	STATE MENTAL HOSPITAL POLICY COMMONWEALTH OF PENNSYLVANIA OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES		
	NUMBER: SMH-P-10-03	**ISSUE DATE**: 11-17-2010	**EFFECTIVE DATE**: 12-01-2010
SUBJECT: State Hospital Referrals For Potential Nursing Home Placement		**BY:** Donna Ashbridge, Acting Director Bureau of Community and Hospital Operations	

SCOPE:

State Mental Health Hospitals

PURPOSE:

The purpose of this policy is to institute uniform guidelines for the development and initiation of nursing home placement discharge plans for consumers currently being treated in a State Mental Hospital. The State Mental Hospitals (SMHs) shall adopt and implement these guidelines related to the development and initiation of nursing home placement discharge plans. All SMHs shall revise their policies, procedures, and practices accordingly.

BACKGROUND:

The Office of Mental Health and Substance Abuse Services (OMHSAS) and the Bureau of Community and Hospital Operations (BCHO) support the principles of Recovery and assure that all treatment be provided in the most appropriate and least restrictive environment. Interventions shall be consistent with consumer directed treatment, services, and supports and the safety and welfare of staff, public and other individuals in residence. Discharge planning shall be an integral and ongoing component of the services provided during hospitalization and shall be a collaborative process drawing upon the input and preferences of the consumer, family, friends, treatment team, and advocacy representatives at a minimum.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:
Director, Bureau of Community and Hospital Operations, DPW-OMHSAS, P.O.

Box 2675, Harrisburg, PA 17105.

SMH Staff Responsibilities:

State Mental Hospital staff shall exercise the following steps when considering an individual consumer for nursing home placement:

1. The potential of a nursing home referral shall be addressed by the treatment team with the consumer and family. A Community Support Plan (CSP) meeting shall be held prior to any nursing home referral and discharge planning. The CSP meeting participants shall include, in addition to hospital staff, the consumer and family, friends and/or significant others, the local Area Agency on Aging (as appropriate), County representative(s), and community providers responsible for home and community based waivers. The consumer shall be afforded the opportunity to have an advocate attend the meeting and to receive assistance in contacting an advocate. Alternative discharge planning shall be pursued and developed to meet the individual needs including nursing care and shall be jointly developed. Should no alternative placement be identified and nursing home placement be agreed upon by the consumer and family, the following steps shall be enacted.

2. The consumer and his/her family, friends, and/or significant others shall be afforded the opportunity to visit prospective nursing homes in the area of their choosing and/or to review educational materials specific to the potential nursing home placement. Proximity to family, friends, and/or significant others shall be a factor considered by State Hospital staff when identifying potential nursing home placements.

3. A physical examination shall be completed and documented indicating the consumer's change in physical health status, necessitating 24-hour nursing care. The change can be a newly developed illness or condition or the exacerbation of an existing illness or condition. The physician completing the examination shall document his/her findings and a level of care recommendation.

4. In the event the physical health examination results in a recommendation for potential nursing home placement the attending psychiatrist shall complete a Psychiatric Assessment. Based upon the outcome of this assessment, the psychiatrist shall document his/her findings and concurrence/disagreement with the level of care recommendation.

5. Should the psychiatrist disagree with the recommendation for nursing home placement he/she, as the Treatment Team Leader, shall

conduct a treatment plan review meeting to ensure the individualized comprehensive treatment plan (ICTP) adequately addresses the current medical and psychiatric needs of the consumer.

6. Should the psychiatrist concur with the recommendation for nursing home placement he/she shall advise the assigned Social Worker to contact the Social Work Manager, who in turn, will notify the Director, Community and Hospital Operations and request a consultative review be conducted to substantiate the need for nursing home placement. This process may include a review of available documentation and/or a face-to-face interview with the involved consumer and shall result in a formal decision to support nursing home placement or an alternative level of care and/or placement. The consumer shall be afforded the opportunity to have an advocate attend the face-to-face interview and to receive assistance in contacting an advocate. This review shall be conducted by a health care professional outside of the referring hospital but within OMHSAS and will result in a written report with recommendations. The report shall be submitted to the Bureau Director (BCHO) and the State Hospital CEO generating the request for their review.

7. The health care professional conducting this process shall review, at a minimum, the following information:

   - All current assessments from all involved disciplines;
   - Community Support Plan (CSP);
   - If annual assessments are older than 3 to 4 months, a current update is to be provided with the rationale/explanation for the need for nursing home placement;
   - All pertinent laboratory studies; and
   - Any additional information that would be crucial in determining nursing home eligibility and need.

8. If the Director, Community and Hospital Operations concurs with the recommendation for the nursing home placement the social worker will be contacted with this recommendation and the social worker will initiate the Omnibus Budget Reconciliation Act (OBRA) process. If the Director does not concur, the hospital may not proceed with the nursing home placement. Additional discussions with the involved hospital will occur to clarify the decision and to discuss alternate plans.

9. The Social Worker shall assume responsibility for the oversight of the OBRA process that includes completion and submission of the following documents to the Area Agency on Aging (AAA):
   - Request for Assessment

- Medical Evaluation (MA 51)
- Pre-Admission Screening Resident Review Identification Form (PA-PASRR-ID – MA 376)
- DPW Authorization for Information (PA 4)
- AAA Release of Information Form
- Copies of the medical record as required by the AAA

10. Following a review of the completed OBRA packet, representatives from the Area Agency on Aging shall conduct a face-to-face evaluation with the consumer and treatment team staff. A review of the medical record may also be completed at this time.

11. Based upon the outcome of steps 6, 7 and 8, the AAA will forward their determination to the appropriate field office in OMHSAS for a final decision.

12. The chart below shall also be completed as a component of this process and forwarded to the Director, Community and Hospital Operations, as a component of the decision making process:

	Question	Answer
1.	Has a CSP been done?	
2.	Does the CSP state nursing home placement is the appropriate level of care?	
3	Have alternative discharge plans been considered and/or developed? If no, please provide an explanation.	
4.	Is the family (or other involved individuals as directed by the consumer) in agreement with nursing home placement?	
5.	Does the family have guardianship?	
6.	What alternative nursing homes have been contacted?	
7.	Has this consumer agreed to placement in the designated nursing home?	
8.	Does the consumer wish to visit the facility or review materials on the prospective nursing home?	
9.	Has an approved AAA/OBRA determination been obtained? If so, what is the date of the determination?	

13. Should all involved parties be in agreement to seek nursing home placement, active discharge efforts shall be initiated. Consumer, family and advocate (as desired by the consumer) involvement shall be a priority in the nursing home selection process.

14. The State Mental Hospitals shall be responsible to provide routine discharge reports to the Director of the Bureau of Hospital Operations that outline the specific placement/arrangement for every consumer discharged.

15. The treatment team shall provide consultation and support on an ongoing basis by providing outreach to the nursing home where the individual was discharged. The coordination of services shall include, as deemed necessary, physician-to-physician communications for continuity of care and medication management in the community setting.

Exception to Policy

This policy does not need to be followed when an individual receives care in a community hospital from the state hospital and then is transferred to a nursing home.

Appeal Process

Disabilities Rights Network (DRN) and the Bureau of Community and Hospital Operations will conduct a joint review of any request for an appeal from a consumer who is not satisfied with the decision.

OBSOLETE BULLETIN:
This bulletin replaces SMH-P-08-01, “State Hospital’s Referrals For Potential Nursing Home Placement”.