

Detroit Wayne Integrated Health Network

Residential Services

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 Consumer

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 consumer with a 30-day discharge notice in the event the residential provider has determined and documented the consumer is not appropriate for the current placement setting; establishing the consumer is in substantial risk due to:

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

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

Consumer/Guardian to Residential Provider

A consumer (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 consumer's relocation into another DWIHN-contracted facility.

Emergency Discharge Policy

An emergency discharge can be issued by the residential provider upon approval <u>and in conjunction</u> with the designated CRSP in the form of a written statement indicating the consumer is not appropriate for the current placement setting. The CRSP designee can then have the consumer 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 <u>up to 14</u> <u>days</u>.

DWIHN Revision: 10/03/2019 SW

Specialized Residential 30-Day/Emergency* Notification

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

Date:				
Consumer:		MHWIN ID#:		
Provider:			Facility Name: _	
Contact Person:			Phone Number:	
Provider Email Address:				
☐ 30-Day Discharge l	Notice		□ Emerger	ncy Discharge Notice*
Was there an Incident Report filed?	□ YES	□ NO		Date Contacted:
Does Consumer have a guardian?	□ YES	□ NO		Date Contacted:
Guardian Name:				Phone#:
Was Guardian contacted?	□ YES	□ NO		Date Contacted:
Was CRSP contacted?	□ YES	□ NO		Date Contacted:
CSRP Case Manager/ Supports Coordinator:				Phone#:
*CRSP Assigned Staff Approving Emergency Discharge:				Phone#:
Was CRSP contacted?	□ YES	□ NO		Date Contacted:
Consumer's Current Location:				
Discharge Reason:				

Send to: DWIHN Residential Services

Fax: 313-989-9525

Email: residentialreferral@DWIHN.org