

Residential Group Home Placement Protocol

CMH Responsibilities When Exploring Group Home Placements:

CMH case holders shall not contact the CONTRACTOR directly to set up a placement meeting. Placements will only occur with the approval of the CMH Placement Coordinator.

1. CMH primary case holder (PCH) completes a case consult form with the following information: clinical need, discharge/long term plan, source of income, individual input, lesser restrictive options exhausted, mobility/health/safety needs, and current programs and services.
2. CMH PCH submits case consult to the CMH Placement Coordinator (PC), signed by supervisor.
3. The CMH PC will review the placement request and ensure that less restrictive options have been exhausted.
4. CMH PC will ensure clinical compatibility with the requested home placement.
5. If approved for a group home, the individual will be added to the referral list and/or a referral will be made to an available opening.

Note: **CONTRACTOR** is to consult with the CMH Placement Coordinator and/or active CMH team only.

If the referral is approved and the individual is referred to CONTRACTOR: CMH PC alerts case holder and contacts CONTRACTOR via email including the referral, forms, process, and contact information. The PC follows up via a phone call to confirm receipt of email. The CMH PCH will arrange a tour, placement meeting, and determine a transition plan with the individual/guardian and home.

If the Case Consult (CC) is not approved by the CMH Placement Coordinator (PC): Rationale will be provided including recommendations for alternative options.

If a referral is approved and is referred to a placement from McLaren Port Huron Hospital: The hospital social worker/designee is also included in the placement meeting. CMH Hospital Liaison will provide CMH PCH and CONTRACTOR with a copy of the discharge packet from the hospital at time of discharge.

CMH & CONTRACTOR Responsibilities Prior to the Placement Meeting:

1. The CMH PCH or CMH PC will open the CONTRACTOR's home, Supervisor and Administrator in OASIS.
2. The CONTRACTOR will be responsible for obtaining the documents needed from the OASIS system if a hard copy is required. If the CONTRACTOR is unable to print/obtain these documents in OASIS, a request should be sent to the CMH PCH and CMH PC to assist.
3. The CMH PCH informs the individual/guardian about the expectations of the placement meeting and process, including room and board costs, use of shared food stamp benefits within the household, proper medication storage and documentation, purpose of a group home placement and other applicable information.
4. The CMH PCH will provide consents for psychotropic medication in accordance with CMH Policy 05-002-0010 – Psychotropic Medication and Informed Consent, copies of insurance card(s), and identification documents if available.

CMH Primary Case Holder Responsibilities During Placement Meeting:

1. Documents the placement meeting on the Program Placement/Transfer Form (Form #041). Documentation must include information related to visitation, free time, household operation, elopement procedures, upcoming appointments, court orders, and specific interventions to be provided until the IPOS Amendment is completed.
2. The CMH PCH ensures that the CONTRACTOR is provided with the following documents/items:
 - Standing Medication Orders in accordance with CMH Policy 04-001-0070;
 - Standing Missed Medication Order in accordance with CMH Policy 04-003-0075;
 - Prescription and pharmacy labeled bottles with medications within two (2) business days in accordance with CMH Policy 04-001-0050.
 - Should documents/items not be available, proper documentation will be completed upon discharge.
3. The CMH PCH ensures the Individual Plan of Service (IPOS) Training Log (Form #146) is complete. CONTRACTOR shall be provided with a copy of this completed log at the time of placement.

CONTRACTOR Supervisor/Designee Responsibilities During Placement Meeting:

1. Complete the Assessment Plan for AFC Residents.
2. Complete the AFC- Resident Care Agreement and CONTRACTOR specific policy which includes the responsibility for the individual to pay for the room and board portion of the placement at the current rate.

3. Complete the Resident Funds Record and informs individual of the Personal Allowance Process.
4. Obtain a copy of a Health Care Appraisal for the individual dated within ninety (90) days prior to placement date. Arrange an appointment with the Primary Care Physician to obtain a Health Care Appraisal within thirty (30) days of placement if referral is emergency status, or if no Health Care Appraisal has been completed within ninety (90) days prior to placement.
5. Maintain an inventory of personal items.
6. Provide a tour and information regarding opportunities and intentions of placement.
7. Provide Rights, Responsibilities, Discharge and Complaint information.

CMH Primary Case Holder Responsibilities Following Placement Meeting:

1. Complete the Adult Residential Licensing – Resident Assessment for Reimbursement (Form #164) with group home staff and forward the completed form via email to Tammy Sparks, tsparks@scccmh.org within five (5) business days.
2. Amend the plan to include interventions and authorization for the group home.
3. Complete DHHS/SSA form (Change of Benefit) and forward via email to Leana Cimino, lcimino@scccmh.org.
4. Update OASIS Demographics.
5. Complete a Case Consult in OASIS to request program/services change to Residential Services.

Regular / Emergency Placement Timeline Expectations:

1. Regular vs. Emergency Placement is a determination made by the CMH Placement Coordinator (PC), or CMH Designee who assesses the individual's functioning, risks and available supports to make a placement decision.
2. The CMH Placement Coordinator submits a referral to the CONTRACTOR with a forty-eight (48) hour emergency or seven (7) day general request.
3. A visit, including the individual/guardian and CONTRACTOR supervisor/designee, should be arranged within five (5) days of the approved referral.
4. A placement should be arranged within two (2) days of the visit and not exceed seven (7) days total from the date of the approved referral. Exceptions shall be person centered and explicitly requested by the individual and/or guardian. Detailed rationale for the exception must be documented within EHR notes.
5. Group homes that are HUD funded will be submitted as Emergency referrals to expedite the process.
6. Sanctions of \$250 per day may be imposed when placement is delayed, or when placement is denied without CMH agreement.