



Discharge Planning for Homeless Patients

May 2, 2019





Introduction

- Growing problem of homeless patients
- Media reports
 - ✓ Limited ability to set the record straight due to medical privacy laws
- Legislation – where we started and where we ended



Which Hospitals Must Comply?

- General acute care hospitals
 - ✓ Includes critical access hospitals
- Acute psychiatric hospitals
- Special hospitals (maternal/dental)
- Not hospitals operated by the state of California



Effective Dates

- Most provisions: January 1, 2019
- Requirement for written plan to coordinate with community partners: July 1, 2019
- Homeless patient log: July 1, 2019



Which Patients are Covered?

A homeless patient is an individual who:

- Lacks a fixed and regular nighttime residence, or
- Has a primary nighttime residence that is a supervised publicly – or privately – operated shelter designed to provide temporary living accommodations, or
- Is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings

Note: See sample questionnaire/script in guidebook.



Written Discharge Planning Policy

- Since 2001, hospitals have been required to have written discharge planning policy
- As of Jan. 1, 2019, must add homeless patient discharge planning policy and process
 - ✓ Incorporate into current policy or add an addendum to current policy



Newly Required Elements of Written Policy

1. Purpose of policy: “to help prepare homeless patient for return to community by connecting him or her with available community resources, treatment, shelter, and other supportive services”
2. Provide information about discharge to patient in a culturally competent manner (this is already required by law, may wish to say it again in homeless part of policy to satisfy surveyors)



Newly Required Elements of Written Policy (cont.)

5. An individual discharge plan must be prepared for each homeless patient
6. “Discharge planning will be guided by the best interests of the homeless patient, his or her physical and mental condition, and his or her preferences for placement”
7. How to identify a post-discharge destination for each patient (more on this later)
8. Maintain homeless log (by July 1, 2019)



Newly Required Elements of Written Policy (cont.)

9. Services that must be offered to the homeless patient prior to discharge:
 - Physical exam/determination of stability for discharge (already required by EMTALA)
 - Referral for follow-up care (medical, behavioral)
 - If follow-up behavioral health care is required, contact health plan or primary care provider or other provider (including entry into coordinated entry system) if applicable
 - Meal
 - Weather-appropriate clothing



Newly Required Elements of Written Policy (cont.)

9. Services that must be **Offered** to homeless patient prior to discharge (continued)
 - Discharge medications
 - Infectious disease screening or referral
 - Vaccinations appropriate to presenting medical condition
 - Transportation (30 miles/minutes)
 - Screen/enroll in affordable coverage, if any

Note: Patient can decline offered services; see CHA sample documentation form in guidebook.



Identifying Post-Discharge Destination

Identify a destination:

1. Social services agency, nonprofit social services provider, or governmental services provider that has agreed to accept the patient
 - Must document name of person who agreed to accept the patient
 - Must send written/electronic info about post-discharge health and behavioral health needs



Identifying Post-Discharge Destination (cont.)

2. Homeless patient's "residence" – is "the location identified to the hospital by the patient as his or her principal dwelling place"
3. An alternative destination as indicated by the homeless patient

Document well! Be prepared for "decline to state."



Coordinating Services/Referrals with Community Partners

By July 1, 2019, hospitals must implement a written plan for coordinating services and referrals for homeless patients with available:

- County behavioral health agency
- Health care and social services agencies in the region
- Other health care providers
- Nonprofit social services providers



Coordination Plan

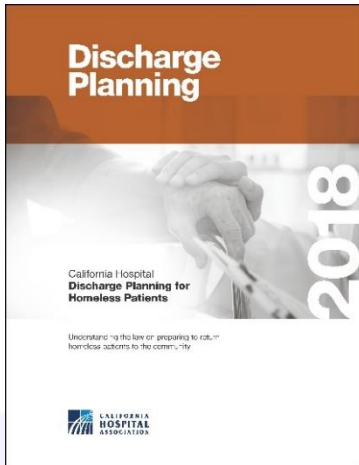
- Must include a list of local homeless shelters
 - ✓ Hours of operation
 - ✓ Admission procedures/requirements
 - ✓ Population served
 - ✓ General scope of medical and behavioral health services available
 - ✓ Contact information for intake coordinator
- Referral procedures
- Training protocols for discharge planning staff



Miscellaneous

- Patient refusal, elopement, leaving AMA
 - ✓ Capacity
 - ✓ Document
- Preemption
 - ✓ LA city ordinance
- Financial assistance policy – allow presumptive charity care eligibility for homeless patients who decline to complete application. May need to develop a method to document value of clothing, transportation provided

New Guidebook: Discharge Planning for Homeless Patients



CHA's latest guidebook includes valuable checklists and sample forms, and:

- Describes the required elements of a homeless patient discharge planning policy
- Details how to implement the plan throughout the facility
- Covers what to expect regarding enforcement

Printed version of the guidebook is also available; please email education@calhospital.org for details.