

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## ADMINISTRATIVE PROCEDURE

**NUMBER: DA1087**

**NAME: RESIDENTIAL PLACEMENT PROCEDURE**

INITIAL APPROVAL DATE:	06/14/2017	BY: Administrative Committee
(LAST) REVISION DATE:	04/11/2023	BY: CIO
(LAST) REVIEW DATE:	04/20/2023	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

### I. **PURPOSE**

### II. **APPLICATION**

Populations: MI and ID/DD  
Programs: **Direct – ALL**  
**Contracted - ALL**

### III. **PROCEDURE**

#### NEW PLACEMENTS:

1. Staff should consult with their Clinical Supervisor to determine if potential contract or 3 shifted, leased homes placement is the most appropriate level of care. If it is determined to be appropriate for level of care, the Supervisor should consult with Contract Management and COO on possible placements. Consult should be documented in OASIS.
2. Once the Supervisor has consulted with Contract Management, they should then alert staff on the outcome. Staff should then fill out the Medical/Clinical Needs Assessment on the Agency dashboard. This should be submitted to their Supervisor for approval. Once the Supervisor approves, it is forwarded to the Chief Operating Officer (COO) for final approval.
3. Next staff should complete the Funding Request. Both forms must be done on the Agency dashboard. Also, during this time, staff can be discussing placement with the family and taking them to visit the potential home.
4. Once the funding request and Medical Needs have been approved, and a contract has been reached with Contract Management and the potential home, staff can set up a move in date for the individual. If there is reason for placement to occur before a contract has been established, this needs to be prior approved by the COO or, in the absence of the COO, the Chief Executive Officer (CEO).
5. Once the contract has been established, an IPOS or Amendment should be completed to reflect the contract agreement, level of need and authorizations.
6. Sanilac County Community Mental Health will first attempt to obtain treatment services from the local CMH prior to engaging services with any other organization. These services should be in place prior to individuals moving to the placement.
7. Care Manager will continue to serve as liaison and maintain monthly contact. This staff will work with the provider to maintain the placement.

### ANNUAL RENEWAL OF RESIDENTIAL PLACEMENTS

1. Review of the current data should be summarized on the Medical/Clinical Needs Assessment, along with clinical justification of why the placement should remain at the current level, be reduced, or be terminated.
2. The Care Manager should fill out both the annual Renewal Funding Request form and submit it with the Medical Needs Assessment.
3. If there are any changes in the contract that are clinically appropriate this should be consulted with the Supervisor, Contract Management and documented in OASIS.
4. Complete the Annual IPOS and reflect any changes in contract and/or progress.
5. Sanilac County Community Mental Health will first attempt to obtain treatment services from the local CMH prior to engaging services with any other organization. These services should be in place prior to individuals moving to the placement.
6. Care Manager will continue to serve as liaison and maintain monthly contact. This staff will work with the provider to maintain the placement.

#### IV. **DEFINITIONS**

None

#### V. **ATTACHMENTS**

#### VI. **REFERENCES**

Forms Required:

- Obtain ROI for the Specialized Residential AFC Home.
- Health Care Appraisal needs to be completed within 30 days of placement (CMH RN can complete).
- Complete AFC Assessment Plan (3265)/AFC Resident Care Agreement (3266).
- Provide the Specialized AFC Home with a copy of the IPOS and AFC Assessment Plan (3265).
- Complete SSA/DHHS form to DHHS/Social Security for update/change in address.
  - Provide to DHHS, SSI, Guardian/Payee
- Specialized AFC Homes need to have data sheets completed.
- Specialized AFC Home Staff must be in-serviced on the IPOS prior to service being provided.
  - Staff sign the IPOS Acknowledgment – In Service of Plan form (CMH Form #0521)
- Must have objective and interventions in the IPOS that are specific to the Specialized Residential placement
- Dashboard Form – Medical/Clinical Needs Worksheet
- Dashboard Form – Funding Request
- Dashboard Form – Funding Request Renewal