Discharge Planning for Homeless Patients

November 1, 2018

Welcome

Jaime Welcher
California Hospital Association
Continuing Education

Continuing education will be offered for this program for behavioral/social work, compliance, health care executives, legal, nursing and risk managers.

Full attendance and completion of the online evaluation and attestation of attendance are required to receive CEs for this webinar. CEs are complimentary and available for the registrant only.

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.
Faculty

**Peggy Broussard Wheeler** serves as vice president of CHA’s Rural Healthcare Center. She is responsible for developing, advocating and executing public policies, legislation and regulations on behalf of small and rural hospitals at the state and national levels. In addition, she serves as the issue manager for language access, governance, prison and homeless issues.

Previously, Peggy served as health policy analyst for the California Legislative Rural Caucus where she conducted research and provided analyses of relevant issues that affect individuals, families and communities in rural California.

Faculty

**Amanda Wilkinson**, assistant manager of Case Management at Enloe Medical, is a licensed clinical social worker by training. She is an accredited case manager and social worker through the National Board for Case Management. Amanda presented to local city and county officials addressing barriers to health care for the homeless and advocates for adoption of a community approach to collaborative care. She works closely with a multitude of agencies responsible for the coordination of care for patients experiencing homelessness and participates on the Butte Countywide Homeless Continuum of Care and the Greater Chico Homeless Task Force.
Faculty

**Tory Starr** is the vice president for Care Management for the Valley Operating Unit of Sutter Health, where he has responsibility for functions across the continuum of care including case management, social services, palliative care and post-acute care management. Tory developed the Post-Acute Care Population Management Program for Sutter Health, a program that coordinates patient care through the skilled nursing and sub-acute levels of service and has helped improve quality, access and financial performance.

Faculty

**Lois Richardson** has served as CHA’s legal resource for the past 26 years, primarily as legal counsel and most recently as vice president of legal publications and education. She is the author of numerous CHA publications, including the *Consent Manual, California Hospital Compliance Manual, California Health Information Privacy Manual* and *California Hospital Survey Manual*. Lois has also served as the executive director for the California Society for Healthcare Attorneys since 2000, providing legal education and networking opportunities for California’s health care attorneys.
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.*
Which Patients are Covered? (cont.)

• What about patients living in:
  ✓ Car – homeless
  ✓ RV – same spot or different spot
  ✓ Domestic violence shelter – homeless
  ✓ Friend’s couch
  ✓ Tent – sidewalk or permanent encampment
• Law is not always clear; may wish to err on side of treating patient as homeless

Which Patients are Covered? (cont.)

• Law uses the phrases “discharge” and “discharge planning”
• But no definition of “discharge”
  ✓ Inpatient
  ✓ ER
  ✓ Ambulatory Surgery Center (ASC)
  ✓ Outpatient clinic visit
• Where the law is unclear, look to legislative intent for interpretation
Written Discharge Planning Policy

• Since 2001, hospitals have been required to have written discharge planning policy
• By 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. Ask patient about housing status; document answer
3. Nondiscrimination provision: “Housing status will not be used to discriminate against a patient or prevent medically necessary care or hospital admission”
4. 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)
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)

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
   • Vaccinations
   • 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.”

Do Not Forget Current Law

Since 2008, it is illegal for a hospital to “cause the transfer” of a homeless patient to another county for the purpose of receiving supportive services from a social services agency, health care provider, or nonprofit social services provider in another county without that provider accepting the patient in advance.
Frequently Asked Questions

Can we send the patient to an in-county shelter without prior acceptance, if the patient identifies that shelter as his “residence” or the “alternative destination” that he wants?

Answer: The law is unclear. It is a risk management decision. Work with your local shelters to create an acceptance protocol.

Frequently Asked Questions (cont.)

- Meal
- Weather-appropriate clothing
- Discharge meds
- Infectious disease screening
- Vaccination
- Transportation
- Screen/enroll in affordable coverage
- Homeless log (July 1, 2019)
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

Enforcement and Penalties

- CDPH – surveyors, administrative penalty process (see CHA’s *California Hospital Survey Manual* for details)
- Misdemeanor prosecution technically possible with hospital licensing laws, but has never been done
- Lawsuit by patient or advocacy group
Resources

- CHA Publication:
  *Discharge Planning for Homeless Patients – Understanding the law on preparing to return homeless patients to the community*
- Hospital Association of Southern California, Hospital Council of Northern and Central California, Hospital Association of San Diego and Imperial Counties – see RVP map in guidebook for names, contact information

Enloe Medical Center, Chico

Amanda Wilkinson, LCSW, ACM-SW
Butte County Data

- Butte County 2017 Point in Time Survey
  - 29% reported a disabling physical condition (diabetes, cancer, heart disease, seizures, blindness, limited mobility).

- Public Health Alignment
  - 2015 Community Heath Assessment
    - OBJECTIVE: Reduce Medical Recidivism Amongst Butte County’s Homeless Population

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<tr>
<th>COMMUNITY</th>
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<tr>
<td>CHICO</td>
<td>849 (54%)</td>
<td>1096 (55%)</td>
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<tr>
<td>BUTTE COUNTY</td>
<td>734</td>
<td>887</td>
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<tr>
<td>TOTAL</td>
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Hospital Data Fiscal Year 2017

Enloe Medical Center Patients

- Nearly 700 patients identified as “homeless”
- More than 2,800 patient encounters
- Homeless patients accounted for 1% of all patient encounters; 3.2% of emergency visits
- Most homeless patients stay inpatient 1-6 days
Community Stakeholders

Shelters
- Three shelters in the county plus one winter pop-up shelter
- No medical respite

Community Meetings
- Greater Chico Homeless Task Force
- Butte County Continuum of Care

Collaborative discussion with service providers
- Barriers/challenges
- Opportunities

In-House Resources

Enloe Foundation
- Compassion fund (transport, housing, car repair, etc.)

Clothes Closet
- Maintained by volunteers
- Transitional Care Coordinators
- Community Paramedic
- ED Resource Nurses
- Transitional Steering Committee
Documentation

EPIC Plans
- Homeless discharge module
  - Multiple choice/narrative
- Building automated report
  - Homeless field currently on admit
  - Future considerations: when patients do not report homelessness on admittance, how to link to other staff, contain to episode not medical record

Education
- Case management staff/bedside RN
- One-page resource sheet

SB 1152

Management of Patients Experiencing Homelessness
November 2018

Tory Starr, MSN, PHN, RN
Vice President, Care Management, Sutter Health
Transitions
Advocacy

Collaboration with the Community
Efforts within the Hospital
Questions

Online questions:
Type your question in the Q & A box, press enter

Phone questions:
To ask a question, press *1

Thank You

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Upcoming Programs

CDPH Updates Webinar

*Most Common Deficiencies, Strategies to Reduce Infections, and Other Updates*

November 7, 2018
1:30 – 3:30 pm Pacific Time

Listen to this update on CDPH issues, which will include a CDPH discussion on medication safety violations and methods to ensure compliance. CDPH will also discuss infection prevention strategies. Participants will receive an update from CHA on recent legislation and clarification on recent programs.

Register online at www.calhospital.org/cdph-updates-web

Upcoming Programs

Behavioral Health Care Symposium & Emergency Services Forum

December 10-12, 2018
Mission Inn Hotel and Spa and Riverside Convention Center

Day 1: Focus is on behavioral health care policy and pressing issues.
Day 2: This blended format is designed for both behavioral health care providers and ED professionals.
Day 3: Emphasis is solely on emergency medical care services issues and innovative practices to create future-focused ED care systems.

Visit the conference webpages for more information:
www.calhospital.org/behavioral-symposium
www.calhospital.org/emergency-services-forum
Thank You and Evaluation

Thank you for participating in today’s webinar. An online evaluation will be sent to you shortly.

For education questions, contact Jaime Welcher at (916) 552-7527 or jwelcher@calhospital.org.