PROCESS FOR GOSH CLIENTS TO TRANSITION TO AN INTERIM SETTING

The intent of this document is to clarify case manager roles for GOSH participants discharging to interim settings while waiting on permanent housing. This is not an exhaustive list of interim settings, but a clarification around specific settings.

ALTSA'S Governor's Opportunity for Supportive Housing (GOSH) program supports in-home transitions for those discharging/diverting from Eastern or Western State Hospital by connecting them with a Supportive Housing provider (SHP). The SHP works to transition clients to an independent apartment in the client's community of choice with supports. Apartments may not be secured before discharge occurs. Rather than delaying discharge and when a client is in agreement, an interim setting may be sought while a client is waiting for housing to be secured.

Please see Chapter 30d of the Long-Term Care Manual for more information regarding ALTSA's Supportive Housing programs, program eligibility, service areas, referral process and case coordination.

When to use the Interim Setting process

1. An individual has been deemed ready to discharge prior to permanent housing being secured and all parties agree a continued stay is not in the individual's best interest.
2. The individual requests an interim setting and all parties agree it is a safe, viable discharge plan while waiting for independent housing.
3. An individual is diversion eligible and ready for/must discharge from their current setting.
    a. Diversion eligibility for GOSH: An individual with a 90 or 180 day commitment order for further involuntary treatment who is discharged from a local community psychiatric facility onto HCS LTSS; or an individual who is detained through the Involuntary Treatment Act who is stabilized and discharged onto HCS LTSS prior to the need to petition for a 90 or 180 day commitment order.

When not to use the Interim Setting process

1. To explore a participant's "housing readiness".
2. An individual has been approved for permanent housing, but the move-in date has delayed discharge. For example, repairs need to be made on the unit so a move-in date is four weeks out. In this instance every effort should be made to have the person wait in the State Hospital to avoid the extra move.

Procedures

1. Home and Community Services (HCS) Case Managers search for interim housing options that are willing to accept clients in a step-down status as they wait for independent housing through GOSH. It is important to locate a step-down option in the county where the participant intends to reside permanently as this will aid the housing process. If a step-down option is not available in the county the participant intends to reside in permanently, speak with your GOSH Program Manager.

Interim Housing Options can include:

a. ALTSA Residential Facilities (when possible, focus should be on ECS AFHs). If an AFH is used as an interim setting, the CARE Plan must reflect residential setting, but the accepting CM should be informed that the client is a GOSH participant and a SHP is actively searching for independent housing. Once permanent housing is secured, an interim assessment should be completed to change the CARE plan to in-home.

b. Opportunities coordinated through the BHO/MCO. One popular example is Licensed Residential Treatment Facilities (RTF). Examples of an RTF include: Telecare Transitional Diversion Program in Thurston County; Park Place in Pierce County. RTF Facilities are funded by the BHO/MCO and must be coordinated with the BHO/MCO Liaison. RTFs are licensed facilities that provide behavioral health support onsite, meals, amenities, etc. These are voluntary facilities.

Can a SHP conduct the search for interim housing?

- Yes. Priority should be spent pursuing independent housing options, but the SHP could use community relationships and knowledge to secure interim housing if that is the goal of the participant. Independent housing search should not cease during this period unless the participant no longer wishes to live independently or participate in GOSH.

Can a HCS CM authorize a Community Choice Guide (CCG) to conduct the search for interim residential housing if participant is working with a SHP?

- Yes. The SHP may not be familiar with specific LTSS residential settings in the community. If the HCS CM is unable to conduct the search for an interim residential setting, the CM can authorize a CCG to search for and secure a residential setting for the client. Please note, the CCG should not also conduct a search for independent housing, as this would be a duplication of service with the SHP. The HCS CM should review with GOSH PM to determine most efficient course of action.

2. HCS Eastern/Western State Hospital Case Manager verifies (in coordination with GOSH Program Manager, ESH/WSH Social Worker, HCS Financial, and BHO/MCO Liaison) that client is clinically and legally eligible for release and functionally/financially eligible for transition to an Interim Setting.

a) HCS Case Manager should complete the *Interim Setting Agreement with GOSH Services* form with the client to participate in a step-down placement.

b) The form will be securely emailed to the step-down facility for signature and returned to the HCS Case Manager.

c) The HCS CM will send the completed form to GOSH Program Manager for final review and signature. GOSH PM will submit to DMS.

3. Depending on the type of facility selected as the step-down, the following will take place:

a) **Adult Family Home (AFH):** HCS Case Manager will arrange a Pre Placement Visit for the client. If both client and home approve of the placement, HCS Case Manager will transfer the case to the local HCS Office to be held by an ECS Case Manager.

b) **Residential Treatment Facility (RTF)**
HCS Case Manager should approach the local AAA Office to determine if they are willing to accept the case while the client is at an RTF. If the AAA Office is unwilling, the case will be kept open, transferred to the local HCS Office to be held by an ECS Case Manager.

c) **All Interim Settings that are not licensed should be considered "In-Home".** Preference is to have the local AAA Office hold the case but contracting does not require AAA's to case manage clients in interim settings. If AAA Offices decline a case, the local HCS Office should hold the case.

d) **Regardless of Interim Setting:**

- HCS or AAA CM keeps the case open. SHP will work with HCS/AAA Case Manager for authorization around Community Transition and Sustainability Services.
- An in-person meeting should take place between SHP, any interim setting staff working with the client (if applicable) and new HCS/AAA Case Manager to clarify roles and responsibilities and provide SHP updates. When an in-person meeting is not possible, a telephone conference can be set up.
- SHP should include new HCS/AAA Case Manager in regular updates regarding housing search. Interim setting staff should be included as appropriate (if applicable).

4. Prior to discharge, the HCS Case Manager will fill out the State Hospital Discharge and Diversion Pre-Discharge Checklist, DSHS Form 20-331. The HCS Case Manager will also work in collaboration with the SHP and GOSH Program Manager to ensure that all appropriate authorizations (Personal Care, Personal Emergency Response System (PERS), Community Transition Services, Assistive Technology, etc.) are completed.

5. HCS Case Manager will notify Public Benefits Specialist of discharge date and location, etc.

6. Upon move to in-home setting, cases that were held by HCS Case Managers will be transferred to the local AAA Office.

Please Note: Long-Term Services and Supports' (LTSS) clients are NOT required to accept personal care. In such cases, the case will still be transferred to the AAA as long as any other LTSS authorization is open and in effect. Examples may include GOSH Supportive Housing, PERS, Meals on Wheels, etc.