

# Discussing Difficult Discharges

Tabitha King LISW: Assisted Living Waiver Supervisor PAA6

Kendra Elkins MSW, LSW: Aetna MyCare Ohio Assisted Living Case Manager PAA6

Jennifer Wellington LSW: Molina MyCare Ohio Assisted Living Waiver Service Coordinator PAA6

Lori Wesley LSW: Traditional Assisted Living Waiver Case Manager PAA6

Updated 4/8/2025

#### General Tips When Considering Discharging a Resident

- Schedule Care Conference with resident, guardian/legal representative, and case manager (CM)
- Written 30-day notice should be shared with the resident, guardian/legal representative, The Long Term Care Ombudsman, and case manager
- Written 30-day notice letter is required to list reasoning for discharge and list places that have accepted the resident for a safe and orderly discharge
- Assisted Living Facility should assist with alternate housing options to ensure safe discharge/transfer
- Assisted Living Facility should consult their lawyers as applicable
- Assisted Living Facility should consult their Provider Relations Specialist as applicable
- Rules for Resident's Rights concerning transfers or discharges can be found within Ohio Revised Code 3721.16 or using the link below.
  - https://codes.ohio.gov/ohio-revised-code/section-3721.16#:~:text=(A)(1)%20The%20administrator,the%20state%20department%20of%2 0health.

# What to Communicate with your Case Manager

- Ensure case managers have the most up to date name and contact information for relevant Assisted Living staff members (Director, DON, Billing)
- Reach out to case manager as soon as you begin considering issuing a discharge notice
- Invite case managers to all care conferences
- Discuss reason for 30-day notice
- Discuss interventions to prevent a need for discharge
- Send written 30-day notice to case manager
- Discuss discharge planning/alternate housing
- Case managers work as moderators between resident and facility. Case managers will explain the resident's rights and justifications of discharge notices

#### Discharging a Resident due to Non-Payment

- We encourage facilities to assess residents for a legal representative or informal supports who can assist in handling finances prior to accepting residents
- Ensure resident is aware they will only be keeping 50 dollars/month and premiums for insurance. Liability is determined by JFS. Best practice is to have this in the Resident Agreement and review with resident prior to accepting and signing
- Notify case manager as soon as non-payment becomes an issue. A case manager may be able to intervene and set up interventions/discussions with the resident, so the sooner the case manager is aware the better. CM will create a Health and Safety Action Plan (HSAP) with the resident.
- Case manager will evaluate resident's cognitive status and work with resident or legal representative on solutions/interventions
- Case manager will evaluate for possible exploitation of funds
- Case manager will evaluate need, willingness, and ability for resident to obtain a payee
- Case manager will make referrals to the Long Term Care Ombudsman as appropriate
- Written 30-day notice should be shared with the resident, guardian/legal representative, The Long Term Care Ombudsman, and case manager
- Assisted Living is responsible for assisting with safe discharge planning/alternate living arrangements.

## Discharge due to substance use

- We encourage facilities to reach out to their legal teams on advice for residents who are smoking marijuana on the property
- Each facility should have clear rules regarding substance use in their resident agreements
- Notify CM about resident substance use concerns. CM will complete Health and Safety Action Plan with resident
- Substance abuse counseling and treatment options should be offered to resident
- Written 30 day notice should be given to the resident, guardian/legal representative, The Long Term Care Ombudsman, and case manager for all discharges related to behaviors or resident agreement violations

## Discharging due to Change in Care Needs

- Maintain communication with hospital, resident, legal representative, and case manager throughout entirety of institutionalization. All parties should remain on the same page regarding safest discharge plans for the resident
- ▶ Best practice is to have clear rules/expectations in the resident agreement specifying the facility's policy when someone is hospitalized or requiring additional care upon hospital discharge. Case managers will inquire about written policies/resident agreements regarding these discharges. A specific reason for discharge will need to be provided in writing.
- If a consumer goes to the hospital and the change of care needs cannot be maintained by the facility this could result in a health and safety risk. If a health and safety risk is identified, it is still best practice to provide a written discharge notice.
- AL should work with resident, legal representative, and case manager to identify safe discharge/transfer

#### Discharging due to Provider Non-Compliance

- Check in with your Provider Relations Specialist if you are unsure your actions are within compliance
- We have run into scenarios where residents were forced to discharge from a facility due to the facility not following the required order of operations with the rules regarding roommates. The facility did not have enough rooms to cover the residents who did not meet the roommate qualifications and residents were displaced and the facility was put on hold for new referrals.
- Do not ignore actions of correction from your Provider Relations Specialist. It is their goal to assist you back into compliance.
- CM should still be notified of discharges
- Written notice should be given to the resident, guardian/legal representative, The Long Term Care Ombudsman, and case manager
- ► AL Facility is still responsible for assisting with safe discharge/transfer options

#### Home Choice/Community Transition Referrals

- We encourage all Assisted Living Facilities to properly assess potential resident care needs who are being referred from Home Choice
- ► Home Choice is only involved for 30 days after a resident leaves a nursing facility
- Some of these referrals are potential residents with high care needs and may not be appropriate for your facility
- We encourage facilities to assess for a legal representative or informal support who can assist in handling finances prior to accepting residents. Many of these residents have not handled their finances in a long time and do not know who or where to go to access their finances to submit payments.
- There can be delays getting social security redirected if a resident is admitting directly from the NF and SSI is being restarted. Note if someone is accepted from the NF the first few months there could be delays in the resident being able to pay the full amount owed until they receive their social security themselves again. If the NF continues to receive the check, the AL may have to contact the NF to have the money sent to them.
- You can learn more about Home Choice by visiting their website: <a href="https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/hc/hc">https://medicaid.ohio.gov/families-and-individuals/citizen-programs-and-initiatives/hc/hc</a>

## Questions for Panel

- ► Tabitha King LISW: Assisted Living Waiver Supervisor PAA6
- Kendra Elkins MSW, LSW: Aetna MyCare Ohio Assisted Living Case Manager PAA6
- Jennifer Wellington LSW: Molina MyCare Ohio Assisted Living Waiver Service Coordinator PAA6
- Lori Wesley LSW: Traditional Assisted Living Waiver Case Manager PAA6

