

PerformCARE®		Policy and Procedure
<b>Name of Policy:</b>	Pre-discharge planning meeting requirements for Residential Treatment Facility (RTF) Providers to assure clinically appropriate planning for after care or transfer occurs prior to discharge	
<b>Policy Number:</b>	CM-CAS-047	
<b>Contracts:</b>	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
<b>Primary Stakeholder:</b>	Clinical Department	
<b>Related Stakeholder(s):</b>	All Departments	
<b>Applies to:</b>	Associates	
<b>Original Effective Date:</b>	10/01/09	
<b>Last Revision Date:</b>	03/24/25	
<b>Last Review Date:</b>	03/26/25	
<b>OMHSAS Approval Date:</b>	N/A	
<b>Next Review Date:</b>	03/01/26	

**Policy:** Clinically appropriate treatment for the Member is expected to be the priority for all Providers. In order to assure a coordinated and orderly discharge, RTF Providers will schedule and facilitate a predischage planning meeting with all team members prior to giving notice of discharge at least 45 days prior to the anticipated discharge date. It is expected that Providers give 30 days' notice (at a minimum).  
 It may be clinically appropriate at times for a Member to need an Inpatient Hospitalization while in RTF Treatment. It is expected that the Member will return to the RTF upon discharge from Inpatient and no formal discharge will occur or be requested while the Member is in Inpatient. The treatment team should reconvene upon the Members discharge from Inpatient and return to RTF to discuss ongoing treatment and the possible need for additional or alternative treatment options. It is expected that this Policy be followed if the treatment team determines that a discharge from the RTF is clinically indicated.

**Purpose:** To establish process for pre-discharge planning meeting prior to RTF Provider issuing 30-day notice for removal/discharge.

**Definitions:** **Team Members:** Are defined as the Member and Parent/Guardian, as well as any behavioral health or community support systems including but not limited to PerformCare RTF Care Manager, TCM, JPO, C&Y, CASSP/ county designee(s), school, attending Psychiatrist, and others identified by the Member and/or Parent Guardian.

**Acronyms:** **CASSP:** Children and Adolescent Service System Program  
Coordinator/county designee  
**C&Y:** Children and Youth  
**JPO:** Juvenile Probation Officer  
**RTF:** Residential Treatment Facility  
**TCM:** Targeted Case Manager

- Procedure:**
1. Effective discharge planning begins upon admission to RTF. Discussion of potential after plans should be part of every treatment team review meeting based on the Member's goals and anticipated after care plan. Part of the 30-day Psychiatric update and all 30-day treatment team meetings are required to include the establishment of discharge plan that includes discharge goals, tentative discharge date and tentative after care recommendations.
  2. If the RTF's attending Psychiatrist determines that the RTF has met the Member's needs at that level of care, or may not be able to meet the Member's treatment needs:
    - 2.1. The RTF contacts PerformCare RTF Care Manager and provides a clinical update which includes at a minimum the attending Psychiatrists clinical rationale for determining that the RTF cannot meet Members behavioral health treatment needs.
    - 2.2. Within 3 days of the determination that the RTF cannot meet the Member's needs, the RTF Contacts all team members (Member, Parent/Guardian, PerformCare RTF Care Manager, TCM, JPO, C&Y, CASSP/county designee(s), school, Parent/Guardian, and others requested by Member and/or Parent/Guardian) to schedule a pre-planning discharge Meeting. The meeting must be scheduled at least 45 days prior to the anticipated discharge date.
  3. The RTF initiates the pre-discharge planning Meeting by providing the team with the attending Psychiatrist's clinical rationale for discharge and if applicable, include specifically why the RTF cannot meet the Member's needs. The team discusses clinical concerns and determines if any additional supports can be added to assist RTF with meeting Members' behavioral health treatment needs. For example, the team may explore revisions of the treatment plan, incorporating specialized adjunct outpatient services, or utilization of mental health inpatient in cases where there is significant risk to self or others. In some situations, the RTF may be asked to obtain services of a consultant. At rate setting RTF programs typically include cost of clinical consultant and specialized services when developing budgets for rate setting.
  4. The team determines if the Member should receive additional supports, whether the RTF should obtain the services of a consultant, or the Member should be transferred to another RTF or Level of Care. If discharge is determined to be the appropriate plan, the RTF gives a formal written 30-day notice to all team members, which includes an anticipated discharge date, the attending Psychiatrists' clinical rationale,

and a summary of the discharge plan as determined by the team meeting.

- 4.1. Transfer to another RTF Provider: All RTF Providers will be aware of the process for transfer, per *CM-CAS-057 Children's Service Provider Transfer Process*. It is the responsibility of the current RTF Provider to send out referrals for transfer prior to the Members discharge. This should include transfer of pertinent clinical records to the accepting RTF program, as well as a list of all of the Member's medications.
- 4.2. Discharge to a different Level of Care: All RTF Providers will be aware of the referral process for step down LOC. This includes scheduling an outpatient medication management appointment prior to discharge and assuring that Member is provided a prescription adequate through the scheduled after care medication appointment.
5. The RTF Provider will continue to provide ongoing behavioral health treatment to the Member and their family as indicated in the current treatment plan during the 30-day notice period. As well, as assure that adequate aftercare treatment is in place prior to discharge.
6. **Under No Circumstance should an RTF ask the Juvenile Probation Officer or Children and Youth Services Agency to remove the Member from RTF and transfer to Detention or Shelter.** Agencies will be advised to disregard such requests. Behavioral health treatment is not provided in Detention or Shelter Programs. Members who present immediate significant risk to self or others should be assessed for Mental Health Inpatient for stabilization and return to the RTF setting as described in the policy statement above.
7. The RTF Provider is expected not to discharge the Member home in the interim to finding another RTF, or to finding an alternative Level of Care since it has been determined by the team, including the RTF Provider that the Member meets medical necessity for out of home treatment.

**Related Policies:** *CM-CAS-057 Children's Service Provider Transfer Process*

**Related Reports:** None

**Source Documents and References:** *OMHSAS Bulletin OMHSAS-09-04 dated June 15, 2009*  
*Best Practice Guidelines for Family Involvement with Youth who are in Residential Treatment Facilities*

**Superseded Policies and/or Procedures:** None

**Attachments:** None

Approved by:

A handwritten signature in black ink, appearing to read "Jack P.", with a stylized flourish at the end.

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Primary Stakeholder