

Homeless Patient Discharge Planning Worksheet

This worksheet is a template that hospitals may use as a starting point in developing their policies and procedures to document compliance with California's special law on discharge planning for homeless patients. This worksheet is meant to supplement (not replace) the rest of the hospital's discharge planning process/policy. If your hospital has entered into any contracts or settlement agreements that relate to discharge planning for homeless patients, be sure to incorporate those provisions into this worksheet.

The discharge plan is intended to help prepare the patient for return to the community by connecting him or her with available community resources, treatment, shelter, and other supportive services. The plan must be guided by the patient's best interests, physical and mental condition, and preferences for placement.

Name of patient: _____

Stability for Discharge

The treating physician, Dr. _____, has assessed whether the patient is alert and oriented to person, place and time and has determined that the patient is clinically stable for discharge.

Physician signature: _____

Date: _____ Time: _____ AM / PM

(Alternatively, the physician may document this in the medical record.)

Discharge/Release Destination Options

The patient must be informed of placement options. The available community options for the above-named patient are:

- Social services agencies, nonprofit social services providers, and/or government agencies *that have agreed to accept the patient:*

Name: _____

Address: _____

Phone number: _____

Name of person who agreed to accept the patient: _____

Date of contact: _____ Time: _____ AM / PM

(over)

Name: _____

Address: _____

Phone number: _____

Name of person who agreed to accept the patient: _____

Date of contact: _____ Time: _____ AM / PM

Name: _____

Address: _____

Phone number: _____

Name of person who agreed to accept the patient: _____

Date of contact: _____ Time: _____ AM / PM

NOTE: Hospitals are encouraged to obtain written documentation (such as an email) from the receiving agency/provider indicating agreement to accept the patient. However, written documentation from the receiving agency/provider is not explicitly required by the law. The hospital may also wish to document agencies/providers that were contacted, but did not agree to accept the patient.

- Any location the patient identifies as his/her principal dwelling place:

Describe location: _____

- Any other destination the patient chooses:

Describe destination: _____

IMPORTANT: The hospital is legally required to give priority to a sheltered location with supportive services, if one is available and if the patient agrees to go there.

Discharge/Release Destination

Check one of the following boxes:

- Which of the listed destinations did the patient choose? _____

NOTE: The hospital must provide written or electronic information to potential receiving agencies or providers about the patient's known post-hospital health and mental health care needs. A "release of information" form signed by the patient is not needed.

- Patient declines to state where he/she will go after discharge.

Transportation

Check one of the following boxes:

- The hospital offered and provided transportation to the chosen destination. Transportation used was: _____
- The hospital offered transportation to the chosen destination, but the patient refused the offer. Transportation offered was: _____
- The hospital did not offer transportation because the chosen destination was farther than a travel time of 30 minutes or a travel distance of 30 miles of the hospital. (**NOTE:** The hospital may choose to offer transportation to a more distant destination, but is not required to.)

Meal

Unless medically contraindicated, the patient must be offered a meal. Check one of the following boxes:

- Meal offered and provided.
- Meal offered, but patient refused it.
- Meal medically contraindicated (*document why in medical record*).

Clothing

Assess the clothing that the patient owns. If possible, remove the patient's wristband prior to release/discharge, and do not allow the patient to leave wearing a hospital gown or paper (disposable) gown. Check one of the following boxes:

- Patient's clothing is adequate for the weather.
- Patient's clothing is inadequate, so weather-appropriate clothing was offered and provided to the patient.
- Patient's clothing is inadequate, but patient refused weather-appropriate clothing that was offered.

Medication(s)

Check one of the following boxes:

- Physician did not prescribe medication for patient.
- Hospital has an onsite pharmacy licensed and staffed to dispense outpatient medications, so an appropriate supply of all necessary medication(s) – as determined by patient’s physician – was offered and given to the patient. *(Document medications given in medical record.)*
- Hospital does not have an onsite pharmacy licensed and staffed to dispense outpatient medications, so patient was given written prescription(s). *(Document prescriptions given in medical record.)*
- Hospital does not have an onsite pharmacy licensed and staffed to dispense outpatient medications, however the prescriber dispensed medication to the patient under Business and Professions Code Section 4068. *(Document medications given in medical record.)*
- Patient was offered medication, but refused it.

Infectious Diseases

Check one of the following boxes:

- The patient was screened for infectious disease(s) common to the region, as determined by the local health department. *(Document screening(s) in the medical record.)*
- The patient was offered screening for infectious disease(s) common to the region, as determined by the local health department, but the patient refused screening. *(Document informed refusal in the medical record.)*
- The patient was referred for screening for infectious disease(s) common to the region, as determined by the local health department, to: _____
_____ *[write in county clinic or other screening location to which the patient was referred].*
- The local health department has not identified infectious diseases common to the region in which the hospital is located.

Vaccination

Check one of the following boxes:

- The patient was offered and given vaccination(s) appropriate to his/her presenting medical condition. *(Document vaccination(s) given in the medical record.)*
- The patient was offered vaccination(s) appropriate for his/her presenting medical condition, but the patient refused vaccination. *(Document informed refusal in the medical record.)*
- There are no vaccination(s) appropriate for the patient’s presenting medical condition.

Follow-Up Care

The physician or designee must communicate post-discharge medical needs to the patient. The person who communicated post-discharge medical needs to the patient was:

Print name: _____

Follow-Up Behavioral Health Care

Check one of the following boxes:

- Patient was given a medical screening exam and evaluation, and physician has determined that follow-up behavioral health care is not needed.
- Patient was given a medical screening exam and evaluation, and physician has determined that follow-up behavioral health care is needed. The patient must be treated or referred to an appropriate provider. The patient was referred to:

Name of professional, clinic or facility: _____

Address: _____

Phone number: _____

If follow-up behavioral health care is needed, the hospital must make a good faith effort to contact one of the following, if applicable:

The patient’s health plan, if the patient is enrolled in a health plan *[document name of plan and date/time of contact]* _____

The patient’s primary care provider, if the patient has identified one *[document name of primary care provider and date/time of contact]* _____

Another appropriate provider, including the coordinated entry system *[document entry into system]* _____

Follow-Up Medical Care

Check one of the following boxes:

- Follow-up medical care is not medically necessary.
- The patient was referred to the following source of follow-up medical care: _____

Insurance Coverage

The patient was screened for eligibility for Medi-Cal and any other affordable health insurance coverage. As a result of the screening *(check one of the following boxes)*:

- The patient appears not to be eligible for any affordable coverage.
- The patient was helped to enroll in the following coverage: _____
- The patient declined to cooperate in enrollment efforts.

Log

- This patient was entered into the homeless patient log.
- This patient was not entered into the homeless patient log because: _____

Post-Discharge Verification

A hospital may choose to follow up with the post-discharge location to be sure the patient arrived safely. This is not required. If a hospital chooses to do this, it may add space here for follow-up notes.

Additional notes: _____

This form was completed by:

Name: _____

Title: _____

Signature: _____

Date: _____ Time: _____ AM / PM

Optional:

Patient signature: _____

Date: _____ Time: _____ AM / PM