DCFS CHILD WELFARE
DISCHARGE RECOMMENDATION

To: Department of Children and Family Services

Attn: DCFS Caseworker email: _____
DCFS.treatment@la.gov

Date: _____

Child/Youth Name	
DCFS TIPS Number	
DOB	
Admit Date	
Treating Physician	
Counselor	
Insurance Company	
Auth for service (yes/no) If no, date auth ended	
Anticipated Discharge Date	

The physician or practitioner treating the child/youth in _____ [facility] recommends the following discharge setting based on the patient's current treatment progress.

In support of this recommendation, the facility will provide a discharge summary, including all necessary medical information pertaining to the patient's current course of illness and treatment (physical and behavioral health), post-discharge goals of care, and treatment preferences, at the time of discharge, to the appropriate post-acute care service providers responsible for the patient's follow up care. Within 72 hours of the anticipated discharge date, the facility will send the discharge summary to DCFS.treatment@la.gov.

IF THE RECOMMENDATION CHANGES PRIOR TO DISCHARGE, A NEW DISCHARGE RECOMMENDATION (CW FORM 491) IS REQUIRED. E.g., A child/youth is stable for discharge, then destabilizes to necessitate ongoing inpatient hospitalization.

☐ Inpatient Hospital (specify type) _____

Inpatient hospital care is defined as care needed for the treatment of an illness or injury, which can only be provided safely and adequately in a hospital setting. Inpatient hospital services are defined as diagnostic and therapeutic services for medical diagnosis, treatment and care of injured, disabled, or sick persons or rehabilitation of injured, disabled, or sick persons. Inpatient hospital types include general acute care (with or without specialized units, e.g., NICU, PICU, distinct part psychiatric, rehabilitation, etc.), psychiatric, rehabilitation, children's and long-term acute care.

☐ Psychiatric Residential Treatment Facility/Residential Treatment Center (PRTF/RTC)

Psychiatric Residential Treatment Facilities (PRTF) are required to ensure that all medical, psychological, social, behavioral and developmental aspects of the recipient's situation are assessed and that treatment for those needs are reflected in the POC per 42 CFR 441.155. In addition, the PRTF must ensure that the resident receives all treatment needed for those identified needs. In addition to services provided by and in the facility, when they can be reasonably anticipated on the active treatment plan, the PRTF must ensure that the resident receives all treatment identified on the active treatment plan and any other medically necessary care required for all medical, psychological, social, behavioral and developmental aspects of the recipient's situation. The facility must provide treatment meeting State regulations per LAC 48:I. Chapter 90. Services must meet active treatment requirements, which means implementation of a professionally developed and supervised individual POC that is developed and implemented no later than 72 hours after admission and designed to achieve the recipient's discharge from inpatient status at the earliest possible time. “Individual POC” means a written plan developed for each recipient to improve his condition to the extent that inpatient care is no longer necessary.

Prior to admission, the MCO must certify need that:

- Ambulatory care resources available in the community do not meet the treatment needs of the recipient
- Proper treatment of the recipient's psychiatric condition requires services on an inpatient basis under the LBHP Technical Manual- Version 8 – Service Definitions 12/26/2012) ~ 91 ~ direction of a physician
- The services can reasonably be expected to improve the recipient's condition or prevent further regression so that the services will no longer be needed

Refer to Louisiana Behavioral Health Partnership (LBHP) Technical Manual – Service Definitions for additional detail.

☐ Therapeutic Group Home

Therapeutic Group Homes (TGHs) provide a community-based residential service in a home-like setting of no greater than eight beds, under the supervision and program oversight of a psychiatrist or psychologist. The treatment should be targeted to support the development of adaptive and functional behaviors that will enable the child or adolescent to remain successfully in his/her home and community and to regularly attend and participate in work, school or training. TGHs deliver an array of clinical and related services within the home, including psychiatric supports, integration with community resources and skill-building taught within the context of the home-like setting. TGH treatment must target reducing the severity of the BH issue that was identified as the reason for admission. Most often, targeted behaviors will relate directly to the child’s or adolescent’s ability to function successfully in the home and school environment (e.g., compliance with reasonable behavioral expectations, safe behavior and appropriate responses to social cues and conflicts).

Treatment must:

- Focus on reducing the behavior and symptoms of the psychiatric disorder that necessitated the removal of the child or adolescent from his/her usual living situation.

- Decrease problem behavior and increase developmentally appropriate, normative and pro-social behavior in children and adolescents who are in need of out-of-home placement.
- Transition child or adolescent from TGH to home- or community-based living, with outpatient treatment (e.g., individual and family therapy).

TGHs provide a 24 hours/day, 7 days/week, structured and supportive living environment. Care coordination is provided to plan and arrange access to a range of educational and therapeutic services. Psychotropic medications should be used with specific target symptoms identification, with medical monitoring and 24-hour medical availability when appropriate and relevant. Screening and assessment are required upon admission, and every 14 days thereafter, to track progress and revise the treatment plan to address any lack of progress and to monitor for current medical problems and concomitant substance use issues.

The MCO must determine that less intensive levels of treatment are unsafe, unsuccessful or unavailable. The child must require active treatment that would not be able to be provided at a less restrictive level of care being provided on a 24-hour basis with direct supervision/oversight by professional behavioral health staff. The setting must be geographically situated to allow ongoing participation of the child's family. The child or adolescent must attend a school in the community (e.g., a school integrated with children not from the group home and not on the group home's campus). In this setting, the child or adolescent remains involved in community-based activities and may attend a community educational, vocational program or other treatment setting.

Refer to Louisiana Behavioral Health Partnership (LBHP) Technical Manual – Service Definitions for additional detail.

☐ Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/DD)

Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/DD)" ICF/DD is a facility that is licensed to provide residential care for four or more individuals who meet the criteria for 24 hours per day of active treatment. An ICF-DD is primarily for the diagnosis, treatment, or rehabilitation of Individuals with Intellectual Disabilities or persons with related conditions; and provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.

Refer to Louisiana Department of Health Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/DD) Service Definition for additional detail.

☐ Discharge to Home Setting with Medically Necessary Services and Supports

DCFS will determine the appropriate home setting for the child/youth, whether a family-like setting (e.g., biological or legal parent, relative or fictive kin, certified foster home, or therapeutic foster home) or a congregate care setting (e.g., non-medical group home, qualified residential treatment facility, or intensive residential home). Discharge to the identified setting must be clinically appropriate and consistent with Medicaid medical necessity criteria and the Centers for Medicare & Medicaid Services (CMS) Hospital Conditions of Participation related to discharge planning (42 CFR §482.43(a)).

In accordance with CMS discharge planning requirements, the discharge plan must be individualized, based on the child/youth's assessed medical and behavioral health needs, and designed to ensure a safe and effective transition to the community (42 CFR §482.43(b)). The discharge plan must clearly identify all medically necessary services and supports required to meet the child/youth's ongoing healthcare needs and must document the specific arrangements made to ensure continuity of care at the time of discharge. This includes confirmation of the availability of required community-based services in the geographic area of discharge; identification of treating providers; service type and frequency; prescribed treatments; and completion of all required referrals, authorizations, and care coordination activities (42 CFR §482.43(c)).

Consistent with CMS requirements, the discharge planning process must also address caregiver readiness and capacity to meet the child/youth's medical and behavioral health needs following discharge. This includes providing necessary education, training, and written instructions to caregivers regarding the child/youth's diagnoses, medications, treatments, equipment, and follow-up care, and ensuring that caregivers have demonstrated understanding of and ability to carry out required care tasks (42 CFR §482.43(b)(3) and (b)(4)).

The child/youth may not be discharged to a home or community setting unless the necessary services, supports, and caregiver training are reasonably expected to be in place at the time of discharge, such that discharge does not result in unmet medical needs, avoidable readmission, or placement instability, consistent with safe discharge standards under the CMS Hospital Conditions of Participation (42 CFR §482.43).

Physician or Practitioner Signature: _____

Physician or Practitioner Name: _____