

AREA BOARD POLICIES AND PROCEDURES

The Durham Center	SUBJECT:	NUMBER:	PAGE: 1
	Out of Home Placements	APPROVAL DATE: 1/8/04	
	RESPONSIBILITY: Area Director	REVISION DATE: 9/14/07 REVISION DATE: REVISION DATE:	

PURPOSE:

To provide a consistent process for Qualified Professional Network clinical home staff to follow prior to requesting an out of home placement for a child.

POLICY:

The Durham Center embraces the concept of children receiving mental health services and supports in their homes, schools and community. Out of home placements for children with mental health needs should be a last resort, used only for safety and treatment purposes that cannot be achieved in a home environment. Such placements must directly relate to measurable outcomes, with concrete plans to bring the child back to a stable/permanent home in their community within 90 days.

When out of home placements are needed those placements will be within 60 miles/60 minutes of the child's home. The Durham Center will not contract with any provider outside of the 60 mile/60 minute radius for any residential care.

PROCEDURES:

1. Clinical home staff are responsible for working within the Child and Family Team to deliver adequate services and supports that the child/family need in their home, school and community, seeking out of home placement as a last resort.
2. Clinical home staff shall access assistance from the Community Collaborative's Care Review Teams and work with the appropriate SOC Unit on a proactive, timely basis in the event that request for an out of home placement is anticipated. SOC Unit assist both clinical home staff and when appropriate, the Utilization Management (UM) Unit to develop alternatives to out of home placement discharge, transition and permanency plans from out of home placements.
3. The clinical home staff shall complete an initial screening to be faxed to the Child Mental Health Specialist for review. If appropriate the clinical home staff will be contacted to schedule care review and complete a referral form, the clinical home staff shall present the Child and Family Team community based plan developed through a Person/Family Center Planning process (i.e. Wraparound), the strengths/needs assessment and a crisis/safety plan and why the plan failed with the rationale for an out of home placement and a discharge plan. At the Care Review meeting Child and Family Teams are expected

to demonstrate how they have exhausted all non-residential options through wraparound and home-based approaches, discuss specific outcomes that can only be met through out of home placement, along with the transition and step-down plan back to home or discharge resource family/home, school and community. The outcome of the Care Review meeting will be documented on a written action plan and distributed to the CFT and the UM Unit.

4. If the Care Review Team cannot suggest alternative nonresidential services and supports, the clinical home staff shall then consult with the Utilization Management Unit, when appropriate, to review the case for medical necessity criteria for the particular level of care sought. Residential placements are planned admissions, when a child meets medical necessity criteria for out of home placement. The Utilization Management Unit determines medical necessity and can authorize residential treatment.
5. Should it be determined that a residential placement is medically necessary, authorization for IPRS funded consumers will be given by the UM Unit for placement within 60 miles/60 minutes of Durham to ensure ongoing family involvement and community integration. The provider must be on the Durham Center approved provider list. The authorization will be for 30 days. For Medicaid consumers the clinical home staff will ask Value Options for authorization of a provider within a 60mile/60minute radius. If the provider is seeking reimbursement for room and board they must be an contracted provider with the Durham Center.
6. If residential treatment is authorized, the Child and Family Team shall integrate into the child and family plan (in writing) specific measurable outcomes that will targeted by a residential provider. These shall be outcomes that could not be accomplished outside a residential treatment setting. All out of home placement outcomes MUST be directed at the goal of placement in a family setting within a reasonable timeframe (to be specified in the plan). In addition, a clearly defined transition and discharge plan shall be developed prior to out of home placement authorization. The plan must also include specific measurable outcomes related to work with the child's family/home or discharge resource family/home and school to ensure readiness for transition back into the home, school and community.
7. The Family should then be given a choice of providers within 60 minutes 60 miles to include visiting the program, interviewing staff, etc.
8. If a residential placement occurs, the Clinical home staff will be responsible for obtaining from the residential provider, a MONTHLY summary of measurable progress toward outcomes specified in the comprehensive plan developed by the Child and Family Team.
9. The clinical home staff will actively engage the parent/legal guardian in the child's treatment and CFT and assure that:
 - (a) The parents/legal guardian or discharge resource persons as identified by the Child and Family Team signs a contract that they will visit the child at least weekly.
 - (b) The child visits home or discharge resource family/home at least once a month.
 - (c) The Clinical home staff visits the residential home at least once a month.
 - (d) There is a discharge plan at the time of admission
 - (e) The Child/Family Team meets at least once a month.
10. When the child is placed out of home, the clinical home staff is responsible for the placement notification required in 10A NCAC 27G .0506 - Communication Procedures for Out of Home Community Placements.
 - (a) The Clinical home staff shall make the notification by e-mail, fax or hard copy within three business days after out of home placement occurs. In case of an emergency, notification may be by telephone with written notification occurring the next day. The following entities shall be notified:
 - (1) legal guardian;
 - (2) other representatives involved in the care and treatment of the child or adolescent;

- (3) host community provider; and
 - (4) host community representatives (may include the court counselor, county DSS, regional Children's Developmental Services Agency (CDSA) or the LEA.
- (b) Notification shall be completed on a form provided by the Division of MH/DD/SAS and will include the following information:
- (1) child or adolescent information: name, date of birth, grade, identification number, social security number, date of placement out of home community;
 - (2) parent/legal guardian information: name, address, and telephone number.
 - (3) home and host DSS information: county; contact person name, address, and telephone number;
 - (4) home and host area authority/county program information: name of program; contact person name, address, telephone number.

11. Reauthorization for residential treatment for an IPRS funded consumer, must be sought through the UM Unit within 30 day increments. The reauthorization request must include a current assessment of child and family functioning and accomplishment of target goals. Reauthorization shall not be granted unless a telephone conference call with the provider, clinical home staff and Utilization Management indicates continuing care is necessary. The clinical home staff is responsible for coordinating and scheduling the conference call.

Clinical home staff and the Child and Family Team may seek assistance from the Community Collaborative's Care Review team for discharge, transition and permanency plans from out of home placements.