

Partners in Recovery

Transitional Living

CMC or Department Name: Partners in Recovery Direct Care Clinics								
CMC or Department Procedure Name and Number: Transitional Living								
Date of Inception:								
Previous Approval Date:								
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 type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other

PROCEDURE FOR TRANSITIONAL LIVING:

Purpose:

To provide a detailed procedural guide for conducting admissions to Transitional Living Programs through RIAZ and Triple R. This is a procedure for the Direct Care Clinics (DCC). This desktop procedure identifies the basic structure of the activity including persons responsible for assessing appropriateness of the use of these transitional beds, coordinating with providers, and completing the intake process for admission.

I. Basic Structure:

- A. Purpose: The purpose of the program is to provide a transitional living environment to persons who may be discharge ready from a level one facility, who are homeless, awaiting permanent housing, or who may need short term respite, if experiencing a pre-crisis situation. People who are to be served may, at times, require a variety of clinical and/or peer services and supports.
- B. Population: Any behavioral health recipient that has been determined Seriously Mentally Ill (SMI).
- C. Length: The transitional living services will be available for a period of up to 30 days. The expectation is that during the 30 days, the provider, in coordination with the Magellan Health Services clinical team and others will assist the person in acquiring traditional and non-traditional services so that safe, affordable and appropriate permanent housing may be acquired.
- D. Responsible party: Referrals will be coordinated by the Regional Clinical Director and the Clinical Director from the DCC sites.

II. Referral process:

- A. The Clinical Director from the Direct Care Clinics will contact the Regional Clinical Director and present clinical information. Clinical presentation includes the following information: current location of the behavioral health recipient (BHR), psychiatric presentation, level of independence with Activities of daily Living and Independent living skills, and long term plan.
- B. Behavioral Health Recipient will be added to the wait list that is maintained by the Regional Clinical Director.
- C. The Regional Clinical Director will contact the Clinical Director and provide information regarding the bed availability and placement date for the behavioral health recipient.
- D. The Clinical Director will provide the Transitional provider with the following information:
 - 1) Current face sheet.
 - 2) Behavioral health assessment and ISP.
 - 3) At risk crisis plan.
 - 4) Residential request/Community Living applications if applicable.
 - 5) Current medication sheets.
 - 6) Documentation of guardianship.
- E. The clinical team will schedule intake date with transitional provider and transport the behavioral health recipient to intake.

III: Coordination of Care:

- A. The Regional Clinical Director is responsible for coordinating admissions to the Transitional Living Programs. The RCD will coordinate with MIHS/CRU/UPC/PRC West and private facilities on a daily basis to assist in the admission process.
- B. The Regional Clinical Director will be notified of all discharges from the Transitional Living Programs.
- C. The Regional Clinical Director will assist in coordination with the Transitional Living Programs to facilitate referrals to other programs within the community.

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