

OMHSAS Personal Care Home Policy State Hospital Discharge to a PCH

It is the OMHSAS policy that its State Mental Hospitals not refer people ready for discharge to a Personal Care Home (PCH) that is larger than 16 beds. This policy outlines the steps that must be taken to consider any exceptions to the policy. The following guidance should be used in the Community Support Planning (CSP) process and plan development to ensure each individual is able to exercise an informed choice.

1. The CSP must be conducted to fully understand the housing and support needs of the individual from their perspective. Understanding what is important to the individual is foundational to the CSP process. If a person wants to live in a PCH (or a large PCH), why? Is their choice an informed choice? Is their choice because they believe it is the only option for discharge? Did they live in this PCH successfully in the past? Have they had an opportunity to visit other housing options and learn about supports that may be available?
 - What are the services and supports the person wants and believes they need to live successfully in the community?
 - What housing and residential options are available in the county or service area? Can new options be developed? Is the person interested in moving?
 - Does the person want a private bedroom?
 - Will the person be living close to family, friends, and activities that are important in their life?
 - Is the home close to options for potential or desired employment and occupational choices?
 - Does the person need PCH level of support (assistance with activities of daily living)? Can ICM or CTT provide such supports in a more independent housing option?
2. The CSP should document that the consumer (and family member if involved) was provided a choice of housing or residential options, and given the opportunity to visit these options prior to any consideration for a PCH over 16 beds. Documentation should include the rationale for the individual's choice.
3. Any discharge in which a person may be considered for an exception must be reported to the OMHSAS Regional Office before the CSP becomes final.

4. If a state hospital is considering a referral to a PCH, the hospital in coordination with the county, must review the licensure status of the home prior to referral to determine if the home has a provision license. The OMHSAS Regional Field Office and the Regional PCH Field Office should be consulted prior to considering placement in a home with a provisional license.
5. An exception to the policy can be made when the following factors have been determined:
 - No other housing options are available or viable for the individual;
 - The individual does not want to move to another county;
 - The PCH and community supports meet the person's needs as documented in the CSP; and
 - Without making an exception the person would not be able to be discharged from the state hospital.

When an exception is made the CSP must also include a timeline and plan for a future option in the most integrated community housing appropriate that is less than 16 beds.

6. If a county has no placement options other than large PCHs the Service Area Planning group should identify and prioritize housing development plans for the county and consider regional housing development plans for the service area.
7. All CSP team members should be trained in the requirements of this guidance document. Consumers and families participating in the CSP process should be informed of this policy and process to consider exceptions.