

No Eject No Reject Supervised Apartment Living (SAL)

Ejection Protocol (youth already in placement): SAL

Step 1

In the event the contactor identifies a child that they feel is at risk for ejection they will hold a SAL stability staffing to attempt to change the trajectory of the child's treatment. This should include the parents/guardians, worker, supervisor, and other interested parties.

Other pieces also required:

- Documented MCO/IHH/FFS involvement should be occurring (MCM, or by other means)
- HHS should be accessing HHS Service Help Desk Representative/Medicaid LTSS complex needs manager's assistance. JCOs should access the JCS designated point of contact.
- SAL has attempted multiple strategies to address problematic behaviors, including additional services/supports outside of the QRTP (example: psychological assessment)
- SAL has documented recommendation of appropriate placement/level of care, and what specifically the SAL identifies cannot be managed in the current setting.
- SAL identifies specific elements for what is needed in a program for a youth to be successful in a different setting (ex. services, treatment modalities, program structure)

Step 2

If a formal ejection request needs to be made following the aforementioned efforts the contractor will: Summarize the attempts and information above on the form. This completed form is the "request" for the in-person meeting, it shall be sent to HHS/JCS as well as a phone call to inform HHS/JCS of the request.

Step 3

In person/virtual meeting should occur within 5 business days of request-brief summary and notes should be taken at meeting to capture action steps and outcome of meeting

and will be shared with participants (HHS/JCS is responsible-designated notetaker determined at meeting)

- Required participants
 - HHS
 - SWA
 - Supervisor
 - Case manager
 - JCS
 - JCS designated point of contact
 - JCO supervisor
 - JCO
 - SAL Contractor
 - Decision-Maker for agency (program director level or above)
 - Caseworker
 - Therapist/clinician if relevant/helpful
- Optional participants
 - HHS service help desk representative
 - Medicaid LTSS complex needs manager
 - MCO representative
 - Parents/guardians
 - GAL/child's attorney
 - Others

Step 4

Decision from HHS SAM or SAM designee/JCS Chief or designee must occur within 24 hours of meeting.

- If decision is yes/agreement that child will move; safe discharge planning must take place.
- If decision is no/youth will remain at SAL; a plan should be created between HHS/JCS and SAL provider to support the contractor to serve the youth-this plan may include:
 - More frequent visits by HHS/JCS worker
 - Referral for assessment and evaluations if appropriate
 - Requests via MCO-(example-B3 services, 1:1 staffing funding)plan for on-going regular staffing of youth (at frequency agreed upon by the team)

Rejection Protocol (at referral): SAL

Step 1

Potential contractor identifies to HHS/JCS referral worker that they desire to deny the referral. 1 hour decision timeframe remains. This communication occurs via call from SAL provider to referral worker or JCO and an email to referral worker, supervisor, SWA (HHS), or JCO, JCO supervisor, and JCS designated point of contact (JCS).

The decision for rejection shall come from program director level or above; i.e., it has been reviewed internally by SAL provider. The bed stays empty while conversations take place and until the decision is made.

Step 2

Phone call or virtual meeting between program director level or above from SAL provider, and referral worker/supervisor/and SWA or SAM from HHS; or JCO, JCO supervisor, and JCS designated point of contact (JCS) will occur within 1 business day to discuss the rejection.

This meeting may identify additional information needing to be shared with the SAL provider, discuss a possible virtual meeting between youth and SAL provider, etc.

Step 3

HHS/JCS decision by SAM or SAM designee or JCS Chief or designee occurs no later than 24 hours after the call. This decision occurs both verbally and, in an email, back to SAL, cc to Program Manager Kati Swanson.

- If HHS/JCS denies the rejection, youth is placed in the SAL per contract guidelines.
- If HHS/JCS accepts the rejection, HHS/JCS seeks alternative placement options. SAL provider will document the accepted rejection in CareMatch.

Notes:

*At contract roll-out, a thorough review of the referral acceptance process and timelines, CareMatch timeframes, etc. shall take place with contractors

*When can you refer a youth again who has been previously denied? For a second referral to the same agency- Significant/substantial change in the referral information must have occurred. For a second referral on the same child-these have to be staffed with SAM/SWA/Sup or CJCO/JCS designated point of contract/JCO Supervisor to determine if another referral is appropriate.