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EDMUND G. BROWN JR.
Governor

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AFL 19-01

TO: General Acute Care Hospitals (GACH)
Acute Psychiatric Hospitals (APH)
Special Hospitals (SH)

SUBJECT: Senate Bill (SB) 1152 - Homeless Patient Discharge Planning Policy and Process

AUTHORITY: Health and Safety Code (HSC) section 1262.5

All Facilities Letter (AFL) Summary

This AFL notifies GACHs, APHs, and SHs of the enactment of SB 1152, and the requirement to create a discharge planning policy and process specific to homeless patients.

Effective January 1, 2019, SB 1152 (Chapter 981, Statutes of 2018) requires GACHs, APHs, and SHs (hospitals) to include within their discharge policies a written homeless patient discharge planning policy and process. The discharge process must include an inquiry about the patient's housing status, and the hospital cannot use housing status to discriminate against the patient for medical care or hospital admission. The hospital must consider the best interests and preferences for placement of the homeless patient and make efforts to connect him or her to available resources and services upon discharge. The hospital must inform the homeless patient of all available placement options and communicate the discharge or transfer plan in a culturally competent manner and language the homeless patient can understand. Hospitals under the jurisdiction of the State Department of State Hospitals are exempt from this bill.

Unless a homeless patient is transferred to another licensed facility, hospitals must prioritize placing the homeless patient at a sheltered location with supportive services. The hospital must identify a post discharge destination for the homeless patient as either a social services agency or provider that has agreed in advance to the placement; a dwelling place identified by the homeless patient as their residence; or an alternative location indicated by the homeless patient and documented in his or her record.

If transferring the homeless patient to a social services agency, nonprofit social services provider, or governmental service provider, the hospital must provide the accepting agency or provider written or electronic information about the homeless patient's post hospital health and behavioral healthcare needs.

SB 1152 requires hospitals to document all of the following prior to discharging a homeless patient:

- Treating physician determined the homeless patient to be stable and communicated post discharge medical needs.
- Hospital staff offered a meal, unless medically indicated otherwise.
- Hospital staff offered weather appropriate clothing, if the patient's clothing is inadequate.

- The homeless patient received medical follow-up care referrals, as necessary.
- Homeless patient received an appropriate supply of all necessary medication if the treating physician wrote a prescription and the hospital has an onsite pharmacy for outpatients.
- Hospital staff offered or referred the homeless patient to screenings for infectious diseases common to the region, as determined by the local health department.
- Hospital staff offered vaccinations, as appropriate.
- Homeless patient was alert and oriented to person, place, and time; or, if the treating physician determined the homeless patient needed follow-up mental health care, that the hospital contacted the homeless patient's health plan, primary care provider, or another appropriate provider such as the coordinated entry system, as applicable.
- Hospital staff screened for, and offered assistance to enroll in, any affordable health insurance coverage for which the homeless patient was eligible.
- Hospital offered transportation to the discharge destination; however, the hospital is only required to transport a homeless patient within 30 minutes or 30 miles of the hospital.

Commencing July 1, 2019, the hospital must develop a written plan for coordinating services and referrals with the county behavioral health agency, health care and social services agencies, health care providers, and nonprofit social service providers, as available. The hospital shall update the plan annually and the plan must include all of the following:

- A list of local homeless shelters, including their hours of operation, admission procedures and requirements, client population served, and general scope of medical and behavioral health services available.
- The hospital's procedure for homeless patient discharge referrals to shelters, medical care, and behavioral health care.
- The contact information for the homeless shelter's intake coordinator.
- Training protocols for discharge planning staff.

Beginning July 1, 2019, hospitals must maintain a log of homeless patients discharged and the discharge locations. The hospital must maintain evidence of completion of the homeless patient discharge protocol in a log or in the patient's medical record.

Hospitals are not required to adopt a policy that would delay discharge or transfer of a patient. Unless medically indicated, hospitals are not required to conduct and complete the discharge requirements in an area of the hospital where clinical care is provided.

This bill does not preempt or otherwise affect local requirements, which provide greater protections related to the homeless patient's discharge planning.

CDPH's failure to expressly notify facilities of statutory or regulatory requirements does not relieve facilities of their responsibility for following all state and federal laws and regulations. Facilities should refer to the full text of all applicable sections of HSC and the California Code of Regulations to ensure compliance.

If you have any questions about this AFL, please contact your local district office.

Sincerely,

Original signed by Scott Vivona

Scott Vivona

Assistant Deputy Director



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