Catchment Area Moves

I. *Purpose:*

DMHAS has divided the state into regions and catchment areas for the purposes of the efficient and effective administration and delivery of services. It is the purpose of this document to articulate the principles and procedures which will facilitate prompt moves between regions in accordance with the departmental goal of promoting a recovery-oriented service system where recovery principles apply to the full range of services that a person may need.

II. Definitions:

1. "Area of origin" is the area in which the client has resided or received services prior to hospitalization or where the client is currently residing or receiving services.
2. "Area of Choice" is the area to where a client chooses to live after hospitalization or the area to where he or she chooses to relocate at any time.
3. "LMHA" is Local Mental Health Authority. The Department of Mental Health and Addiction Services operates and/or funds Local Mental Health Authorities (LMHA's) offering a wide range of therapeutic programs and crisis intervention services throughout the state for a geographically specific and organized system of health care. Each LMHA serves a "catchment area" (or areas) which is a defined geographic area, based on population that receives mental health services as a unit.

III. Introduction:

When a client plans to move from one area of the state to another for any reason, it is the responsibility of the LMHA or hospital currently serving that individual and the LMHA serving the area where the client chooses to live to take all necessary and appropriate actions to accomplish that move in a timely manner. The LMHA or other provider shall respect and be directed by the client's expressed

preferences. The United States Supreme Court has determined in the Olmstead v. L. C., 527 U.S. 581 (1999) that a lack of access to

community resources in a particular area cannot be used as the rationale for maintaining someone in an inpatient setting who is ready and willing to leave and that unjustified placement or retention of persons in institutions severely limits their exposure to the outside community, and therefore constitutes a prohibited form of discrimination based on disability.

IV. Basic Principles

1. ***The client has the right to decide where he or she will live and the supporting agencies or the Local Mental Health Authorities must be linked, involved and supportive of that right.***
2. ***The Superintendent or Chief Executive Officer of the hospital, residential or outpatient program where the person is currently living and/or receiving services is responsible for and will be held accountable for guaranteeing that staff participate in these discharge-related or move-related activities and for ensuring that sufficient effort and creativity is invested for the client's successful discharge or move to an area of his or her choice. The Superintendent or Chief Executive Officer will designate staff responsible to carry out and be accountable for these functions.*[*]***
3. ***In the case of a client who is in the hospital, these activities must include contacting the community providers within 24 hours of admission and requesting the following:***
    a. ***a rationale for the hospitalization,***
    b. ***specific recommendations for hospital treatment and***
    c. ***a visit by the hospital liaison, managed service system director or the client's case manager from the community.***
4. ***The hospital liaison, managed services system director or the client's case manager from the community will comply with the above request and attend all such meetings.***
5. ***At the earliest possible time, a community case manager will be assigned and be involved in the client's transition to the new community.***
6. ***The continued involvement by the LMHA hospital liaisons and/or case manager with clients who are hospitalized is required to***

[*] Question here, whom do we want to be accountable? Does this let the Superintendent or CEO off the hook, let him or her delegate accountability as well as responsibility? Am I getting silly about this?

ensure that a timely discharge occurs to the most integrated setting available. Community providers must maintain continued involvement with clients who are hospitalized or otherwise institutionalized in non-DMHAS facilities in order to carry out recovery oriented planning.

7. ***Because the client chooses where to live, there is no acceptance or rejection of a transfer. The goal of all involved is to promote the successful ultimate move of the client to his /her area of choice.***
8. ***Because adequate notice of all meetings and understanding of the rationale for decision making is essential to the DMHAS core recovery value that "persons in recovery must have the opportunity to provide input at every level of service provision,"* each team will clearly designate responsibility for ensuring that clients and their chosen advocates and or involved family members are given adequate notice of all meetings and that all decisions and their rationales are entered in writing in the medical record.***

V. Planning and Procedure:

1. In accordance with Commissioner's Policy Statement No. 33, Revised, ***Individualized Recovery Planning***, discharge planning to a more integrated setting must begin upon a person's admission in both an outpatient and inpatient environment.

- **a.** It is the responsibility of the team with whom the individual is currently working to ascertain where he or she wants to live and what services and/or housing he or she prefers and to develop discharge options or moving plans which address the person's preferences to the fullest extent possible in a timely manner.
- **b.** It is the responsibility of the team in the area of choice to work with the then current team to implement the client's preferred discharge plan expeditiously.

2. In the case of a person who has been hospitalized, or of a young adult who has had multiple placements outside of Connecticut, or has been in residential treatment the ties to the person's "area of origin" (as the term has been used by DMHAS in the past) may be attenuated.

- **a.** In such a case, the client must be given the opportunity and information to identify a community of choice.

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* "Core Recovery Values" referenced in Commissioner's Policy Statement No. 83 ***Promoting a Recovery-Oriented Service System***; See also Practical Guidelines for Recovery-Oriented Behavioral Health Care, Practice Guidelines E, E.1.1., E.1.2, E.1.11.

b. In such a case, recovery supports need to be identified and developed. To do this, the responsible agency may need to identify and develop discharge options and recovery supports in many locations. Some of the recovery supports that may need to be developed are family supports, culturally responsive services, safe housing, social networks, vocational programming, indigenous institutions and services and access to other supportive persons in recovery.

3. In the case of a person who has no area of choice, it is the responsibility of current provider to assist the client to identify his /her community of choice. This assistance will include conversations with the client to ascertain his/her priorities and concerns, and to assist in ascertaining the housing and service options available most quickly. It is also the responsibility of the current provider to make contact with knowledgeable DMHAS staff and community providers, and to make multiple simultaneous referrals and applications in accordance with Commissioner's Policy Statement No. 33, revised.

4. Clinical assessment of the client's resource needs and the availability of services essential to the client's functioning may suggest a discharge plan or a move to a destination other than the client's area of choice. These issues must be discussed in detail with the client (and his or her chosen advocates and chosen involved family members) and documented in detail in the person's case file or medical record so that he or she can make an informed decision. These issues may be communicated to the LMHA in the area of choice with the permission of the client.

5. In the case of a person who has been hospitalized the hospital-based team is responsible for assisting the client in developing his or her choices as described in this section (V) as well as investigating and promoting the move and completing any necessary steps to transfer the client's file to the appropriate LMHA. In the case of a person who is briefly hospitalized or moving from one community to another geographic area, the LMHA in that person's "area of origin" will be responsible for meeting with the client, along with his or her chosen involved family members and advocates to plan the move. The responsible team or teams will:

a. Meet promptly with the client, along with his or her chosen involved family members and advocates to explore the various services and

housing options in the area or areas of choice and review those options as well as the timeframes for discharge or relocation to various areas.

b. work with the client and his/her chosen advocates and involved family members and with knowledgeable providers and community liaisons and /or case managers to pursue and develop alternative and multiple opportunities and options and to give the client a truly informed choice with respect to his/her discharge or relocation planning.

c. assemble the Area Transfer packet and send it to the receiving LMHA with appropriate clinical and social history within 72 hours (excluding weekends and legal holidays) of the client's request for a discharge or move to a new area of choice.

d. contact the LMHA in the area of choice within 72 hours (excluding weekends and legal holidays) of a client's request for discharge or move to that community in order to actively plan and obtain services and/or housing with the client in the area of choice and so that staff from that community will be involved in the recovery planning and transition immediately. This contact is independent of the paperwork described above in paragraphs V3 and V5C. above.

e. within one week of the receipt of the Area Transfer packet by the LMHA in the area of choice, convene a meeting with all parties, including but not limited to the client and his or her chosen involved family members and advocates, the current team (either LMHA or hospital based), the LMHA team from the area of choice and community based providers from the area or areas of choice to plan the timely move of the client to his or her area of choice. The meeting is an opportunity to insure that all information is understood by all the participants, to arrange to obtain any additional necessary information and to take all necessary steps to obtain the services and housing preferred by the client.

f. at the meeting described in paragraph 5E, above, create a detailed plan of action with a similarly detailed time line to ensure that the referral proceeds quickly, to assure the continuity of care and to provide reasonable time to plan for any needed supports. Such plan will be entered in the client's medical record.

g. promote the move and complete any necessary steps to transfer the client's file to the appropriate LMHA within two weeks of identifying the area of choice and preferred services.

6. The LMHA in the area of choice shall be actively involved in developing and carrying out the client's plans; and

a. make access to services and housing equally available to any clients of DMHAS who live or choose to live in their service area without regard to a client's prior or current residence, legal status or other particular characteristics or co-occurring disorders;

b. collaborate with both the client and his/her chosen involved family members and advocates and community providers to insure that the needed recovery services and housing are available for the person to establish a meaningful and gratifying life in the area of choice;

c. send knowledgeable representatives to team meetings convened by the LMHA in the area of origin or by the hospital based team to plan the move;

d. participate actively in all discharge planning and transfer planning;

e. promptly identify any barriers to the provision of or development of the needed services or housing,

f. document in detail in the client's medical record the barriers referenced in paragraph E above, and share this information with the client and his/her chosen advocates and involved family members (with permission),

g. develop a written plan to eliminate the barriers identified in paragraph 6 above, which will be recorded in the client's medical record and will include timelines.

h. promptly eliminate as many of those barriers as possible, and

i. communicate frequently with the client, his/her involved family members and chosen advocates and his/her team regarding progress with respect to the move, in particular the written plan described in paragraph g, above.

7. If a lack of services or housing in a client's chosen geographic location will delay his or her discharge:

a. It is the responsibility of the team with whom the client is currently working to explore and develop with the client and his/her chosen advocates and involved family members other service and housing options in additional areas.

b. It should be recognized that a person may be willing to accept a less desired discharge option in order to be discharged more quickly. In such a case, it becomes the responsibility of the LMHA where the client first moves to actively work with the LMHA in the area of choice to assist him/her in moving to his/her area of choice in accordance with these Principles and Procedures.

8. All of these responsibilities and activities must proceed in a timely manner, without delay, toward successfully completing the move or discharge to the most integrated setting available, in accordance with the Olmstead decision.

VI. Dispute Resolution

Since the client chooses where to live, there is no acceptance or rejection of a transfer.

1. The LMHA in the area of choice may contact the DMHAS Medical Director for assistance through a case conference or through information reviewed at the Utilization Management Meeting within two weeks of the meeting described in paragraph V(5)(E) to address challenges to meeting the client's service needs in the area of choice or other major impediments to his or her discharge or move. This contact must occur with adequate (not less than two days) prior notice to the client and his or her chosen involved family members and advocates. Any such communication will be either recorded or in writing unless the client is permitted to participate. Any such communication must be noted in the client's medical record.

2. If there is documented recent history of dangerous or harmful behavior that severely compromises the ability of the LMHA in the area of choice to assure the provision of necessary services or of the client to be integrated into the community,

- **a.** the staff at the LMHA in the area of choice will submit in writing a detailed summary of the issues to the Medical Director and to the person and his or her chosen involved family member and/ or advocates.
- **b.** these issues shall be discussed with the client and his or her chosen advocates and chosen involved family members either at a case conference with the client and Medical Director of the Department or at a designated Utilization Management chaired by the Medical Director. If the issues are to be discussed at a Utilization Management Meeting, the client and his/her advocate will be advised of the issues at least two days in advance of the meeting the date of the meeting and exactly which issues will be discussed at the Utilization Management Meeting.
- **c.** There will be written documentation in the client's medical record of all such discussions and the rationale for all decisions,

including decisions made at Utilization Management Meetings, within forty-eight hours of the decision.

3. In all cases where there is a dispute about a client's move and the ability of an LMHA to provide appropriate services and housing, the Medical Director or the DMHAS COO or designate may be asked by any party to be involved, and may review the issues and make a final written determination (which will include the rationale for the decision) within one month of the request for review. This final decision may be grieved under Commissioner's Policy Statement: The Grievance Procedure as a "final agency decision."