



**Detroit Wayne
Integrated Health Network
Residential Services Department**

707 W. Milwaukee St.
Detroit, MI 48202-2943
Phone: (313) 989-9513
Fax: (313) 989-9525

residentialreferral@dwihn.org
TDD: (800) 630-1044 RR/TDD: (888) 339-5588

Residential 30-Day / Emergency Discharge Guidelines

30-day Discharge

From Residential Provider to the Member

In accordance to State of Michigan's DHHS Licensing Rules for Adult Foster Care Large Group Homes Ordinance R400.14302(3), a residential provider shall provide a member with a 30-day discharge notice in the event the residential provider has determined and documented the member is not appropriate for the current placement setting; establishing the member is in substantial risk due to:

- The inability of the home staff to meet the member's immediate needs, and/or appropriate care
- Assure the safety and well-being of the member and/or other members of the home; or
- The member is considered to be a substantial risk, or has had an occurrence of:
 - *self-destructive behavior*
 - *serious physical assault (to themselves, other members, and/or home staff)*
 - *the destruction of property*

DWIHN requires the residential provider to provide a 30-day notice as a written and/or typed statement stating the reasons for discharge; to be signed and dated on the provider's company letterhead; and immediately issued to the:

- Member
- Guardian (if applicable)
- Designated clinically-responsible service provider (CRSP); and
- DWIHN Residential Services

From Member/Guardian to the Residential Provider

A member (or their guardian) can also issue a 30-day discharge notice following the same process of submitting a statement (in writing, signed, and dated) and reason to their residential provider, and their designated CRSP. The CRSP and guardian are to assure the notice is also issued to DWIHN Residential Services.

SIL Exclusion

Semi-independent living (SIL/SIP) discharges must adhere to lease agreement, also informing the CRSP Case manager/Supports Coordinator of the eviction. Ten days prior to SIL eviction, CRSP must submit a complete referral packet to DWIHN Residential Services. If, needed, CRSP Case Manager/Supports Coordinator can also make a referral to one of the pre-placement facilities while Residential Services proceeds with brokering the member's relocation into another DWIHN-contracted facility.

Emergency Discharge Policy

An emergency discharge can be issued by the residential provider upon approval **and in conjunction** with the designated CRSP in the form of a written statement indicating the member is not appropriate for the current placement setting. The CRSP designee can then have the member transferred to an (accepting) pre-placement facility until an alternate, more appropriate residential location can be confirmed, not to exceed the DWIHN pre-placement agreement guidelines **up to 14 days**.

Specialized Residential 30-Day/Emergency* Notification

for CPT Codes H2016 & T1020
(THIS FORM IS NOT USED FOR SIL DISCHARGE REQUESTS.)*

Date: _____

Member Name: _____

MHWIN ID#: _____

Provider: _____

Facility Name: _____

Contact Person: _____

Phone Number: _____

Provider Email Address: _____

30-Day Discharge Notice

Emergency Discharge Notice*

Was there an Incident Report filed? YES NO

Does Member have a guardian? YES NO

Was the Guardian contacted? YES NO

Date Contacted: _____

Guardian Name: _____

Phone#: _____

Was CRSP contacted? YES NO

Date Contacted: _____

**CSRP Case Manager/
Supports Coordinator:** _____

Phone#: _____

**CRSP Assigned Staff
Approving Emergency Discharge:* _____

Phone#: _____

Date Contacted: _____

Member's Current Location: _____

Discharge Reason:

Send to: DWIHN Residential Services Department
Fax: 313-989-9525
Email: residentialreferral@dwihn.org