

FOOTHILLS GATEWAY, INC.

Discharge from Services and Supports

POLICY:

It shall be the policy of Foothills Gateway, Inc. to execute case management services according to the provisions of the Rules and Regulations of Health Care Policy and Financing (HCPF).

PROCEDURE:

A person shall be discharged:

- Upon determination by Foothills Gateway, Inc., that the person no longer meets the developmental disability criteria, subject to dispute resolution procedures and/or subject to appeal rights if Medicaid services are terminated.
- Upon determination, (with involvement of the Interdisciplinary Team [IDT]), that the services or supports are no longer appropriate or necessary to meet the needs of the person receiving services, or if the person no longer meets specific program criteria.
- From Early Intervention Services, on the day the child turns 3 years of age, or if the child attains age level skills prior to age 3. Transition planning and discharge will be documented in the Individual Family Services Plan (IFSP) and routed as needed to FGI staff for agency documentation.
- From the Family Support Services Program (FSSP), if he/she move out of the family home or no longer meets the established "Most in Need" criteria.
- From Medicaid Waiver Services, if they lose their Medicaid (financial) eligibility or if they no longer meet functional eligibility criteria for waiver services. An 803 Notice of Pending Discharge, and appeal procedure will be sent based on Long Term Care rules.
- From Medicaid funded services, if they do not access services for an entire calendar month. An 803 Notice of Pending Discharge, and appeal procedure will be sent based on Long Term Care rules.
- From State funded services, if they do not access services for 90 days (EI services excluded). Notice of Pending Discharge, and appeal process will be sent to the individual.
- From the Waiting List, if they move out of State for more than a year and do not have family living in Colorado.
- From the Waiting List, if age 5 DD determination has not been established by the child's 6th birthday.

- If they no longer wish to participate in the program. A person receiving services may notify the agency providing services verbally or in writing. Discharge from such services or supports will begin as per procedure.

If the person receiving services is a minor, has a legal guardian, authorized representative, or is under court jurisdiction, said parties shall be notified immediately after the person notifies the agency providing services of the desire to be discharged. The parents of a minor, legal guardian and court shall be provided the option to exercise their decision-making authority on behalf of the person receiving services.

Notice Process:

- Upon becoming aware of the need to discharge a person from services, the Case Manager will send or deliver notice to the person. The Notice will incorporate discharge from all services, including Case Management if the person is not remaining on the Waiting List.
- If the person is discharged from services but remains eligible and chooses to be on the Waiting List for an alternative service, the case file will be assigned to an Intake Case Manager.
- Current Case Manager will fill out a referral to the Waiting List for the program they choose.
- All appropriate appeal processes will be sent along with notices of discharge.
- An Administrative Assistant or File Clerk will complete all filing, and transfer the file to either the closed file room or to the Intake Case Manager.
- Information concerning the discharge is included in the Program Change Report completed each month and circulated to all appropriate staff to facilitate communication throughout the agency.

Notice for State Funded Services:

- The Notice for State funded services gives the person 15 days from the date of receipt to change their decision and/or appeal the decision to be discharged from services.
 - The discharge date is 15 days from the date the Notice was received by the individual, parent of a minor, guardian or authorized representative. If there is no appeal or change of decision, the person will be considered discharged from services within the 15 day timeframe.
 - Within 10 days of discharge, the Case Manager will complete a Discharge Summary to be copied and routed to all appropriate staff and the original filed in the Master Record. Included will be a summary of current services and programs provided, reason for the discharge, referral information as appropriate, and recommendations for follow-up including how to request services in the future, and whether or not to remain on the Waiting List.
 - The Case Manager must enter the termination in the Program Change Application once the notice timeline passes.

Notice for Waiver Funded Services:

- For persons receiving or waiting for Medicaid Waiver funded services, the 803 form on the Benefits Utilization System (BUS) must be used to send notice.
 - Effective date is 11 days from mail date.
 - If the individual appeals the decision he/she must do so within 20 days of the mail date if the individual is categorically eligible for Medicaid or within 60 days if the individual is not categorically eligible for Medicaid.
 - County Notification Forms are completed and sent to the Department of Human Services (DHS) as per regulations by the Resource Coordination Assistant.
 - The Benefits Utilization System (BUS) will be updated to reflect the termination from services; and/or Waiting List status:
 1. Closure of certifications
 2. Close program area
 3. Completion of log notes
 4. Change case management agency (if appropriate).
 5. Close case status if not remaining on the Waiting List for HCBS Waivers.
 - CCMS information must be updated including closing the PAR if appropriate.
 - The Case Manager must enter this information in the Program Change Application.

7/01 4/18; 3/19; 2/20