

Discharge Assistance Program Administrative Manual

**Commonwealth of Virginia
Department of Behavioral Health and Developmental Services**

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Discharge Assistance Program Manual

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1. Background of the Discharge Assistance Program (DAP)

The Department of Behavioral Health and Developmental Services (Department) initiated the Discharge Assistance Program (DAP) in 1998. The DAP supports the Department's commitment to person-centered and recovery based care and its vision of a system of services and supports driven by individuals receiving services that promotes self determination, empowerment, recovery, resilience, health, and the highest level of participation by individuals receiving services in all aspects of community life, including work, school, family, and other meaningful relationships. The DAP is supported with a pool of state mental health funds allocated to each planning partnership region (PPR) to implement individualized services and supports that enable adults receiving services in state hospitals to live in the community. The DAP offers a flexible approach for responding to barriers to discharge from state hospitals once an individual has been determined to be clinically ready for discharge. Community service boards and the behavioral health authority, hereafter referred to as CSBs, through the PPRs, use the DAP to support individualized community services and supports that enable individuals to transition from state hospitals to communities where they can recover in the least restrictive and most integrated settings possible.

Regional allocations of DAP state mental health funds are used for adults at the state hospital whose needs cannot be addressed through the typical array of CSB services and community supports. Usually these individuals have had long lengths of stay in the hospital and complex conditions or specialized needs that create barriers to discharge. These barriers often include one or more of the following:

- a forensic legal status;
- absence of guardians or authorized representatives;
- lack of affordable housing with sufficient and reliable services and supports that are necessary to enable independent living;
- challenging behaviors or conditions, including complex psychiatric symptoms or significant behaviors, that are difficult to manage and make it difficult to identify willing providers; or
- complex medical and/or chronic health conditions;

2. Purpose of the DAP

This manual provides CSBs and the PPRs in which they participate with the guidelines for the DAP. The DAP has two purposes:

1. to serve individuals already discharged from state hospitals who are presently receiving services through the DAP and transition them into non-DAP funded services and supports; and
2. to serve adults in state hospitals with long lengths of stay who have been determined to be clinically ready for discharge and for whom additional funding for services and supports is required to support their placement in the community through the development, funding, implementation, and utilization review of individualized discharge assistance program plans (IDAPPs).

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This manual describes a uniform mechanism for CSBs and PPRs to manage, coordinate, and monitor services provided through the expenditure of DAP funds for IDAPPs and to review the effective utilization of DAP services and resources.

3. General Requirements

- A. The CSBs and state hospital in each PPR shall develop a memorandum of understanding (MOU) that outlines the region's practices, processes, and timelines for ensuring compliance with the requirements in this manual. The MOU shall be consistent with the applicable provisions of Appendices E and F of Core Services Taxonomy 7.2, which address regional programs. The fiscal agent CSB shall ensure the MOU is available for the Department's review. A model MOU is contained in Appendix B of this manual.
- B. CSBs, PPR regional managers, and the Department shall comply in their implementation of the DAP with all applicable provisions of state and federal laws and regulations and the provisions and requirements of this manual, the current community services performance contract, the Discharge Protocols for Community Services Boards and State Hospitals, the current Human Rights and Licensing Regulations, and applicable State Board policies. Applicable provisions of the current Community Services Performance Contract (CSPC) include Exhibit C, attached to this manual as Appendix D, Appendix E: Regional Program Operating Principles and Appendix F: Regional Program Procedures that are in the Core Services Taxonomy 7.2, available at <http://www.dbhds.virginia.gov/OCC-default.htm>. If there are any conflicts or inconsistencies between the current CSPC and this manual, the applicable provisions of the CSPC shall control. However, this manual modifies applicable provisions in Appendix F of Core Services Taxonomy 7.2 to reflect the unique nature of the DAP.
- C. All participating CSBs, PPR regional managers, and the Department shall encrypt transmissions of DAP-related information and data about individuals receiving DAP services, including all forms and reports containing protected health information (PHI) or protected individual information (PII), in a manner specified in the community services performance contract and pursuant to the applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and subsequent implementing regulations.
- D. No exceptions or amendments to this manual shall be effective without being reviewed and approved by the Department, dated, and placed in this manual.

4. DAP Management Structure

A. Regional Program Model:

Participating CSBs shall select a regional program model from Appendix E of Core Services Taxonomy 7.2 for the operation of the regional DAP and reflect this model in the MOU developed pursuant to section 3.a of this manual.

B. Regional Management Group (RMG):

The participating CSBs and the state hospital serving the PPR shall establish a RMG. The executive director of each participating CSB and the director of the state hospital shall serve on or appoint one member to the RMG. The RMG shall establish and monitor the operation

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of a Regional Utilization Management and Consultation Team (RUMCT). The RMG shall:

1. manage the DAP and coordinate the use of funding provided for the DAP, including reallocating state DAP funds among CSBs and working with the Department to reallocate state DAP funds among regions if necessary;
2. insure the effective utilization of the services and resources provided through the DAP; and
3. insure that the guidelines outlined in the manual are consistently applied in the administration of DAP.

The RMG may authorize the employment of a regional manager and the necessary staff to administer the DAP with funds drawn from existing regional resources. The RMG shall identify the job description of all staff and identify which CSB will provide supervision of the regional manager and staff. The establishment and operation of the RMG shall be described in the MOU implemented by the participating CSBs and state hospital. The RMG shall comply with the applicable provisions of Appendix E: Regional Program Operating Principles and Appendix F: Regional Program Procedures that are in Core Services Taxonomy 7.2. In many instances, the responsibilities will be carried out by participating CSBs, the participating state hospital, or the regional manager.

C. Regional Utilization Management and Consultation Team (RUMCT):

The RUMCT shall consist of representatives from participating CSBs in the region, participating state hospitals, and others as may be appointed by the RMG, such as the regional manager. The positions of the representatives who serve on this team shall be identified in the MOU. Since DAP is only one component of the utilization management functions of the RUMCT, a subcommittee designated by the RUMCT may be given authority to perform the functions described in this section. The RUMCT, through the regional manager and participating CSBs, shall ensure compliance with the documentation required for IDAPP submission and review. The establishment and operation of the RUMCT shall be described in the MOU implemented by the participating CSBs and state hospital. The RUMCT shall comply with the applicable provisions of Appendix E: Regional Program Operating Principles and Appendix F: Regional Program Procedures that are in Core Services Taxonomy 7.2.

D. RUMCT Responsibilities:

The responsibilities of the RUMCT will be carried out by designated representatives of the CSBs and the state facility serving the PPR, designated subcommittees, and/or the regional manager. The RUMCT shall:

1. review the proposal of the IDAPPs developed through the DAP to ensure that the services are the most appropriate, effective, and efficient services that meet the clinical needs of the individual receiving services.
2. jointly conduct utilization reviews of all IDAPPs quarterly, or if indicated, more frequently to ensure the:
 - a. continued appropriateness of services,
 - b. implementation of approved IDAPPs, including the review of events related to the individual such as re-hospitalization, incarceration relocation, etc.

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- c. ensure accurate financial information is provided by their CSB to the regional managers for quarterly reports
- d. address reductions in service levels and/or discontinuation of DAP services resulting in available funds.

This utilization review process may result in revisions of IDAPPS, adjustment to and/or redistribution of DAP funds.

- 3. review individuals who have been on the state hospital Extraordinary Barriers to Discharge List (EBL) for more than 30 days to identify or recommend the development of community services and funding appropriate to their clinical needs. The RUMCT will ensure that the RMG is informed of the results of these reviews and subsequent related actions.
- 4. facilitate, at the request of the case management CSB, resolution of individual situations that are preventing an individual's timely discharge from a state hospital or an individual's continued tenure in the community.
- 5. identify opportunities for two or more CSBs to work together to develop programs or placements that would permit individuals to be discharged from the state hospital participating in the regional partnership more expeditiously.
- 6. review and endorse all new IDAPPs (ongoing or one-time). The review and approval process may be conducted in person, by email, or through the use of other technology.

As a member of the RUMCT, the regional manager in collaboration with the participating CSBs shall maintain a current database on all individuals receiving DAP-funded services. This database shall include electronic copies of all on-going or one-time IDAPPs. All IDAPPs shall be submitted using the Department approved form. The regional manager shall maintain automated back-up data transferable by encryption on all regional DAP activities.

E. Department Staff Participation:

Although not members of RMG or RUMCT, designated Department staff shall have access to all meetings and documents maintained or used by these bodies, pursuant to the provisions of sections 6.d.2 and 7.e.2 of the current CSPC. DBHDS staff may attend and participate in all meetings or other related activities of the PPR.

5. DAP Financial Management

A. Allocation and Re-allocation of State DAP Funds:

Prior to FY 2015, some DAP funds were designated as local DAP funds which were allocated to individual CSBs and other DAP funds which were designated as regional funds allocated to the PPRs. Effective in FY 2015, all mental health DAP funds are designated and distributed as regional funds.

Additionally, effective in FY 15, all DAP funds are designated as restricted funds. CSBs must track, account for, and report all of the actual expenditures supported by these funds separately in CARS and DAP reports. These restricted funds cannot be used for purposes other than DAP.

B. Disbursement of State DAP Funds:

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The Department disburses regional DAP funds directly to the CSB, acting as the fiscal agent for the PPR, as part of the regular semi-monthly CSB payments. The fiscal agent CSB administers these funds and distributes the funds among the participating CSBs as determined by the RMG and as described in the regional MOU.

The CSB acting as the fiscal agent for the PPR shall receive payments of state funds from the Department for the DAP through its community services performance contract. The fiscal agent CSB for the region must provide CSBs with sufficient funding to ensure the previously approved IDAPPs continue to be funded.

C. Allowable Uses of State DAP Funds:

1. DAP funds allocated to PPRs and disbursed to participating CSBs shall be used solely for the discharge and community support of individuals for whom IDAPPs have been approved by the RUMCT.
2. DAP funding may be expended for any combination of services that assures the needs of individuals with approved IDAPPs are met in the most integrated and least restrictive community settings.
3. PPRs and participating CSBs must use DAP funds only to support the costs of approved ongoing or one-time IDAPPs. Any other use of DAP funds is not allowed and funds used for other purposes are subject to recovery by the Department.
4. PPRs shall use DAP funds first for individuals who have the greatest tenure on the EBL and in their chronological order on the EBL, ending with individuals who have been most recently determined to be clinically ready for discharge. However, this requirement is subject to the availability of funds. For example, if the next individual on the EBL who is ready for discharge needs \$70,000 of DAP services, but the PPR has only \$35,000 of state DAP funds available and another individual further down the EBL chronologically is also ready for discharge and only needs \$35,000 of DAP services, the IDAPP for the second individual should be approved and implemented. PPRs cannot reserve DAP funds or allocate on-going DAP funds in advance for individuals in state hospitals who are not on the EBL or have not been deemed to be clinically ready for discharge.
5. PPRs may use DAP funds to pay for medications as part of an approved IDAPP once other sources of support for medications have been maximized. These sources include mental health state funds previously used for the Department's community resource pharmacy and now allocated to CSBs for the same purpose, indigent care programs offered by most pharmaceutical manufactures, and Medicaid. Medicare Part D, the prescription drug benefit, requires true out of pocket costs. DAP funds may not be used on behalf of a Part D beneficiary, (e.g., assistance with co payments). DAP funds do not meet the federal definition of incurred out of pocket costs required by Part D.
6. PPRs cannot use DAP funds to serve individuals receiving state-funded PACT, except for direct residential placement costs such as rent or housing subsidies or other non-PACT covered services.
7. PPRs cannot use DAP funds for individuals already living in the community who were previously discharged or previously received DAP services but who no longer

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have an IDAPP authorized by the RUMCT.

8. PPRs cannot use DAP funds to support CSB staff positions or other CSB programs or services that are unrelated to specific individual needs as reflected in on-going IDAPPs. For example, this includes CSB state hospital liaison positions-
9. PPRs cannot approve the use of DAP funds as direct income to any individual receiving DAP services. DAP funds are not individual entitlements and cannot be used to provide personal income to individuals receiving DAP services.
10. For individuals served under DAP who are not Medicaid eligible but are receiving State Plan or Clinic Option Services the cost of those services are not to exceed the cost or frequency of those services.

D. Maximizing Other Funding and Revenue Sources:

The PPR and participating CSBs must use DAP funds as the funding source of last resort for all IDAPPs. The RMG, RUMCT and the participating CSBs shall ensure that other funds such as Medicaid payments, other appropriate state general funds, fees paid by individuals receiving services, and other third-party funding sources are used to offset the costs of approved IDAPPs to the greatest extent possible so that state DAP funds can be used to discharge the greatest number of individuals from state hospitals. The costs of an IDAPP must be adjusted to reflect other sources of funding or revenues that are identified and obtained. This shall be documented in records maintained by the CSB and the PPR regional manager and in reports submitted to the Department.

E. Unexpended State DAP Funds:

Generally, the use of unspent DAP funds is governed by Appendix C of the CSB Administrative Requirements, incorporated by reference and agreement of the parties into the current community service performance contract and available on the Department's web site at <http://www.dbhds.virginia.gov/OCC-default.htm>. Effective with FY 15, all DAP funds are restricted. Any DAP funds that remain unspent at the end of the fiscal year in which they were disbursed by the Department shall remain restricted funds. Consequently, those unspent DAP funds cannot be used for other purposes and shall be used by PPRs and participating CSBs to defray the costs of current IDAPPs before current fiscal year state DAP funds are used. Balances of unspent state DAP funds that are not used within 12 months after the end of the fiscal year in which they were not spent are subject to recovery by the Department through future payments to regional fiscal agent CSB.

During the fiscal year, unexpended DAP funds may accrue as a result of delays in discharges, re-hospitalization or incarceration of an individual receiving DAP services, reductions in services in approved IDAPPs, termination of an IDAPP, and/or changes in allocations among CSBs. The RUMCT, with authorization from the RMG, may approve the use of any of its unexpended DAP funds only for the following priorities:

1. for one-time IDAPPs to support the discharge of individuals on the state hospital EBL;
2. for addressing the one-time needs of individuals with approved IDAPPs;
3. for transitional costs of individuals determined to be NGRI as part of the privileging process or for other individuals in state hospitals with documented

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clinical needs for transitional services and supports in order to be discharged;

4. for temporary funding to supplement an IDAPP while the CSB obtains benefits for an individual;
5. In specific cases and with the approval of the RUMCT, large one-time fund IDAPPS may be granted to individuals requiring on-going supports when on-going DAP dollars are not available at the time of discharge. In those cases, there is no time limitation on the one-time support. However, these individuals must be reported in CCS3 and be given a 910 Code designation.
6. for developing regional infrastructure to enable the discharge of individuals in state hospitals, such as residential resources or other community placements.

If a PPR is not able to expend at least 90 percent of its total on-going regional DAP allocation for active on-going plans and obligate at least 95 percent of its total regional state DAP funding allocation by the end of the fiscal year, the Department will work with the RMG to transfer unspent or unobligated state DAP funds to other regions to reduce the EBL at other state hospitals. The performance contract Exhibit C authorizes the RMG to reallocate state DAP funds among CSBs in the region when a CSB cannot use its allocation within a reasonable time.

6. Census Management

A. Discharge Readiness:

Participating CSBs shall develop the discharge plan in consultation with the individual, guardian or authorized representative, and the state hospital treatment team. This plan describes the specific community mental health, developmental, substance abuse, employment, health, educational, housing, recreation, transportation, legal, and advocacy services and supports needed by the individual following an episode of hospitalization and identifies the providers that have agreed to provide these services to the individual.

B. Extraordinary Barriers to Discharge List Monitoring:

The participating CSBs through the RUMCT and regional manager shall monitor the EBL at the state hospital serving the PPR monthly to track individuals for whom they are the case management CSBs to ensure the individuals are discharged as soon as possible.

C. Development of Individualized Discharge Assistance Program Plans:

1. The case management CSB, the individual being discharged, his/her guardian or authorized representative, and the state hospital treatment team shall determine the most appropriate services and placement in the community for the individual that are consistent with his or her choices to the greatest extent possible.
2. DAP services and supports must be documented on the IDAPP, and the IDAPP must be consistent with the individual's preferences and choices to the greatest extent possible.
3. All individuals with on-going IDAPPS must receive case management services or documented CSB monitoring. This shall be documented monthly in progress notes by the case management CSB.
4. The IDAPP shall be completed and endorsed by all relevant parties. The case

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management CSB must submit a brief narrative describing the individual needs and proposed plan, identified placement, projected discharge date, and an explanation of all revenues and costs with all new or renewing IDAPPs. New IDAPPs must identify all the services the individual needs to successfully transition to the community, the providers who have agreed to provide the services, and a projected discharge date. The IDAPP must display all of the revenues by source and all of the projected expenses for the services in the IDAPP.

D. Monitoring of IDAPPs:

The RUMCT or its designee shall review at least quarterly the implementation of all IDAPPs to ensure the effective and efficient utilization of the DAP funds. The RUMCT shall develop a process of communication to ensure that the RMG is informed of the utilization review activities.

If the case management CSB is not able to implement an approved IDAPP for the individual within 30 calendar days of his or her projected date of discharge, one of the following actions shall be taken within 30 calendar days following the projected date of discharge:

1. The PPR shall identify and discharge another individual within 30 days who is on the EBL or who has been determined to be clinically ready for discharge and for whom DAP funding is appropriate for addressing the barriers to that individual's discharge;

If the preceding action does not occur within 30 days, the funds identified for the IDAPP will revert to the RUMCT for an IDAPP to discharge an individual from another CSB with the longest tenure on the EBL and for whom DAP funding is appropriate for addressing the barriers to that individual's discharge;

2. Should an individual who has been adjudicated Not Guilty by Reason of Insanity (NGRI) not be discharged within 30 days of the projected discharge date due to circumstances beyond the control of the individual, CSB and/or state hospital; the CSB shall send a memo to the RUMCT with an explanation of said circumstance. Examples of these circumstance could include, but not limited to: IFPC and/or FRP revision requests, residential provider withdrawing acceptance for reasons not related to the individual's behavior, the NGRI court's delay in scheduling a conditional release hearing date, etc. The RUMCT shall make a decision to continue funding IDAPP based on the facts presented.

E. Rehospitalization:

Upon occasion it may be necessary for DAP enrollees to receive in-patient psychiatric services or be incarcerated. Should this occur, the case management CSB will notify the RUMCT. The RUMCT then may select from the following options:

1. If the RUMCT approves a written request from the CSB, it will stop current payments and resume payments upon the individual's discharge, if that date is within an agreed upon number of days not to exceed 90 days from the date of re-hospitalization in a state hospital;
2. If the CSB submits a request to the RUMCT that states re-hospitalization will exceed 30 days and on-going funds will be needed to maintain the individual's residence for an agreed upon period not to exceed 90 days, the RUMCT may approve the provision of the necessary funds during that period only in the amount required to maintain the

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individual's place of residence. The RMG shall redistribute any resulting unspent funds in accordance with the provisions in this manual; or

3. The CSB returns the state DAP funds, less year-to-date expenditures, for the unimplemented IDAPP to the RUMCT for redistribution.

Note: The cost of supporting a substitute individual shall not exceed the amount requested in the originally approved IDAPP unless funding is available and approved by the RUMCT. Should the cost of services be less than originally requested, unexpended funds will be available to the RUMCT for redistribution in accordance with the provisions of this manual.

For all IDAPPs where the service provider is not the CSB of origin, that CSB shall develop a purchase of service agreement, memorandum of agreement, or other instrument consistent with the CSBs' purchasing policies and procedures. All such instruments shall be maintained by the affected CSBs and available to the Department upon request.

7. Transfers of Individuals Among CSBs or PPRs

If the individual, or with the consent of a guardian or an authorized representative, chooses to reside in a different locality after discharge from the state hospital, the CSB in the chosen locality becomes the receiving case management CSB and works with the original case management CSB, the individual, and the state hospital to effect a smooth discharge and transition to the community. The case management CSB of origin is responsible for the completion of the discharge plan.

If an individual receiving DAP services decides to move to another CSB's service area within the PPR, the receiving CSB will assume Case Management CSB responsibilities and shall be responsible for the appropriate reporting in CARS and CCS 3.

If an individual approved for DAP funds elects to reside outside of the PPR catchment area of origin, it is understood that the respective PPRs and CSBs shall work collaboratively in addressing the individual's preferences and needs and employ one of these two options:

1. The receiving CSB/PPR accepts the transfer of the IDAPP funds and assumes case management CSB responsibilities. The receiving CSB shall then be responsible for the reporting required of the performance contract. The affected CSBs and PPRs shall notify the respective regional managers and the Department of any changes in case management CSB designation and request the fund transfer no later than 30 days post discharge or transfer.

If additional funds other than those provided through the IDAPP are required to support the individual in the new setting, the PPR shall provide the additional funding based on a revised IDAPP. The revised IDAPP shall be approved by both the receiving and transferring RUMCTs and CSBs, subject to funding availability.

2. Individuals who are placed outside of their case management CSB service area or PPR area may have specific approved conditions related to their IDAPP. These conditions may be associated with their IDAPPs, the CSB to CSB, or PPR to PPR out of service area agreements. Under these conditions, the CSB may choose not to reallocate funds to the new PPR, in which case the CSB and PPR of origin shall remain the case management CSB and region of record. The case management CSB is then responsible for all required

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reporting under the performance contract. If state hospital admission is required under these circumstances, the individual shall be admitted to the state hospital serving the CSB of origin.

8. Reporting

A. Performance Contract Reporting Requirements:

Participating CSBs and PPR regional managers shall comply with all of the requirements in Exhibit C of the community services performance contract, contained in this manual as Appendix D, including the following reporting requirements.

The regional manager shall submit the quarterly summary of IDAPPs to the Department in a format developed by the Department in consultation with regional managers and designated members of VACSB. Quarterly reports will document year-to-date information about ongoing and one-time IDAPPs, including data about each individual receiving DAP services, the amounts of DAP funds approved for each IDAPP, the total number of IDAPPs that have been implemented, and the total DAP funds obligated for these IDAPPs. The first and third quarter reports are due thirty (30) days following the end of the quarter. The second and fourth quarter reports are due forty-five (45) days after the end of the quarter. For FY 2015, only the 2nd and 4th reports will require an accounting of actual revenue and expenses. It is the participating CSBs' responsibility to provide the regional manager with accurate information related to actual costs and other revenue to ensure the accuracy of reports.

B. Community Consumer Submission 3 (CCS 3) Reporting:

The case management CSB is responsible for ensuring that the required information about the individual, his/her type of care (Consumer Designation Code for DAP) and the services received are entered in their information system and reported to the Department through the extraction by the CCS 3. CCS 3 submissions must satisfy the requirements in Exhibit I of the performance contract. These requirements apply to all IDAPPs implemented with DAP funds.

CSBs shall assign a 910 Consumer Designation Code only to individuals with ongoing IDAPPs. Additional information about assigning, initiating, and ending consumer designation codes and about all other aspects of reporting data through the CCS is available in the current Community Consumer Submission 3 Extract Specifications, which is available at <http://www.dbhds.virginia.gov/OCC-default.htm>.

C. Community Automated Reporting System (CARS) Reporting:

The case management CSB responsible for directly providing or purchasing the services in an individual's IDAPP shall reflect, account for, and report the actual revenues and actual expenses associated with the services in the IDAPP through the mid-year and end of the fiscal year CARS reports. Reports must satisfy the requirements in Exhibit I of the performance contract. These requirements apply to all IDAPPs implemented with DAP funds.

9. Review and Evaluation

A. Utilization Review:

The participating CSBs and state hospital in each PPR shall develop and implement a utilization review process for all IDAPPs. At a minimum, this process will include a review of the current IDAPP, services being received, confirmation that the individual's has applied for and/or is receiving all eligible benefits or entitlements (e.g., Medicaid, insurance, SSI/SSDI, or other sources), amounts of other income received, and confirmation of the residential placement during the quarter.

The RUMCT and/or designated subcommittee shall conduct quarterly utilization reviews of approved IDAPPs to ensure continued appropriateness of services, compliance with approved IDAPPs and individual-related events such as re-hospitalizations, incarcerations, or terminations of services.

B. Department Review:

The Department shall regularly monitor the performance of the PPRs' management of the DAP as well as the CSBs' implementation of IDAPPs. Pursuant to sections 6.f and 7.c in the CSPC, the Department may conduct on-going utilization reviews and analyze information about individuals receiving services, the services they received, and financial information related to the DAP, such as re-hospitalizations, transitions to non-DAP supported services and supports, maximization of other revenue sources, expenditure patterns, use of resources, outcomes, and performance measures to ensure the continued effectiveness and efficiency of the DAP.

The Department shall include the financial and programmatic operations of the DAP as part of its regular CSB Review, which is conducted by multidisciplinary teams including Department fiscal and program staff. CSBs are identified for review through standard risk management criteria.

C. Performance Measures:

The Department has developed performance measures for the DAP to assess the effectiveness of the DAP. These measures use existing data sources to avoid imposing additional workload burdens on CSBs, state facilities, and regional managers. The current set of measures is contained in Appendix E of this manual. The RUMCT and RMG shall monitor the performance measures established by the Department through reports provided by the Department. The RMG and participating CSBs shall take action in a timely manner to address unsatisfactory performance on any measure.

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Appendix A: Definitions

Case Management Community Services Board (CSB) means the CSB that serves the area in which an adult resides or in which a minor's parent, guardian, or authorized representative resides. The case management CSB is responsible for case management, liaison with the state hospital when an individual is admitted, and discharge planning. Reference in this manual to CSB means case management CSB, unless the context clearly indicates otherwise, and CSB includes the behavioral health authority established pursuant to § 37.2-601 of the Code of Virginia. CSB and BHA are defined in § 37.2-100 of the Code of Virginia.

Community Automated Reporting System (CARS) means the Department software application that each CSB uses to report the types and capacities of services provided, costs for services provided, and revenues received by source and amount and expenses paid by program area (mental health, developmental, or substance abuse services) and for emergency and ancillary services. CSBs submit CARS reports to the Department mid-year and at the end of the fiscal year.

Community Consumer Submission 3 (CCS 3) means the Department software application that each CSB uses to report data on individuals receiving mental health, developmental, substance abuse, emergency, and ancillary services and the types and amounts of services they receive. CSBs submit CCS 3 extracts to the Department monthly.

Clinical Readiness for Discharge means the determination that an individual is clinically ready for discharge from a state hospital. All state hospitals and CSBs make this determination consistently using the standard clinical readiness for discharge rating scale established by the Department. The rating scale is contained in Appendix C.

Discharge plan means an individualized plan for post-hospital services that is developed by the CSB in consultation with the individual, guardian or authorized representative if one has been appointed or designated or if one is needed, and the state hospital treatment team. This plan is required by § 37.2-505 or § 37.2-608 of the Code of Virginia, and it describes the specific community mental health, developmental, substance abuse, employment, health, educational, housing, recreation, transportation, legal, and advocacy services and supports needed by the individual following an episode of hospitalization and identifies the providers that have agreed to provide these services and supports.

Extraordinary Barriers List (EBL) means the list generated by the Department and state hospitals that identifies adults who have been determined to be clinically ready for discharge, but who remain in the hospital for more than 30 days after that determination.

Individualized Discharge Assistance Program Plan (IDAPP) means the plan developed by the case management CSB and reviewed and approved by the RUMCT that contains all of the services and supports an individual needs to be discharged from a state hospital and identifies the types and amounts of and all of the revenues and costs for those services.

On-going DAP Request means an IDAPP for services and supports to be provided on an ongoing basis to the individual.

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One-time DAP Request means an IDAPP for services and supports to be provided on a one-time for a single, limited purpose basis to the individual. One time DAP requests are not renewable.

Performance Contract means the contract between the Department and a CSB that defines the responsibilities of and requirements on each party for delivery of services, reporting data about individuals receiving services and the services they receive, service quality, performance and outcome measures, and programmatic and fiscal accountability. The contract is the primary accountability mechanism between the Department and CSBs.

Partnership Planning Region (PPR) means the organization established by the participating CSBs and state hospital and recognized by the Department to address challenges, service needs, and collaborative planning and implementation of initiatives in a defined geographical area congruent with the state hospital's service area. PPR participants include representatives from the CSBs, state hospital, private psychiatric hospitals and other private providers, individuals receiving services, family members, advocates, and other stakeholders.

Regional Management Group (RMG) means the group established in a PPR by the participating CSBs and state hospital that oversees the management of regional programs and the use of regional resources, including state funds. The RMG consists of the executive director of each CSB and the region's state hospital director.

Regional Utilization Management and Consultation Team (RUMCT), also referred to as the Regional Utilization Review and Consultation Team (RURCT) in some documents, means the group that provides direct oversight and monitoring of the DAP, including development and approval of IDAPPS, DAP planning, funding decisions and the maximization of all revenue sources, utilization management, and the efficient discharge of individuals from state hospitals. The RUMCT includes representatives of the participating CSBs and state hospital and involved private providers. This team also is responsible for monitoring the use of other regional funds or programs, such as LIPOS or crisis stabilization. While not members of the RUMCT, Department central office staff frequently participates in RUMCT meetings.

State Hospital means a hospital operated by the Department of Behavioral Health and Developmental Services. For purpose of this manual, state hospital does not include the Hiram Davis Medical Center, the Commonwealth Center for Children and Adolescents, or the Virginia Center for Behavioral Rehabilitation.

Utilization Review means the process in which the RUMCT reviews active IDAPPS and adjusts services, costs, and revenues to more accurately reflect the changing needs of supporting the individual in the community. While individual needs change and IDAPP expenses may be more or less than the initial projection, these reviews often result in the identification of unneeded funds that may be used for IDAPPS to support discharges of other individuals from state hospitals.

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Appendix B: Model Memorandum of Understanding

Planning Partnership Region (*insert number*) CSBs and (*insert name*) State Hospital Discharge Assistance Program Memorandum of Understanding for FY (*insert year*)

This Memorandum of Understanding (MOU) is made and entered into on (*insert month, day, and year*) by and between the community services boards, hereafter referred to as participating CSBs, and the state hospital, hereafter referred to as the participating State Hospital, listed below that are the parties to this MOU.

- *insert name of participating CSB*
- *insert name of participating CSB*
- *insert name of participating CSB*
- *insert name of participating CSB*
- *insert name of participating CSB*
- *insert name of participating CSB*
- *insert name of participating CSB*
- *insert name of participating State Hospital*

I. Purpose

The parties listed above enter into this MOU for the purpose of implementing the regional Discharge Assistance Program, hereafter referred to as the DAP. The DAP has two purposes:

1. to serve individuals already discharged from state hospitals who are presently receiving services through the DAP and transition them into non-DAP funded services and supports; and
2. to serve adults in state hospitals with long lengths of stay who have been determined to be clinically ready for discharge and for whom additional funding for services and supports is required to support their placement in the community through the development, funding, implementation, and utilization review of individualized discharge assistance program plans (IDAPPs).

This MOU provides a uniform mechanism for the parties to manage, coordinate, and monitor services provided through the expenditure of DAP funds for IDAPPs and to review the effective utilization of DAP services and resources.

II. Scope of Work

A. Regional Management Group (RMG)

1. The participating CSBs and the participating State Hospital hereby establish a Regional Management Group, hereafter referred to as the RMG. The Executive

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Director of each participating CSB and the Director of the participating State Hospital shall each serve on or appoint one member of the RMG. The responsibilities of the RMG may be carried out by participating CSBs, the participating State Hospital, and/or the regional manager and support staff

2. Participating CSBs and the participating State Hospital, through the RMG, shall:
 - a. select a regional program model in Appendix E of Core Services Taxonomy 7.2 for the operation of the DAP,
 - b. describe in this MOU how the selected model will operate, and
 - c. comply with the applicable provisions of Appendix E: Regional Program Operating Principles and Appendix F: Regional Program Procedures in Core
3. The RMG shall manage the DAP and coordinate the use of funding provided for the DAP, including reallocating state DAP funds among CSBs.
4. The RMG shall establish and monitor the operations of the Regional Utilization Management and Consultation Team (RUMCT) to manage all aspects of the DAP.
5. The RMG may authorize the employment of a regional manager and the necessary staff to administer the DAP with funds drawn from existing regional resources. The RMG shall identify the job description of all staff and identify which CSB will provide supervision of the regional manager and staff.
6. The RMG shall coordinate and monitor the effective utilization of the services and resources provided through the DAP using data and reports provided by the RUMCT and regional manager.
7. The RMG shall perform other duties identified in this MOU or assigned by the participating CSBs or participating State Hospital.
8. Although not members of the RMG, designated staff in the Central Office of the Department of Behavioral Health and Developmental Services (Department) shall have access to all documents including IDAPPs maintained or used by the RMG pursuant to applicable provisions of the current community services performance contract and may attend and participate in all meetings or other activities of the RMG.

B. Regional Utilization Management and Consultation Team (RUMCT)

The RMG shall establish a Regional Utilization Management and Consultation Team, hereafter referred to as the RUMCT, to manage all aspects of the DAP. The RUMCT shall ensure compliance with the requirements outlined in the DAP Administrative Manual and IDAPP submission and review.

The RUMCT shall consist of representatives from participating CSBs in the region, the participating State Hospital, and others as may be appointed by the RMG, such as the regional manager. The RUMCT shall be composed of:

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- a. *(insert name, title/position, and organization, e.g., name of CSB)*
- b. *(insert name, title/position, and organization, e.g., name of CSB)*
- c. *(insert name, title/position, and organization, e.g., name of CSB)*
- d. *(insert name, title/position, and organization, e.g., name of CSB)*
- e. *(insert name, title/position, and organization, e.g., name of CSB)*
- f. *(insert name, title/position, and organization, e.g., name of CSB)*
- g. *(insert name, title/position, and organization, e.g., name of CSB)*

The RUMCT shall meet at least monthly or more frequently when necessary, for example, depending upon census issues or the number of cases to be reviewed. Minutes shall be recorded at each meeting. The RUMCT shall:

1. review the proposal of the IDAPPs developed through the DAP to ensure that the services are the most appropriate, effective, and efficient services that meet the clinical needs of the individual receiving services.
2. jointly conduct utilization reviews of all IDAPPs quarterly, or if indicated, more frequently to ensure the:
 - a. continued appropriateness of services,
 - b. implementation of approved IDAPPs, including the review of events related to the individual such as re-hospitalization, incarceration relocation, etc.
 - c. ensure accurate financial information is provided by their CSB to the regional managers for quarterly reports
 - d. address reductions in service levels and/or discontinuation of DAP services resulting in available funds.
3. review individuals who have been on the state hospital Extraordinary Barriers to Discharge List (EBL) for more than 30 days to identify or recommend the development of community services and funding appropriate to their clinical needs. The RUMCT will ensure that the RMG is informed of the results of these reviews and subsequent related actions.
4. facilitate, at the request of the case management CSB, resolution of individual situations that are preventing an individual's timely discharge from a state hospital or an individual's continued tenure in the community.
5. identify opportunities for two or more CSBs to work together to develop programs or placements that would permit individuals to be discharged from the state hospital participating in the regional partnership more expeditiously.
6. review and endorse all new IDAPPs (ongoing or one-time). The review and approval process may be conducted in person, by email, or through the use of other technology.

This utilization review process may result in revisions of IDAPPs, adjustment to and/or redistribution of DAP funds.

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The regional manager in collaboration with the participating CSBs shall maintain a current database on all individuals receiving DAP-funded services. This database shall include electronic copies of all on-going or one-time IDAPPs. All IDAPPs shall be submitted using the Department approved form. The regional manager shall maintain automated back-up data transferable by encryption on all regional DAP activities.

Although not members of the RUMCT, designated staff in the Central Office of the Department shall have access to all documents including IDAPPs maintained or used by the RUMCT pursuant to applicable provisions of the current community services performance and may attend and participate in all meetings or other activities of the RUMCT.

III. DAP Financial Management *(Modify this section and insert applicable details of the financial management operations of the regional program model selected by the RMG.)*

A. Allocation and Re-allocation of State DAP Funds

1. The Department allocates all mental health DAP funds on a regional basis among the Partnership Planning Regions (PPRs). DAP funds previously designated as local DAP funds and allocated to individual CSBs are now included in the regional state DAP funds.
2. Additionally, effective in FY 15, all DAP funds are designated as restricted funds. CSBs must track, account for, and report all of the actual expenditures supported by these funds separately in CARS and DAP reports. These restricted funds cannot be used for purposes other than DAP.

B. Disbursement of State DAP Funds

The Department disburses regional DAP funds directly to the CSB, acting as the fiscal agent for the PPR, as part of the regular semi-monthly CSB payments. The fiscal agent CSB administers these funds and distributes the funds among the participating CSBs as determined by the RMG and as described in the regional MOU.

The CSB acting as the fiscal agent for the PPR shall receive payments of state funds from the Department for the DAP through its community services performance contract. The fiscal agent CSB for the region must provide CSBs with sufficient funding to ensure the previously approved IDAPPs continue to be funded.

C. Allowable Uses of State DAP Funds

1. DAP funds allocated to PPRs and disbursed to participating CSBs shall be used solely for the discharge and community support of individuals for whom IDAPPs have been approved by the RUMCT.
2. DAP funding may be expended for any combination of services that assures the needs of individuals with approved IDAPPs are met in the most integrated and least

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restrictive community settings.

3. PPRs and participating CSBs must use DAP funds only to support the costs of approved ongoing or one-time IDAPPs. Any other use of DAP funds is not allowed and funds used for other purposes are subject to recovery by the Department.
4. PPRs shall use DAP funds first for individuals who have the greatest tenure on the EBL and in their chronological order on the EBL, ending with individuals who have been most recently determined to be clinically ready for discharge. However, this requirement is subject to the availability of funds. For example, if the next individual on the EBL who is ready for discharge needs \$70,000 of DAP services, but the PPR has only \$35,000 of state DAP funds available and another individual further down the EBL chronologically is also ready for discharge and only needs \$35,000 of DAP services, the IDAPP for the second individual should be approved and implemented. PPRs cannot reserve DAP funds or allocate on-going DAP funds in advance for individuals in state hospitals who are not on the EBL or have not been deemed to be clinically ready for discharge.
5. PPRs may use DAP funds to pay for medications as part of an approved IDAPP once other sources of support for medications have been maximized. These sources include mental health state funds previously used for the Department's community resource pharmacy and now allocated to CSBs for the same purpose, indigent care programs offered by most pharmaceutical manufactures, and Medicaid. Medicare Part D, the prescription drug benefit, requires true out of pocket costs. DAP funds may not be used on behalf of a Part D beneficiary, (e.g., assistance with co payments). DAP funds do not meet the federal definition of incurred out of pocket costs required by Part D.
6. PPRs cannot use DAP funds to serve individuals receiving state-funded PACT, except for direct residential placement costs such as rent or housing subsidies or other non-PACT covered services.
7. PPRs cannot use DAP funds for individuals already living in the community who were previously discharged or previously received DAP services but who no longer have an IDAPP authorized by the RUMCT.
8. PPRs cannot use DAP funds to support CSB staff positions or other CSB programs or services that are unrelated to specific individual needs as reflected in on-going IDAPPs. For example, this includes CSB state hospital liaison positions-
9. PPRs cannot approve the use of DAP funds as direct income to any individual receiving DAP services. DAP funds are not individual entitlements and cannot be used to provide personal income to individuals receiving DAP services.
10. For individuals served under DAP who are not Medicaid eligible but are receiving State Plan or Clinic Option Services the cost of those services are not to exceed the cost or frequency of those services.

D. Maximizing Other Funding and Revenue Sources:

The PPR and participating CSBs must use DAP funds as the funding source of last resort

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for all IDAPPs. The RMG, RUMCT and the participating CSBs shall ensure that other funds such as Medicaid payments, other appropriate state general funds, fees paid by individuals receiving services, and other third-party funding sources are used to offset the costs of approved IDAPPs to the greatest extent possible so that state DAP funds can be used to discharge the greatest number of individuals from state hospitals. The costs of an IDAPP must be adjusted to reflect other sources of funding or revenues that are identified and obtained. This shall be documented in records maintained by the CSB and the PPR regional manager and in reports submitted to the Department.

E. Unexpended State DAP Funds

1. Generally, the use of unspent DAP funds is governed by Appendix C of the CSB Administrative Requirements. However, all DAP funds are restricted and any DAP funds that remain unspent at the end of the fiscal year in which they were disbursed by the Department shall remain restricted funds, beginning with FY 2015 regional DAP funds. Consequently, those unspent DAP funds cannot be used for other purposes and shall be used by PPR and participating CSBs to defray the costs of current IDAPPs before current fiscal year state DAP funds are used. Balances of unspent state DAP funds that are not used within 12 months after the end of the fiscal year in which they were not spent are subject to recovery by the Department through payments to the Department by the PPR holding the balances, reductions in current disbursements to the PPR holding the balances, or reductions in allocations of DAP funds to the PPR.
2. The RMG may approve the use of any of its unexpended DAP fund allocations during the current fiscal year that resulted from delays in discharges, re-hospitalization or incarceration of an individual receiving DAP services, reductions in services in approved IDAPPs, termination of an IDAPP, changes in allocations among CSBs, or other balances including year-end balances from previous fiscal years. Unexpended allocations and balances shall be used only for the following priorities:
 - a) for one-time IDAPPs to support the discharge of individuals on the state hospital EBL;
 - b) for addressing the one-time needs of individuals with approved IDAPPs;
 - c) for transitional costs of individuals determined to be NGRI as part of the privileging process or for other individuals in state hospitals with documented clinical needs for transitional services and supports in order to be discharged;
 - d) for temporary funding to supplement an IDAPP while the CSB obtains benefits for an individual; or
 - e) for developing regional infrastructure to enable the discharge of individuals in state hospitals, such as residential resources or other community placements.
3. If a PPR is not able to expend at least 90 percent of its total on-going regional DAP allocation for active on-going plans and obligate at least 95 percent of its total regional state DAP funding allocation by the end of the fiscal year, the Department will work with the RMG to transfer unspent or unobligated state DAP funds to other

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regions to reduce the EBL at other state hospitals. The performance contract Exhibit C authorizes the RMG to reallocate state DAP funds among CSBs in the region when a CSB cannot use its allocation within a reasonable time.

IV. Census Management *(Modify this section and insert applicable details in this section of the service management operations of the regional program model selected by the RMG.)*

A. Discharge Planning:

Participating CSBs shall develop the discharge plan in consultation with the individual, guardian or authorized representative, and the state hospital treatment team. This plan describes the specific community mental health, developmental, or substance abuse, employment, health, educational, housing, recreation, transportation, legal, and advocacy services and supports needed by the individual following an episode of hospitalization and identifies the providers that have agreed to provide these services to the individual.

B. Extraordinary Barriers to Discharge List (EBL) Monitoring and Reporting:

The participating CSBs through the RUMCT and regional manager shall monitor the EBL at the state hospital serving the PPR monthly to track individuals for whom they are the case management CSBs to ensure the individuals are discharged as soon as possible.

C. Development of Individualized Discharge Assistance Program Plans (IDAPP):

1. The case management CSB, the individual being discharged, his/her guardian or authorized representative, and the state hospital treatment team shall determine the most appropriate services and placement in the community for the individual that are consistent with his or her choices to the greatest extent possible.
2. DAP services and supports must be documented on the IDAPP, and the IDAPP must be consistent with the individual's preferences and choices to the greatest extent possible.
3. All individuals with on-going IDAPPs must receive case management services or documented CSB monitoring. This shall be documented monthly in progress notes by the case management CSB.
4. The IDAPP shall be completed and endorsed by all relevant parties. The case management CSB must submit a brief narrative describing the individual needs and proposed plan, identified placement, projected discharge date, and an explanation of all revenues and costs with all new or renewing IDAPPs. New IDAPPs must identify all the services the individual needs to successfully transition to the community, the providers who have agreed to provide the services, and a projected discharge date. The IDAPP must display all of the revenues by source and all of the projected expenses for the services in the IDAPP.

D. Monitoring of IDAPPs:

The RUMCT or its designee shall review at least quarterly the implementation of all

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IDAPPs to ensure the effective and efficient utilization of the DAP funds. The RUMCT shall develop a process of communication to ensure that the RMG is informed of the utilization review activities.

If the case management CSB is not able to implement an approved IDAPP for the individual within 30 calendar days of his or her projected date of discharge, one of the following actions shall be taken within 30 calendar days following the projected date of discharge:

1. The PPR shall identify and discharge another individual within 30 days who is on the EBL or who has been determined to be clinically ready for discharge and for whom DAP funding is appropriate for addressing the barriers to that individual's discharge;
2. If the preceding action does not occur within 30 days, the funds identified for the IDAPP will revert to the RUMCT for an IDAPP to discharge an individual from another CSB with the longest tenure on the EBL and for whom DAP funding is appropriate for addressing the barriers to that individual's discharge;
3. Should an individual who has been adjudicated Not Guilty by Reason of Insanity (NGRI) not be discharged within 30 days of the projected discharge date due to circumstances beyond the control of the individual, CSB and/or state hospital; the CSB shall send a memo to the RUMCT with an explanation of said circumstance. Examples of these circumstance could include, but not limited to: IFPC and/or FRP revision requests, residential provider withdrawing acceptance for reasons not related to the individual's behavior, the NGRI court's delay in scheduling a conditional release hearing date, etc. The RUMCT shall make a decision to continue funding IDAPP based on the facts presented.

E. Rehospitalization:

Upon occasion it may be necessary for DAP enrollees to receive in-patient psychiatric services or be incarcerated. Should this occur, the case management CSB will notify the RUMCT. The RUMCT then may select from the following options:

1. If the RUMCT approves a written request from the CSB, it will stop current payments and resume payments upon the individual's discharge, if that date is within an agreed upon number of days not to exceed 90 days from the date of re-hospitalization in a state hospital;
2. If the CSB submits a request to the RUMCT that states re-hospitalization will exceed 30 days and on-going funds will be needed to maintain the individual's residence for an agreed upon period not to exceed 90 days, the RUMCT may approve the provision of the necessary funds during that period only in the amount required to maintain the individual's place of residence. The RMG shall redistribute any resulting unspent funds in accordance with the provisions in this manual; or
3. The CSB returns the state DAP funds, less year-to-date expenditures, for the unimplemented IDAPP to the RUMCT for redistribution.

Note: The cost of supporting a substitute individual shall not exceed the amount requested in the originally approved IDAPP unless funding is available and approved by the RUMCT.

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Should the cost of services be less than originally requested, unexpended funds will be available to the RUMCT for redistribution in accordance with the provisions of this manual.

For all IDAPPs where the service provider is not the CSB of origin, that CSB shall develop a purchase of service agreement, memorandum of agreement, or other instrument consistent with the CSBs' purchasing policies and procedures. All such instruments shall be maintained by the affected CSBs and available to the Department upon request.

V. Transfers of Individuals Among CSBs or PPRs *(Modify this section and insert applicable details in this section of the operations of the regional program model selected by the RMG.)*

If the individual, or with the consent of a guardian or an authorized representative, chooses to reside in a different locality after discharge from the state hospital, the CSB in the chosen locality becomes the receiving case management CSB and works with the original case management CSB, the individual, and the state hospital to effect a smooth discharge and transition to the community. The case management CSB of origin is responsible for the completion of the discharge plan.

If an individual receiving DAP services decides to move to another CSB's service area within the PPR, the receiving CSB will assume Case Management CSB responsibilities and shall be responsible for the appropriate reporting in CARS and CCS 3.

If an individual approved for DAP funds elects to reside outside of the PPR catchment area of origin, it is understood that the respective PPRs and CSBs shall work collaboratively in addressing the individual's preferences and needs and employ one of these two options:

1. The receiving CSB/PPR accepts the transfer of the IDAPP funds and assumes case management CSB responsibilities. The receiving CSB shall then be responsible for the reporting required of the performance contract. The affected CSBs and PPRs shall notify the respective regional managers and the Department of any changes in case management CSB designation and request the fund transfer no later than 30 days post discharge or transfer.

If additional funds other than those provided through the IDAPP are required to support the individual in the new setting, the PPR shall provide the additional funding based on a revised IDAPP. The revised IDAPP shall be approved by both the receiving and transferring RUMCTs and CSBs, subject to funding availability.

2. Individuals who are placed outside of their case management CSB service area or PPR area may have specific approved conditions related to their IDAPP. These conditions may be associated with their IDAPPs, the CSB to CSB, or PPR to PPR out of service area agreements. Under these conditions, the CSB may choose not to reallocate funds to the new PPR, in which case the CSB and PPR of origin shall remain the case management CSB and region of record. The case management CSB is then responsible for all required reporting under the performance contract. If state hospital admission is required under these circumstances, the individual shall be admitted to the state hospital serving the CSB of origin.

VI. Reporting *(Modify this section and insert applicable details in this section of the reporting*

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operations of the regional program model selected by the RMG.)

A. Performance Contract Requirements:

Participating CSBs and the regional manager shall comply with all of the requirements in Exhibit C of the community services performance contract, including the following reporting requirements.

The regional manager shall submit the quarterly summary of IDAPPs to the Department in a format developed by the Department in consultation with regional managers and designated members of VACSB. Quarterly reports will document year-to-date information about ongoing and one-time IDAPPs, including data about each individual receiving DAP services, the amounts of DAP funds approved for each IDAPP, the total number of IDAPPs that have been implemented, and the total DAP funds obligated for these IDAPPs. The first and third quarter reports are due thirty (30) days following the end of the quarter. The second and fourth quarter reports are due forty-five (45) days after the end of the quarter. For FY 15, only the 2nd and 4th reports will require an accounting of actual revenue and expenses. It is the participating CSBs' responsibility to provide the regional manager with accurate information related to actual costs and other revenue to ensure the accuracy of reports.

B. Community Consumer Submission 3 (CCS 3) Reporting:

The case management CSB is responsible for ensuring that the required information about the individual, his/her type of care (Consumer Designation Code for DAP) and the services received are entered in their information system and reported to the Department through the extraction by the CCS 3. CCS 3 submissions must satisfy the requirements in Exhibit I of the performance contract. These requirements apply to all IDAPPs implemented with DAP funds.

CSBs shall assign a 910 Consumer Designation Code only to individuals with ongoing IDAPPs. Additional information about assigning, initiating, and ending consumer designation codes and about all other aspects of reporting data through the CCS is available in the current Community Consumer Submission 3 Extract Specifications, which is available at <http://www.dbhds.virginia.gov/OCC-default.htm>.

C. Community Automated Reporting System (CARS) Reporting:

The case management CSB responsible for directly providing or purchasing the services in an individual's IDAPP shall reflect, account for, and report the actual revenues and actual expenses associated with the services in the IDAPP through the mid-year and end of the fiscal year CARS reports. Reports must satisfy the requirements in Exhibit I of the performance contract. These requirements apply to all IDAPPs implemented with DAP funds.

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VII. Review and Evaluation

A. Utilization Review:

The participating CSBs and state hospital in each PPR shall develop and implement a utilization review process for all IDAPPs. At a minimum, this process will include a review of the current IDAPP, services being received, confirmation that the individual's has applied for and/or is receiving all eligible benefits or entitlements (e.g., Medicaid, insurance, SSI/SSDI, or other sources), amounts of other income received, and confirmation of the residential placement during the quarter.

The RUMCT and/or designated subcommittee shall conduct quarterly utilization reviews of approved IDAPPs to ensure continued appropriateness of services, compliance with approved IDAPPs and individual-related events such as re-hospitalizations, incarcerations, or terminations of services

B. Department Reviews:

The Department shall regularly monitor the performance of the PPR's management of the DAP as well as the CSBs' implementation of IDAPPs. Pursuant to sections 6.f and 7.c in the Community Services Performance Contract, the Department may conduct on-going utilization reviews and analyze information about individuals receiving services, the services they received, and financial information related to the DAP, such as re-hospitalizations, transitions to non-DAP supported services and supports, maximization of other revenue sources, expenditure patterns, use of resources, outcomes, and performance measures to ensure the continued effectiveness and efficiency of the DAP.

The Department shall include the financial and programmatic operations of the DAP as part of its regular CSB Review, which is conducted by multidisciplinary teams including Department fiscal and program staff. CSBs

C. Performance Measures:

The RUMCT and RMG shall monitor the performance measures established by the Department in the DAP Manual by receiving reports at least quarterly from the regional manager on the DAP's achievement of the measures. The RMG and participating CSBs shall take actions in a timely manner to address unsatisfactory performance on any measure.

VIII. Terms of the MOU

This MOU shall be in effect for one year beginning on July 1, (*enter year*) and ending on June 30, (*enter year*). This MOU shall automatically renew for four additional 12-month periods unless terminated in writing as provided below.

IX. Termination of the MOU

Each of the parties is authorized to terminate this MOU if it determines that another party has

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violated a material term of the MOU. Each of the parties may terminate its obligations under this MOU by giving each of the other parties 60 days written notice. If one or more of the parties gives notice of its desire to terminate the MOU, the parties shall confer to determine whether the DAP may continue in effect without the participation of the terminating party or parties. If the DAP is terminated or the Department reduces state funding for the DAP, participating CSBs shall not be required to continue to provide services that are the subject of this MOU. In the event funding is terminated or reduced, continued access to community services for individuals currently receiving DAP services shall be governed by the existing community services performance contract, CSB policies, and other procedures for the provision of services.

X. General Terms and Conditions

- A. The parties and the regional manager agree they shall comply in their implementation of the DAP with all applicable provisions of state and federal law and regulations, the provisions and requirements of the DAP Manual, the current community services performance contract, the Discharge Protocols for Community Services Boards and State Hospitals, the current Human Rights and Licensing Regulations, and applicable State Board policies. Applicable provisions of the current community services performance contract include Exhibit C and Appendix E: Regional Program Operating Principles and Appendix F: Regional Program Procedures that are in Core Services Taxonomy 7.2. If there are any conflicts or inconsistencies between any provisions of this MOU and the current community services performance contract, applicable provisions of the contract shall control. However, this MOU may modify applicable provisions in Appendix F of Core Services Taxonomy 7.2 to reflect the unique nature of the DAP.
- B. Nothing in this MOU shall be construed as authority for any of the parties to make commitments that will bind the other parties beyond the scope of this MOU. Furthermore, the parties shall not assign, sublet, or subcontract any work related to this MOU or any interest it may have herein without the prior written consent of the other parties.
- C. No alteration, amendment, or modification in the provisions of this MOU shall be effective unless put in writing, signed by the parties, and attached hereto.
- D. Nothing in this MOU is intended to, nor does it create, any claim or right on behalf of any individual to any services or benefits from any of the parties.

XI. Privacy of Personal and Health Information: For purposes of this section, parties include the regional manager.

- A. The parties to this MOU agree to maintain all protected health information (PHI) and personally identifiable information (PII) learned about individuals receiving services confidential and agree to disclose that information only in accordance with applicable state and federal law and regulations, including the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Virginia

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Health Records Privacy Act, the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers of Mental Health, Developmental, and Substance Abuse Services, and each party's own privacy policies and practices.

- B. Even though each party may not provide services directly to each of the individuals receiving services through DAP and this MOU, the parties may disclose PHI, PII, or other confidential information about individuals to one another under 45 C.F.R. § 164.512(k)(6)(ii) and applicable provisions in the current community services performance contract in order to perform their responsibilities under this MOU, including coordination of the services and functions provided under this MOU and improving the administration and management of the services provided to the individuals receiving services hereunder.
- C. In carrying out their responsibilities under this MOU, the parties may use and disclose PHI, PII, or other confidential information to one another to perform the functions, activities, or services specified in this MOU on behalf of one another, including utilization review, financial and service management and coordination, and clinical case consultation. In so doing, the parties and the regional manager agree to:
 - 1. not use or further disclose PHI, PII, or other confidential information other than as permitted or required by the terms of this MOU or as required by law;
 - 2. use appropriate safeguards to prevent use or disclosure of PHI, PII, or other confidential information other than as permitted by this MOU;
 - 3. report to the other parties any use or disclosure of PHI, PII, or other confidential information not provided for by this MOU of which they become aware;
 - 4. impose the same requirements and restrictions contained in this MOU on their subcontractors and agents to whom they provide PHI, PII, or other confidential information received from, or created or received by the other parties to perform any services, activities or functions on behalf of the other parties;
 - 5. provide access to PHI, PII, or other confidential information contained in a designated record set to the other parties, in the time and manner designated by the other parties, or, at the request of the other parties, to an individual in order to meet the requirements of 45 CFR 164.524 or applicable provisions in the current community services performance contract;
 - 6. make available PHI, PII, or other confidential information in its records to the other parties for amendment and incorporate any amendments to PHI, PII, or other confidential information in its records at the request of the other parties;
 - 7. document and provide to the other parties information relating to disclosures of PHI, PII, or other confidential information as required for the other parties to respond to a request by an individual for an accounting of disclosures of PHI, PII, or other

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confidential information in accordance with 45 CFR 164.528;

8. make their internal practices, books, and records relating to use and disclosure of PHI, PII, or other confidential information received from or created or received by the other parties on behalf of the other parties, available to the Secretary of the U.S. Department of Health and Human Services for the purposes of determining compliance with 45 CFR Parts 160 and 164, subparts A and E applicable provisions in the current community services performance;
 9. implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI, PII, or other confidential information that they create, receive, maintain, or transmit on behalf of the other parties as required by the HIPAA Security Rule, 45 C.F.R. Parts 160, 162, and 164 applicable provisions in the current community services performance contract;
 9. ensure that any agent, including a subcontractor, to whom they provide electronic PHI, PII, or other confidential information agrees to implement reasonable and appropriate safeguards to protect it;
 10. report to the other parties any security incident of which they become aware; and
 11. at termination of this MOU, if feasible, return or destroy all PHI, PII, or other confidential information received from or created or received by the parties on behalf of the other parties that the parties still maintain in any form and retain no copies of such information or, if such return or destruction is not feasible, extend the protections of this MOU to the information and limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible.
- D. Each of the parties may use and disclose PHI, PII, or other confidential information received from the other parties, if necessary, to carry out its legal responsibilities and for the proper management and administration of its business. Each of the parties may disclose PHI, PII, or other confidential information for such purposes if the disclosure is required by law, or if the party obtains reasonable assurances from the person to whom the PHI, PII, or other confidential information is disclosed that it will be held confidentially, that it will be used or further disclosed only as required by law or for the purpose for which it was disclosed to the person, and that the person will notify the party of any instances of which it is aware in which the confidentiality of the information has been breached
- E. All parties shall encrypt transmissions of DAP-related information and data about individuals receiving DAP services, including all forms and reports containing PHI, PII, or other confidential information, in a manner specified in the community services performance contract and pursuant to the applicable provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and subsequent implementing regulations.

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IN WITNESS WHEREOF, the parties have caused this agreement to be duly executed, intending to be bound thereby.

(type name of executive director under signature line)
Executive Director, *(insert name of CSB)*

Date

(type name of executive director under signature line)
Executive Director, *(insert name of CSB)*

Date

(type name of executive director under signature line)
Executive Director, *(insert name of CSB)*

Date

(type name of executive director under signature line)
Executive Director, *(insert name of CSB)*

Date

(type name of executive director under signature line)
Executive Director, *(insert name of CSB)*

Date

(type name of executive director under signature line)
Executive Director, *(insert name of CSB)*

Date

(type name of executive director under signature line)
Executive Director, *(insert name of CSB)*

Date

(type name of state hospital director under signature line)
Director, *(insert name of state hospital)*

Date

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Appendix C: Clinical Readiness for Discharge Rating Scale

Treatment teams shall rate the clinical readiness for discharge of all individuals receiving services in state hospitals at least monthly using the following scale.

- 1. Clinically Ready for Discharge:** The individual meets any of the following criteria.
 - a. has met treatment goals and does not need inpatient psychiatric treatment
 - b. NGRI with up to 48 hour privilege level
 - c. NGRI under a temporary custody order and at least one forensic evaluator has recommended conditional or unconditional release and there is a pending court date
 - d. NGRI on revocation status and the treatment team and CSB recommend conditional or unconditional release and there is a pending court hearing
- 2. Almost Clinically Ready for Discharge:** The individual meets any of the following criteria.
 - a. needs additional inpatient care to fully address clinical issues and/or there is concern about adjustment difficulties
 - b. can take community trial visits to assess readiness for discharge; may have the civil privilege level to go on overnight temporary visits
 - c. resistant to discharge and refuses to engage in discharge process
 - d. NGRI with unescorted community visits privilege
- 3. Not Clinically Ready for Discharge:** The individual meets any of the following criteria.
 - a. participates in treatment (engaged, adherent with medications, groups, etc.) but unable to function independent of 24 hour supervision in an inpatient psychiatric setting
 - b. not yet able to take independent passes or take trial passes to a supervised placement but may have unescorted grounds privileges if available at the hospital
 - c. NGRI and does not have unescorted community visits privilege
- 4. Significant Clinical Instability Limiting Privileges and Engagement in Treatment:** The individual meets any of the following criteria.
 - a. not psychiatrically stable
 - b. requires constant 24 hour supervision in an inpatient psychiatric setting
 - c. presents significant risk and/or behavioral management issues
 - d. acutely psychotic

Notes: Discharge planning begins on admission and should be active throughout the individual's hospitalization independent of his or her clinical readiness for discharge rating. An individual may be clinically ready for discharge before the rating is formally completed.

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Appendix D: Community Services Performance Contract Exhibit C: Discharge Assistance Program Requirements

The Department and the CSB agree to implement the following requirements for management and utilization of all current regional state DAP funds to enhance monitoring of and financial accountability for DAP funding, decrease the number of individuals on state hospital extraordinary barriers to discharge lists (EBLs), and return the greatest number of individuals with long lengths of state hospital stays to their communities. These Exhibit C requirements do not apply to new state 2014 DAP funds, which the Department allocates for individualized discharge assistance program plans (IDAPPs) that it approves.

1. The Department shall work with *the VACSB, representative CSBs*, and regional managers to develop clear and consistent criteria for identification of individuals who would be eligible for IDAPPs and acceptable uses of regional state DAP funds and standard terminology that all CSBs and regions shall use for collecting and reporting data about individuals, services, revenues, expenditures, and costs.
2. The CSB shall comply with the current Discharge Assistance Program Manual issued by the Department, which by agreement of the parties is hereby incorporated into and made a part of this contract by reference. If there are conflicts or inconsistencies between the Manual and this contract, applicable provisions of the contract shall control.
3. All regional state DAP funds allocated within the region shall be managed by the regional management group (RMG) and the regional utilization management and consultation team (RUMCT) on which the CSB participates in accordance with Appendices E and F of Core Services Taxonomy 7.2.
4. The CSB, through the RMG and RUMCT on which it participates, shall ensure that other funds such as Medicaid payments are used to offset the costs of approved IDAPPs to the greatest extent possible so that regional state DAP funds can be used to implement additional IDAPPs to reduce EBLs.
5. On behalf of the CSBs in the region, the regional manager funded by the Department and employed by a participating CSB shall submit mid-year and end of the fiscal year reports to the Department in a format developed by the Department in consultation with regional managers that separately displays the total actual year-to-date expenditures of regional state DAP funds for ongoing IDAPPs and for one-time IDAPPs and the amounts of obligated but unspent regional state DAP funds.
6. The CSB and state hospital representatives on the RMG on which the CSB participates shall have authority to reallocate regional state DAP funds among CSBs from CSBs that cannot use them in a reasonable time to CSBs that need additional regional state DAP funds to implement more IDAPPs to reduce EBLs.
7. If CSBs in the region cannot expend at least 90 percent and obligate at least 95 percent of the total annual regional state DAP fund allocations on a regional basis by the end of the fiscal

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year, the Department may work with the RMG and participating CSBs to transfer regional state DAP funds to other regions to reduce EBLs to the greatest extent possible, unless the CSBs through the regional manager provide acceptable explanations for greater amounts of unexpended or unobligated regional state DAP funds.

8. On behalf of the CSBs in a region, the regional manager shall continue submitting the quarterly summary of IDAPPs to the Department in a format developed by the Department in consultation with regional managers that displays year-to-date information about ongoing and one-time IDAPPs, including data about each individual receiving DAP services, the amounts of regional state DAP funds approved for each IDAPP, the total number of IDAPPs that have been implemented, and the projected total net regional state DAP funds obligated for these IDAPPs.
9. The Department, pursuant to sections 6.f and 7.g of this contract, may conduct utilization reviews of the CSB or region at any time to confirm the effective utilization of regional state DAP funds and the implementation of all approved ongoing and one-time IDAPPs.

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Appendix E: FY 2015 DAP Performance Measures

	Data	Performance Measures	Data Sources for Measures
1.	Utilization of State Hospital Bed Days by Individuals Before and After Enrollment in DAP	State Hospital Bed Days Used by DAP-Enrolled Individuals Over Equal Time Periods Pre- and Post-DAP Enrollment	CCS 3 Type of Care and Service Records AVATAR
2.	Readmission to a State Hospital within 30 and 180 Days After Enrollment in DAP	Percent of 30 and 180 Day State Hospital Readmissions by Individuals Enrolled in DAP ÷ Percent of 30 and 180 Day State Hospital Readmissions by All Adults During the Reporting Period	CCS 3 Type of Care and Service Records AVATAR
3.	Admission to a State Hospital After Release From a DAP Episode of Care	Individuals Admitted to a State Hospital Within 60 Days of Release From a DAP Episode of Care ÷ Total Number of Individuals Released From DAP During the Reporting Period	CCS 3 Type of Care and Service Records AVATAR
4.	Individuals Discharged to DAP From a State Hospital Extraordinary Barrier List (EBL)	State Hospital EBL Individuals Discharged to DAP ÷ All Individuals Newly Enrolled in DAP During the Reporting Period	CCS 3 Type of Care and Service Records AVATAR
5.	Utilization of State DAP Funds	Total State DAP Funds Expended ÷ Total State DAP Funds Allocated During the Reporting Period for Each Region	Quarterly DAP Reports CARS
6.	Housing Stability (deferred)	Number of Individuals in DAP with No More Than One Housing Move ÷ Total Number of Individuals in DAP During an Annual Reporting Period	CCS Consumer Record and Type of Care Record

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Appendix F: Notes and Sources for DAP Performance Measures

1. Data for all measures can be displayed statewide, by region, and by individual CSB.
2. Number of individuals receiving DAP services is derived from the CCS 3 Type of Care (910 Code) and Service (receipt of valid mental health services) Records.
3. Number of individuals completing a DAP episode of care (released from the DAP) is derived from the CCS 3 Type of Care (910 Code and type of care through date).
4. Number of individuals admitted to a state hospital is derived from AVATAR.
5. Number of state hospital beds is derived from AVATAR.
6. Number of individuals enrolled in Medicaid: CCS 3 Consumer Record (insurance type and Medicaid number) and quarterly DAP reports.
7. Number of individuals for whom Medicaid payments have been received is derived from quarterly DAP reports.
8. Amount of state DAP funds allocated is derived from CARS reports.
9. Amount of state DAP funds expended is derived from Quarterly DAP Reports.
10. Changes in residence are derived from the CCS 3 Consumer Record (Data Element 88).