

Partners in Recovery

Adult Residential Treatment Requests

PROCEDURE DOCUMENT

Name: Partners in Recovery								
Procedure Name and Number: Adult Residential Treatment Requests								
Date of Inception:	January 28, 2008							
Previous Approval Date:	N/A							
Current Approval Date:								
Operational Scope:	<input checked="" type="checkbox"/> Clinical	<input type="checkbox"/> QI	<input type="checkbox"/> Network	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Claims	<input checked="" type="checkbox"/> Housing	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:

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

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- 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 dc 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;

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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.
- XIII. 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