The provision of these services is what allows our residential program to remain open and able to provide residential options for people who might otherwise lose their community status.
- C. The Residential Services Housing Agreement (Addendum A) will be completed and signed by the consumer or responsible person/guardian/conservator prior to admission. This will be for consumers moving into to Hartley House only.
- D. When SHCMHC is responsible for Representative Payee Services, a budget will be devised per the Representative Payee Services Policy (Section 195). This budget will be revised as the income of the consumer changes.
- E. Pharmacy co-pay, spending allowance, vision exam, dental exam, and clothing allowance will be considered when planning a consumer's budget. If a vision or dental exam indicates the need for further treatment, the Program Director will be notified by the case manager prior to making an appointment for these services. A determination will be made as to how the cost of the services will be covered.

Once a determination is made that covering the cost for the above mentioned treatment is necessary, and all other avenues of funding have been exhausted, the monthly budget will be revised to pay for the unplanned expense. The unplanned expense will be covered by reducing the amount of the room and board charge. The reduction amount cannot exceed 10% of the monthly charge for room and board. When the amount of the unplanned expense exceeds \$500.00, the Chief Executive Officer must be notified. If the provider of the service that generated the unplanned expense will not agree to a payment plan that the consumer can afford, SHCMHC will pay the bill and the consumer will reimburse SHCMHC. The case manager, Program Director and business office personnel must monitor the repayment of the advance to SHCMHC by the consumer.

- F. All consumers receiving nursing services will receive a RN Assessment annually or as recommended by the treatment team.
- G. All residential consumers will be evaluated to see if a dietary assessment is needed. If deemed necessary, a dietary assessment will be scheduled at that time.

## DISCHARGES

- A. The Residential Program is a voluntary program and therefore the consumer and/ or guardian may request discharge at any time.
- B. Prior to discharge the consumer's treatment team will convene to discuss discharge.
- C. SHCMHC will ensure that the consumer has a alternate living arrangement before discharge. If needed the treatment team will assist with alternate living arrangements.
- D. SHCMHC will request at least a thirty day notice (unless it is an emergency situation) for any consumer that decides to move out of home so arrangements can be made to help assist with bills and rent.
- E. When a consumer is discharged, his/her rent and bills for the home will be prorated for the time in the home for that month.
- F. In the event that a consumer becomes too medically fragile to live in the home the consumer's treatment team will look for alternate placements for the consumer with assistance from the medical provider(s) and guardian.
- G. In the event that a consumer becomes a threat to other consumers in the home the consumer's treatment team will meet to discuss alternative placement. The treatment team must exhaust all other resources to help with the consumers behaviors such as behavior support plans, psychiatric evaluations, transfers to another site, or hospitalization for stabilization.
- H. The treatment team will utilize SHCMHC CRU or CSU as a first voluntary treatment method if inpatient is needed. Other treatment facilities such as the Behavior Health Pavilion will be utilized if the CRU or CSU are not applicable.
- I. If the treatment team deems the consumer a danger to themselves or others and the above methods listed in H is not an alternative an involuntary mental hygiene will be filed.
- J. When a consumer is discharged from a home the consumer's personal items will be inventoried and given to the consumer or the guardian.
- K. SHCMHC will hold a consumer's personal items for no more than ninety (90) days after discharge. Any personal items that remain in the home after 90 days will be donated to a local charity or discarded. Treatment team will ensure that the consumer/ guardian understands and acknowledges this.

- L. In the event that a consumer passes away while in the home, the consumer's personal belongings will be sent to the guardian or closet family member. If unable to send to a guardian or family member the items will be donated or discarded.
  
- M. In the event a consumer signs themselves out of the home without notice SHCMHC will notify the appropriate authorities to ensure the safety of the consumer.

**SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER  
RESIDENTIAL SERVICES HOUSING AGREEMENT**

Resident's Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Responsible Party (check and provide name and relationship to consumer of all that apply)

\_\_\_\_\_ Consumer: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Payee: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Conservator: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_ Committee: \_\_\_\_\_

I, \_\_\_\_\_, responsible party, agree to pay the cost of room and board at the rate of \$ \_\_\_\_\_ per day as well as insure that the resident's financial support needs are met as specified below in parts I, II and III.

- I. A monthly payment for room and board is due on or before the 4<sup>th</sup> day of each month. This sum is calculated by taking the total number of days in the month and multiplying that number by \$ \_\_\_\_\_.
- II. Personal expenses are determined based on the resident's individual spending needs as well as the financial assets required to facilitate participation in residential outings and special events. I agree to provide the above named resident with the sum of \$ \_\_\_\_\_ on or before the 4<sup>th</sup> Day of each month. I further understand that there may be a need to increase this amount if the resident's monthly spending needs increase.
- III. I understand that there may be situations, such as illness, requiring the resident to be away from the facility. When this occurs and it is anticipated that the resident will return to the residential site, his/her placement will be reserved, for a negotiated period of time, with the continuation of the full room and board payment.
- IV. I understand that the above named resident will have a maximum of thirty days annually that he/she is exempt from participation in the Residential Services Program as a result of optional visits with approved individuals. I understand that I am responsible for a \$100.00 fee for each day exceeding the thirty day annual limit.

\_\_\_\_\_  
(Responsible Party Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Hartley Director Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(ACT Member Signature)

\_\_\_\_\_  
(Date)