Partners in Recovery

Adult Residential Treatment Requests

PROCEDURE DOCUMENT

<table>
<thead>
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<th>Name: Partners in Recovery</th>
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<td>Procedure Name and Number: Adult Residential Treatment Requests</td>
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<tr>
<td>Date of Inception: January 28, 2008</td>
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<tr>
<td>Previous Approval Date: N/A</td>
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<td>Current Approval Date:</td>
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<tr>
<th>Operational Scope:</th>
<th>Clinical</th>
<th>QI</th>
<th>Network</th>
<th>Customer Service</th>
<th>Claims</th>
<th>Housing</th>
<th>Other:</th>
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PROcedures

I. Adult Residential Process:
   A. PROCEDURE STATEMENT: Partners in Recovery assists qualified adults with placement in available adult residential treatment. These procedures are established to provide Recipients with a process to submit adult residential treatment requests for evaluation and appropriate approval.
   B. Prioritized requests will be promptly evaluated by clinical and RBHA staff members to ensure that qualified Recipients are placed in available adult residential treatment.

II. The Clinical Team
   A. Determines that residential treatment is needed.
   B. Determine the Recipient is able to participate and capable of learning new skills, in order to be appropriate for residential treatment.
   C. Collaborates with the Recipient/Guardian to develop the goals/objectives and expectations of the ISP and the adult residential treatment discharge plan.
   D. Staffs the case with the Clinical Director.

III. The Clinical Director matches residential level of care with current presentation:
   A. 24-Hour Long Term Care (LTC)
      1. Diminished cognitive capacity;
      2. Unsafe behaviors overnight and/or inability to prepare simple meals;
      3. Medication non-adherence; and
      4. Requires basic ADL/ILS skill building in order to live independently
   B. 24-Hour Basic
      1. Unsafe behaviors overnight and/or inability to prepare simple meals;
2. Medication non-adherence; and
3. Requires basic ADL/ILS skill building in order to live independently.

C. 24-Hour Dual Diagnosis (ASAM Enhanced)
1. Chemical Dependency diagnosis;
2. Active use;
3. Significant Dimension 3 presentation; and
4. Significant Dimension 4, 5, and 6 presentation.

D. 16-Hour Semi-Independent Living (SIL)
1. Medication non-adherence;
2. Requires basic ADL/ILS skill building in order to live independently;
3. No unsafe overnight behaviors; and
4. Can prepare simple meals.

E. 16-Hour Dual Diagnosis
1. Chemical dependency diagnosis;
2. Sufficient impulse control and trigger mitigation skills to modulate triggers when staff is not on site;
3. In “Action” Stage of Change;
4. No unsafe overnight behaviors; and
5. Can prepare simple meals.

F. Provider Affiliated Housing (PAH)
1. Requires basic ADL/ILS skill building in order to live independently;
2. Medication adherence – may need prompting;
3. No unsafe behaviors; and
4. Can prepare simple meals.

G. Adult Foster Care
1. Home with a family who has been trained to assist in learning the skills necessary in a less restrictive environment (i.e. cooking, cleaning, grocery shopping, budgeting and socialization).

IV. Clinical Team assists the Recipient/Guardian with post-residential treatment applications prior to discharge:

A. Section 8
B. Maricopa Housing Authority
C. City Housing
D. Magellan Housing
E. Other
V. Clinical Team completes Residential Treatment Request to include signatures from:
   A. Recipient (Unless hospitalized)/Guardian; (signatures on ISP will in the future constitute agreement with residential)
   B. Case Manager;
   C. Clinical Director; and
   D. Prescriber

VI. Clinical Team faxes Residential Treatment Request to Magellan Residential Coordinator

VII. RBHA Residential Coordinator:
   A. Prioritizes the request; Checks for completeness of request; Documents receipt of request and places Recipient on the waitlist;
   B. Sends notifications to teams that request was received by the department (not needed if a referral is sent);
   C. Maintains waitlists for each residential level of care; Monitors/Updates waitlist daily;
   D. Receives daily bed availability from residential providers; Ensures that it is up to date daily;
   E. Selects and refers Recipients for open beds based upon priority;
   F. Instructs Clinical Team to deliver referral packet to prospective residential provider within 24 hours of receipt;
   G. Ensures New Hire and Clinic-based Training information is up to date and that any changes in processes or protocols are provided to the clinics and Training department;
   H. Contacts team regarding any questions or concerns regarding their request for treatment;
   I. Coordinates with Clinical Team and providers for issue/dispute resolution, if they are unable to on their own;
   J. Maintains contact and coordinates with Provider Networks to discuss any issues/problems, etc.; and
   K. Coordinates with all departments around de planning, unmet needs and/or barriers.

VIII. Clinical Team:
   A. If no appropriate residential treatment provider has immediate availability, the Clinical team will collaborate with the Clinical Director relative to those clinical and non-clinical services/resources likely to support the individual in the community pending residential treatment admission;
   B. The Clinical Team is responsible for keeping the Clinical Director apprised of all individual’s pending residential treatment admission, to include the status of their clinical and non-clinical services/resources designed to support the individual in the community pending residential treatment admission and signs/symptoms of deterioration. Will notify the Clinical Director of any barriers/issues with provider for the CD follow-up;
   C. Delivers referral packet to prospective residential provider within one (1) business day of being notified of a referral by the RBHA Residential Coordinator;
   D. Follows-up with residential provider as to the status of the referral packet;
E. Schedules face-to-face appointment with residential provider within two business days;
F. Attends face-to-face appointment with Recipient and residential provider;
G. Ensures all required pre-admission tasks are completed;
H. Attends all scheduled staffing sessions at residential site;
I. Conducts monthly visit with Recipient at residential site;
J. Monitors and documents Recipient progress toward treatment goals/objectives;
K. Prepares Recipient/Guardian for discharge plan implementation;
L. Ensures Treatment Plan addresses current residential needs and updates the plan as
   changes occur; and
M. **Must**, for ANY decline (new referrals or changes in levels of care/location), notify the
   residential department within seven (7) business days via email whether a referral is still
   needed. If team does not contact the residential department within seven (7) business days,
   the referral will be closed and a new request will need to be submitted if residential is
determined to be needed in the future.

IX. RBHA Care Worker
   A. Monitors daily admissions;
   B. Reports admissions to Case Managers;
   C. Confirms residential treatment form receipt with RBHA Residential Coordinator;
   D. Reviews discharge plans;
   E. Identifies discharge barriers;
   F. Coordinates discharge barrier mitigation plans; and
   G. Reports discharge ready status to RBHA Discharge Ready Care Manager.

X. RBHA Discharge Ready Care Manager
   A. Coordinates DDD involved Discharge Ready cases;
   B. Coordinates cases where ALTCS is pending;
   C. Coordinates cases where Public Fiduciary is pending;
   D. Coordinates Health Plan conflicts with RBHA Health Plan Coordinator; and
   E. Mediates conflicts between Inpatient providers and Case Managers.

XI. Clinical Director (Minimum):
   A. Resolves admission conflicts with residential provider;
   B. Resolves discharge conflicts with residential provider; and
   C. Contacts residential coordinator and/or provider liaison if conflict resolution is
      unsuccessful.
   D. Establishes a residential review process to determine:
      1. Progress towards treatment plan goals/objectives;
2. Post-Residential treatment discharge plan is adequate to prevent need for subsequent residential treatment;

3. Post-residential treatment discharge plan is implemented appropriately;

4. Barriers to residential treatment plan goal/objective accomplishments are identified and mitigated in a timely manner; and

5. If Recipient is discharge ready.

E. Manages residential caseload to ensure:

1. Recipient’s transition to independent living when discharge ready; and

2. Adequate transition of Recipients from residential treatment to independent living in order to minimize days waiting for residential treatment opening.

XII. Regional Directors - Review and approve all Adult Residential Treatment requests, except 24-hour Dual Diagnosis, for Recipients who are on an ACT Team.

XII. RBHA Residential Data Specialist

A. Maintains Residential Treatment Database by:

1. Recipient
2. Provider
3. Direct Care Clinic (DCC)

B. Provides reports on:

1. Admission denial by provider/reason
2. Discharges prior to treatment completion by provider/reason
3. Average length of stay (post-discharge)
4. Average length of stay (pre-discharge)
5. T-19 and NT-19 Waitlists
6. Length of time from Request to Referral to Admit

C. Provides monthly reports to:

1. RBHA Housing Director
2. DCC Clinical Director
3. Unmet Needs Manager

XIV. Contact Information for Residential Services

A. Stephanie Knox, Housing/Residential Director - 602-797-8280
B. Norrine Young, Adult Residential Treatment Data Specialist - 602-652-5958, Fax: 1-866-568-6149
C. Fredreaka Russell, Adult Residential Treatment Coordinator - 602-797-8314, Fax: 1-866-568-6149