

SUBJECT: Residential Placement Committee		Page 1 of 4
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RELATES TO POLICY:	N/A	

I. AFFECTED DEPARTMENTS

GHS ACT, DD Services-Adults, and MI Services-Adults; Utilization Management

II. PURPOSE

To provide rapid, clinically-appropriate placement options to individuals that seek placement in a contractual residential facility. This procedure applies only to the internal Genesee Health System (GHS) provider; external providers will continue to make direct requests to Utilization Management (UM) for processing.

III. PROCEDURE

A. Placement Committee Description

The Placement Committee consists of at least:

- Primary case holder
- CM/SC Supervisor familiar with the providers and residential homes
- Case Management Senior Secretary or designee
- Director of Professional and Consultative Services or designee
- One UM Coordinator
- An LLP or OT as necessary

The Placement Committee will meet weekly, with the flexibility to meet quickly if an emergency discharge notice is given to an individual mid-week.

The Placement Committee will be chaired by the CM/SC Supervisor who will have access to CHIP during the meeting. The Chair will access the database of contractual residential providers, which is managed by UM, to identify openings that meet the needs described in the Residential Referral Form.

The database will include the following elements:

- Home/Corporation name
- Home address

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- Home Manager's name & telephone number
- Bed availability
- Barrier-free status
- Ages of current residents
- Primary population (MI or DD)
- Behavioral home or medically fragile home
- Level of care accepted by the home
- Number of vacancies
- Single or shared room availability

B. Placement Committee Process

- The Primary Case Holder will forward a completed Residential Request Form that includes input from the clinical team to the CM Senior Secretary one week prior to the meeting.
- The CM Senior Secretary will immediately forward the Residential Request Form to the Placement Committee members for review, and the case will be placed on the agenda for the following week's meeting.
- At the meeting, clinical staff will give any additional input prior to the UM Coordinator's final decision to approve or deny specialized residential services. If approved, UM will identify which homes are due for referral, based on a rotational list.
 - A rotational list of CLF/Specialized Residential Homes will be maintained by UM on the intranet. The list of homes will be narrowed to those whose general profiles meet the consumer's needs, including, but not limited to:
 - ✓ Barrier-free status
 - ✓ Consumer type (MI, DD, or MI/DD)
 - ✓ Gender (e.g., a home that only has a female bed would not be considered for referral of a male consumer)
 - ✓ Behaviorally challenged vs. medically compromised (e.g., a behaviorally challenged consumer would not be considered appropriate for a home with vulnerable medically challenged consumers).
 - ✓ Age of consumer vs. age of residents
 - ✓ Habilitation Waiver status (HAB Waiver consumers can only be referred to a facility with 12 or less beds, preferably 6 beds or less)
- When the general filtering process is completed, the list of providers will be further narrowed based on clinical need, such as clinical consideration of current residents in the available homes. UM staff will select "not selected" on these homes and make a notation that the homes are clinically contraindicated:
 - Documentation of home reviews will occur on the Residential Committee Case Review Form (Attachment A).
 - Placement options that are potentially high risk requires UM Manager and/or Chief Clinical Officer approval; the following exceptions require approval prior to being given as an option (list is not exhaustive, any high risk placements requires higher level of approval):

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- Mixing DD and MI populations
 - Mixing high and low functioning consumers
 - Sex Offenders placed with low functioning consumers
 - History of sexual assault placed with low functioning consumers
 - History within last 12 months of aggressiveness towards others or significant property destruction with low functioning consumers
 - Placing younger consumers in a home with elderly consumers
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- When there is more than one home that is generally and clinically appropriate, these homes will be given as options based on the rotational list. Homes with a recent referral and/or acceptance will be placed on the bottom of the list so all providers have an equal opportunity to receive referrals. The web-based interface will list the date of the home's last referral as well as the date of the most recent consumer move-in. Up to three homes will be given as options.
 - The UM staff will bring the consumer's assigned level of care to the meeting in a form letter that is added to the packet sent to the homes. Adjustment to the assigned level of care can be made during the meeting if necessary.
 - HID will be contacted by the placement committee to send the placement referral information to both the respective home(s) and the consultative staff assigned to the home(s) This may be sent by fax or CHIP messaging system. Consultative staff provide feedback to the Primary Case Holder regarding placement barriers or other concerns.
 - The Primary Case Holder will contact the homes to coordinate a tour of the home(s) with the individual and/or their guardian within four (4) business days of the meeting to determine if there is a successful match. If additional time is needed, the Primary Case Holder **must** notify the placement committee via e-mail.
 - If there is an assigned case manager to a referred home that is different than the consumer's currently assigned case manager that has placement concerns, the case manager shall discuss their concerns with the supervisor and the supervisor and case manager will bring their concern to the placement committee for review.
 - If the individual, guardian and Home Manager are satisfied with the match, the Primary Case Holder will notify the CM/SC Supervisor and UM via email and seek authorization.
 - UM staff will document why the other homes were not approved, either identifying the guardian/consumer's choice, or noting that the residential provider declined the referral. The residential provider is to submit rationale for denial in writing or via the Residential Placement Management system through the OPSC within one (1) business day of decision to decline the referral; UM will document the provider's rationale for refusal in the web-based application when written responses are received.
 - If none of the homes are selected, the primary case holder will return to the placement committee weekly. The Placement Committee will review the refusal for appropriateness. If appropriate, additional homes will be given as options based on the rotational list.

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- If there is a challenging placement or an extraordinary case and/or circumstance, the review committee must inform the Director of Adult Services, Manager of Utilization Management, and the Supervisor of Consultant Services.
- In the event UM receives an emergency discharge notice, UM will immediately contact the Placement Committee Chair and the Primary Case Holder to notify them of the emergency discharge.
 - The Chair will work with the CM Senior Secretary to organize a meeting, same day if possible, but no later than the next business day. The placement committee may give more than three options to expedite placement.
 - The Primary Case Holder will follow the previous steps to facilitate a rapid emergency placement.
 - The primary case holder will give an update to the Placement Committee Chair and the committee will review the case every two business days via phone conference until placement is found.
 - In addition to the committee reviewing the case every two business days, the primary case holder will be scheduled to attend the weekly committee meeting until placement is found.
 - In the event the Placement Committee Chair is unavailable, the Director of Adult Services will facilitate the meeting.
- In the event UM receives a 30 day discharge notice, UM will immediately notify the Placement Committee Chair, CM Senior Secretary, and the Primary Case Holder to notify them of the discharge.
 - The CM Senior Secretary will place the Primary Case Holder on the agenda for the next scheduled meeting.
 - The Primary Case Holder will submit a residential form to the committee.
 - The committee will follow the above steps in identifying placement options.
 - The primary case holder will give an update to the Placement Committee Chair and the committee will review the case every two business days via phone conference until placement is found.

In addition to the committee reviewing the case every two business days, the primary case holder will be scheduled to attend the weekly committee meeting until placement is found.