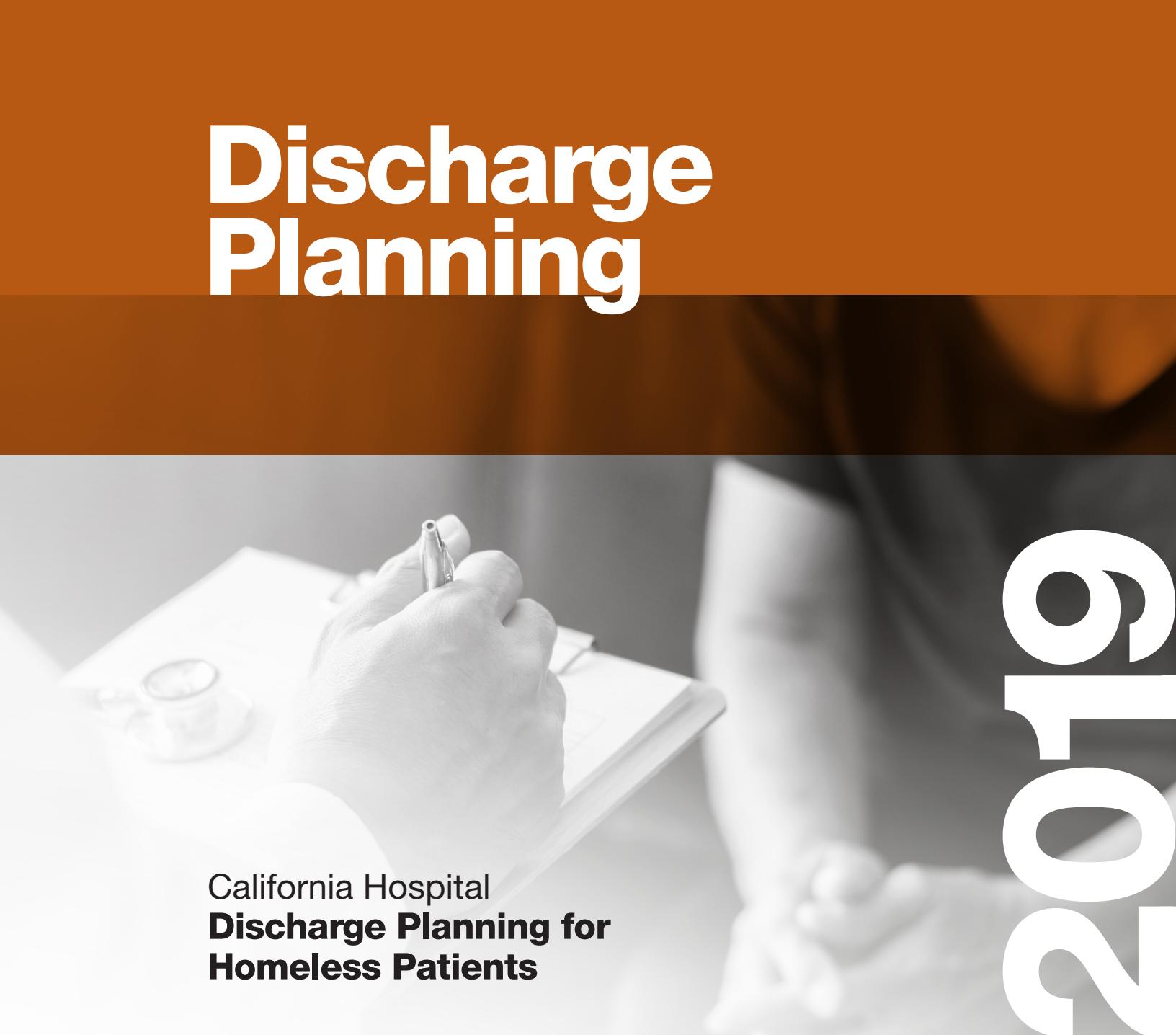


# Discharge Planning



California Hospital  
**Discharge Planning for  
Homeless Patients**

2019

Understanding the law on preparing to return  
homeless patients to the community



CALIFORNIA  
**HOSPITAL**  
ASSOCIATION

# **Discharge Planning for Homeless Patients**

*Understanding the law on preparing to return  
homeless patients to the community*

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August 2019  
2nd Edition

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# Preface

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California hospitals are committed to ensuring that every person who comes to an emergency department or is admitted to an inpatient bed receives safe, medically appropriate care, regardless of life circumstances. A critical component of the patient care process involves planning for the patient's eventual discharge. When a patient is homeless, the discharge planning process becomes even more critical.

Hospitals do their best to coordinate and facilitate the patient's discharge to appropriate area shelters or other community-based services. The overall effectiveness of these efforts depends on the resources available in the community and the individual's willingness to take advantage of the support.

A written homeless patient discharge planning policy and process can be a useful tool in addressing homeless patients' needs. Many hospitals have already developed a specific set of protocols and established relationships with community partners for post-discharge services. In an effort to standardize the level of discharge planning services hospitals provide, the California Legislature passed, and the Governor signed, SB 1152 (Ch. 981, Stats. of 2018). This law took effect on Jan. 1, 2019, and requires hospitals to implement a set of requirements regarding discharge planning for homeless patients.

This guidebook explains the requirements of California's homeless patient discharge planning law, the required elements of a homeless patient discharge planning policy, how to implement the plan throughout the facility, and what to expect regarding enforcement. The guidebook also provides resources helpful to compliance.

Complying with the homeless patient discharge planning law is a significant undertaking. CHA is pleased to publish this manual as a service to our members and others, and hope you will find it useful. If you have any comments or suggestions on how to improve the *Discharge Planning for Homeless Patients* guidebook, please feel free to contact us by phone or email.

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# Notable Changes

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The first edition of this guidebook was published in November, 2018. The 2019 update includes:

- A new Executive Summary of the law (see page 2).
- Clarification of the public health officer's role in recommending screening for infectious disease and vaccinations for homeless patients (see page 18).
- Clarification of the requirement to maintain a homeless patient log (see page 23).
- A new sample questionnaire that hospitals may use to determine if a patient is homeless (see *DP Form 1-B*). CHA had received feedback that the previous sample questionnaire was difficult for homeless patients to understand.
- Information about coding for homelessness (see page 24).
- A template "Homeless Shelter Information Sheet" (see *DP Form 1-D*).

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# Discharge Planning for Homeless Patients

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## I. INTRODUCTION

Over the past few years, it has become apparent that California is experiencing a homelessness crisis. According to the 2017 Annual Homeless Assessment Report to Congress prepared by the Department of Housing and Urban Development, California's total homeless population was 134,278, or about one quarter of the nation's total. This represents a 14 percent increase over the previous year. Unfortunately, all indications are that the problem continues to grow.

The California Legislature and local government bodies have struggled to address the problems of homelessness, as have other public and private entities — including hospitals. Hospitals have learned that patients experiencing homelessness often have complex medical, psychological, and social needs. The resources do not exist in every community to meet these needs. In addition, hospitals have learned that some patients do not wish to avail themselves of the resources that do exist.

Media reports have surfaced alleging that homeless patients were being discharged from hospitals in unsafe conditions, such as being dropped off at homeless shelters without warning and without available beds, or being left at a bus stop in winter weather wearing just a hospital gown. Because of strict health information privacy laws, hospitals are unable to respond to these stories, so it is unclear whether the patients were offered appropriate services and refused them, or if other circumstances were involved. Nevertheless, Senator Ed Hernandez introduced SB 1152 in February 2018, in response to media stories about alleged homeless patient “dumping.”

The bill as originally introduced was extremely onerous, and would have prohibited hospitals from discharging patients to a location other than the patient's residence, a social services agency or nonprofit social services provider that agreed (in writing) to accept the patient, or to another destination requested by the patient in writing. It also would have imposed additional requirements regarding medications, follow-up care and other provisions that could have proved problematic.

The California Hospital Association opposed the bill as originally introduced, and negotiated with the author and homeless advocacy groups to remove or revise the most onerous provisions. On September 30, 2018 the Governor signed SB 1152, which requires hospitals to implement a set of requirements regarding discharge planning for homeless patients. This guidebook explains the requirements of the law.

## II. EXECUTIVE SUMMARY

State law now requires general acute care hospitals and acute psychiatric hospitals to implement a written homeless patient discharge planning policy and process, which must include:

1. Asking about a patient's housing status during the discharge planning process and maintaining a log of homeless patients.
2. Preparing an individual discharge plan for each homeless patient, including the identification of one of the following post-discharge destinations:
  - a. A social services agency, nonprofit social services provider, or governmental service provider that has agreed to accept the patient. The hospital must provide the receiving entity information about the patient's post-hospital health and behavioral health care needs, and document the name of the person at the receiving entity who agreed to accept the patient.
  - b. The homeless patient's "residence" — this means any location identified by the patient as his or her principal dwelling place.
  - c. Any alternative destination indicated by the patient.
3. The hospital must document all of the following prior to discharging a homeless patient:
  - a. The treating physician has provided a medical screening exam and determined the patient's clinical stability for discharge, including an assessment as to whether the patient is alert and oriented to person, place, and time.
  - b. The physician or a designee has communicated post-discharge medical needs to the patient.
  - c. The homeless patient has been offered a meal, weather-appropriate clothing (if needed), discharge medications or written prescriptions, vaccinations appropriate to the patient's presenting medical condition, and transportation to the chosen discharge location if within 30 miles or 30 minutes.
  - d. The homeless patient has been referred to a source of follow-up care, including behavioral health care, if medically necessary. If behavioral health care is needed, the patient must be treated or referred to an appropriate provider, and the hospital must make a good faith effort to contact one of the following, if applicable:
    - The homeless patient's health plan, if the homeless patient is enrolled in a health plan.
    - The homeless patient's primary care provider, if the patient has identified one.
    - Another appropriate provider, including, but not limited to, the coordinated entry system.
  - e. The homeless patient was offered or referred to screening for infectious diseases common to the region.

- f. The homeless patient was screened for, and provided assistance to enroll in, any affordable health insurance coverage for which he or she is eligible.
4. The hospital must develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, health care providers, and nonprofit social services providers, as available, to assist with ensuring appropriate homeless patient discharge. The plan must include:
  - a. A list of local homeless shelters, including their hours of operation, admission procedures and requirements, client population served, general scope of medical and behavioral health services available, and contact information for the intake coordinator.
  - b. The hospital's procedures for homeless patient discharge referrals to shelter, medical care, and behavioral health care.
  - c. Training protocols for discharge planning staff.

The California Department of Public Health will survey hospitals for compliance with this law during the hospital's regular triennial relicensing survey.

### **III. WHICH HOSPITALS MUST COMPLY?**

The homeless patient discharge law applies to general acute care hospitals (including critical access hospitals), acute psychiatric hospitals and special hospitals.

This law does not apply to the five hospitals operated by the California Department of State Hospitals that provide mental health services to inpatients: Atascadero, Coalinga, Metropolitan (in Los Angeles County), Napa and Patton.

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**FAQ:** *Our hospital participates in the Whole Person Care program. Do we still have to comply with this law?*

Yes.

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### **IV. WHEN DID THE LAW TAKE EFFECT?**

Most provisions of the homeless patient discharge planning law took effect on Jan. 1, 2019. However, the requirement to have a written plan to coordinate with community partners (see VIII. "Coordinating Services and Referrals with Community Partners," page 21) and the requirement to maintain a homeless patient log (see X. "Homeless Patient Log," page 23), took effect July 1, 2019.

A copy of the law is included in DP Appendix A, "California's Discharge Planning Law," found at the end of this guidebook. For your convenience, a copy of the current Medicare Condition of Participation (CoP) for discharge planning is included as DP Appendix B. The CoP is not new, but hospitals may wish to take this opportunity to review their entire discharge planning process to ensure it is compliant with all applicable laws.

## **V. WHICH PATIENTS ARE COVERED?**

The homeless patient discharge planning law must be followed whenever a hospital discharges a homeless patient, unless he/she is transferred to another licensed health facility, such as a hospital, skilled nursing facility, intermediate care facility, psychiatric health facility, etc. The law does not explicitly state whether it applies to homeless patients who were formally admitted as inpatients, seen in the emergency department as outpatients, seen in an ambulatory surgery center, or all of these. The law also does not include a definition of the term “discharge,” and CHA’s legal review of other laws shows inconsistency around whether the term “discharge” applies only to inpatients or to other patients as well. When a law is unclear, lawyers and judges will typically look to legislative intent to interpret a term. CHA believes that the author and sponsors of the homeless patient discharge planning legislation intended it to apply to inpatients and emergency department patients, but not to patients with an outpatient clinic visit. Ambulatory surgery patients and other patients were not considered or discussed by the author or sponsors, to our knowledge.

A “**homeless patient**” is defined in the law as an individual who:

1. Lacks a fixed and regular nighttime residence, or
2. Has a primary nighttime residence that is a supervised publicly- or privately-operated shelter designed to provide temporary living accommodations, or
3. Is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings.

CHA has developed DP Form 1-B, “Questionnaire to Determine Whether a Patient is Homeless as Defined in State Law,” to help hospitals determine which patients are considered homeless under the law. This form can be used as a handout for patients to complete or as a sample script for employees to read to patients. If the hospital provides a written questionnaire, it should develop an alternative process for patients who are blind, illiterate, non-English speaking, or otherwise unable to complete it.

A hospital may wish to treat a patient according to its homeless patient discharge planning policy, even if that patient might not technically fit within the definition of a homeless patient, or declines to answer the questions.

**FAQ:** *If a patient lives in a car parked at the same spot each night, is he/she homeless?*

*What if he/she lives in a recreational vehicle (RV) parked in different spots each night? What if she's staying in a domestic violence shelter, sober living center or at a friend's house? A tent?*

A patient living in a car is considered homeless under this law, even if it's parked in the same spot every night. A patient living in an RV parked at the same spot every night is probably not considered homeless under this law, but if the RV is moved frequently, the person is probably homeless. A patient staying in a domestic violence shelter is also considered homeless. A person living in a sober living center or transitional housing may or may not be considered homeless — the answer probably depends on how long the person is allowed to stay there. Hospital staff will have to use their best judgment in these cases. A person living in a tent on a sidewalk is homeless. A person living in a tent in a permanent encampment may not be considered homeless; the law isn't clear on this point. The law also isn't clear on whether a patient staying with a friend is considered homeless. When in doubt, the hospital may wish to treat patients according to its homeless patient discharge planning policy, even if they might not technically fit within the definition of a homeless patient.

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**FAQ:** *If a patient has a mailing address or post office box, does this automatically mean he or she is not homeless?*

No. Some homeless patients have a mailing address or post office box. This may be where they receive disability (SSI) or other benefits.

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**FAQ:** *The police sometimes bring homeless patients to the hospital to be medically cleared prior to taking them to jail. Do we treat these patients according to our homeless patient discharge planning policy?*

To the extent you can do so without interfering with the police and their procedures, then do so. However, if the police want to take the patient away from the hospital before you have a chance to offer him/her a meal or clothing (for example), it is recommended that you document that you offered the meal/clothing, but the police refused to let the patient stay to take advantage of the offer, or document that the police removed the patient before you had an opportunity to complete your discharge procedures. CHA legal counsel does not believe a hospital would face a fine or lawsuit in these cases. The key is accurate documentation.

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**FAQ:** *Does this law apply if the patient is a child whose parents are homeless?*

Yes. A homeless child is a homeless patient for purposes of this law. The hospital must follow its homeless patient discharge planning protocol for the child (but not for the parent or siblings). Also, all the usual laws about minor consent, discharge and privacy rights continue to apply. California law explicitly states that homelessness, in and of itself, does not constitute a basis for making a report of child abuse or neglect. However, if a homeless child shows other signs of abuse or neglect, a report should be made. (See CHA's Consent Manual for detailed information about minor consent, privacy, and child abuse reporting laws.)

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**FAQ:** *Does this law apply to homeless 5150 patients?*

Yes. If or when the physician determines the patient is clinically stable for discharge, the hospital should comply with the requirements of this law.

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## **VI. MANDATORY WRITTEN POLICY**

Since 2001, hospitals have been required by state law to have a written discharge planning policy and process [Health and Safety Code Section 1262.5(a)]. As of Jan. 1, 2019, this policy must include a homeless patient discharge planning component. The homeless patient component may be incorporated into the hospital's current overall discharge planning policy, or it may be added as a separate addendum. A copy of the 2001 law and the 2018 addition to it is included in DP Appendix A, "California's Discharge Planning Law," found at the end of this guidebook.

The required elements of the homeless patient discharge planning policy and process are described below. CHA has drafted some sample clauses and provisions that hospitals may wish to incorporate into the homeless patient discharge planning component of their overall discharge planning policy. (See DP Appendix C, "Sample Language for Homeless Patient Discharge Planning Policy," found at the end of this guidebook.)

### **A. Required Elements**

#### ***Ask About Housing Status***

Hospitals must inquire about a patient's housing status during the discharge planning process. Hospitals should have a method of documenting the patient's answer (or refusal to answer). Most hospitals will probably create a new field in their electronic health record to record this information. However, any method of documentation will suffice.

If a patient declines to provide information about his/her housing status, and the hospital believes the patient is homeless, the hospital may treat the patient according to its homeless patient discharge policy. The law does not specifically require this, however.

***Cultural Competency***

The policy must require that information about discharge or transfer be provided to the homeless patient in a culturally competent manner and in a language that he/she understands. The hospital should follow its usual language interpretation policy.

***FAQ: What is the definition of “culturally competent”?***

There is no definition in the law. This is not a new term; since Jan. 1, 2016, California hospitals have been required to provide information and instruction to patients and family caregivers about post-hospital care needs in a “culturally competent” manner. Your hospital is likely in compliance already.

***FAQ: Are we required to give the patient information in his/her primary language?***

No. You may give the patient information in any language that he/she understands.

***Nondiscrimination***

Housing status must not be used to discriminate against a patient or prevent medically necessary care or hospital admission.

***Purpose of Policy***

The law states that the purpose of the homeless patient discharge policy is to help prepare the homeless patient for return to the community by connecting him or her with available community resources, treatment, shelter and other supportive services.

Note the word “available” in the previous sentence. The hospital’s job is to inform the patient of resources that are available in the community. So, for example, if there is no homeless shelter for male patients in the community, then the hospital has no obligation to inform male patients of a shelter. The law does not require hospitals to find or create services that do not exist in the community.

***FAQ: What is the definition of “community”?***

The law does not explicitly define the term “community.” Because the law requires hospitals to offer the homeless patient transportation to a post-discharge destination if it is within 30 minutes or 30 miles of the hospital, this is a good guideline for the hospital to use to define “community.” For border communities, this area could include other states. (However, see “Out-of-County Discharge Destination,” page 11.)

***Individual Discharge Plan Required***

The hospital's policy must require an individual discharge plan to be prepared for each homeless patient. Discharge planning must be guided by the best interests of the homeless patient, his/her physical and mental condition, and his/her preferences for placement.

***Identifying a Post-Discharge Destination***

The hospital's policy must require the hospital to identify a post-discharge destination for the homeless patient as follows:

1. A social services agency, nonprofit social services provider, or governmental service provider *that has agreed to accept the homeless patient*. The patient must agree to the placement. The hospital must document the name of the person at the agency or provider who agreed to accept the homeless patient.

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 entity is not explicitly required by the law; the hospital may document a verbal acceptance. As noted above, the hospital must document the name of the person at the receiving facility that agreed to accept the patient. (The law does not specify whether both first and last name must be documented.)

The hospital must send written or electronic information about the homeless patient's known post-hospital health and behavioral health care needs to the receiving agency or provider (see *IX. "Privacy Issues,"* page 22).

Some shelters will not accept patients in advance, or will not guarantee to hold a bed, mat or space for any particular patient. If this is the case, then the patient cannot be sent to that particular agency or provider under this paragraph of the law.

2. The homeless patient's "residence." Although it doesn't really make sense to use the word "residence" in the case of a homeless patient, the law specifically uses this word. The law states that in the case of a homeless patient, "**residence**" means the location identified to the hospital by the homeless patient as his/her principal dwelling place. This could be a friend's house, tent, park or other area. If the patient indicates that a particular location is his/her "residence," this is a lawful post-discharge destination. Hospitals should clearly document that the patient identified the location as his/her "residence" and wanted to go there after discharge.
3. An alternative destination, as indicated by the homeless patient. A patient has the legal right to go anywhere he/she wants after discharge. Hospitals should clearly document that the patient identified an alternative destination as the place he/she wanted to go after discharge.

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**FAQ:** *I contacted the local shelter, and they told me they won't have a bed for the patient until tomorrow. Are we required to keep the patient in the hospital until then?*

No. The law explicitly states that it does not require a hospital to adopt a policy that would delay discharge or transfer of a patient [Health and Safety Code Section (k)(1)]. The hospital should inform the patient of the shelter's availability for the next day, and work with the patient to identify a "residence" or "alternative destination" as defined below for the patient to go in the meantime.

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**FAQ:** *We have a homeless patient who is willing to go back to his/her tent on the street after release from the emergency department. Do we still have to try to find a shelter for him/her?*

Yes. The patient must be informed of available placement options, and the hospital is required to give priority to identifying a sheltered destination with supportive services. If there is a sheltered destination available, the hospital should encourage the patient to go there. However, the patient has the right to make the final decision.

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**FAQ:** *What if the hospital identifies a shelter that will accept the patient, but he/she doesn't want to go there?*

A homeless patient is not required to go anywhere he/she doesn't want to go. If the hospital has identified such a destination, but the patient refuses to go there, the hospital should clearly document the offer and refusal, as well as the location the patient chose instead.

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**FAQ:** *If the patient considers a particular homeless shelter to be his/her "residence" as defined in paragraph 2 on page 8, or that shelter is an alternative destination indicated by the patient as defined in paragraph 3 on page 8, but that shelter does not accept patients in advance, can a hospital send the patient there?*

If the shelter is in a different county from the hospital, the patient cannot be sent there unless the shelter has accepted the patient in advance (see "Out-of-County Discharge Destination," page 11). The law is not clear on this question when the shelter is in the same county as the hospital. One reason the law was enacted was to prevent homeless patients from being dropped off at homeless shelters without warning and without available beds. On the other hand, the law was not intended to infringe on a patient's right to choose where to go after discharge. The argument can be made that if the legislature had intended to prohibit hospitals from sending patients to in-county homeless shelters without prior acceptance, the Legislature would have amended the prohibition on discharge to out-of-county shelters when they enacted the new law. How to handle such situations, if they arise, is a risk management decision for each hospital to make. Perhaps the patient would be willing to indicate an "alternative destination" close to the shelter, but not at the shelter itself. Hospitals are encouraged to educate local homeless shelters about the requirements of the law and work with them to develop a process to refer homeless patients to them and obtain an acceptance.

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**FAQ:** *What if there is no shelter that will accept a homeless patient who is ready for discharge/release?*

This will frequently be the case. The author and sponsors of the homeless patient discharge planning legislation know that many communities don't have adequate shelters or other social services. If this is the case, work with the patient to find out what location, if any, he/she considers his/her "residence" as defined above. If he/she does not identify a residence, then work with the patient to identify an alternative destination.

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**FAQ:** *Do homeless patients have to give consent to be discharged?*

No. Patients — whether they have homes or are experiencing homelessness — are not required to consent to be discharged. No patient has the legal authority to admit himself or herself to the hospital: as a legal matter, a patient may be admitted only upon the order and under the care of a member of the medical staff, and the patient is expected to leave when the physician issues the discharge order [Title 22, California Code of Regulations, Sections 70717 and 71571].

However, a Los Angeles City ordinance requires a hospital to obtain consent of a patient before causing him/her to be transported to a location other than his/her residence. The patient is not required to consent if the hospital does not transport him/her anywhere, or he he/she is transported to his/her residence (See A. "Los Angeles Ordinance," page 24).

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***Out-of-County Discharge Destination***

Since Jan. 1, 2008, state law has prohibited hospitals from "causing the transfer" of a homeless patient to another county for the purpose of receiving supportive services from a social services agency, health care service provider, or nonprofit social services provider in the other county, unless the hospital has both:

1. Given prior notification to the social services agency, health care service provider, or nonprofit social services provider, and
2. Obtained prior authorization from, the social services agency, health care service provider, or nonprofit social services provider to accept the specific patient.

There is no definition or examples in the law of the meaning of the phrase "causing the transfer." 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 entity is not explicitly required by the law; the hospital may document a verbal acceptance.

A copy of this law is included in DP Appendix A, "California's Discharge Planning Law," found at the end of this guidebook. [Health and Safety Code Section 1262.4]

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**VII. SERVICES THAT MUST BE OFFERED TO HOMELESS PATIENTS BEFORE DISCHARGE**

As of Jan. 1, 2019, hospitals must offer to provide homeless patients all of the services described in this section of the manual. There is no requirement that the patient accept any of the services that the hospital offers. A patient may refuse any or all of the services offered. The hospital should document the offer and the refusal.

CHA has developed the "Homeless Patient Discharge Planning Worksheet" (DP Form 1-A) as 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. The 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.

There is no legal requirement to use this form. Hospitals may adopt it, modify it, convert it into an electronic document, or develop an entirely different method of documentation.

#### **A. Physician Examination and Determination of Stability for Discharge**

The treating physician must provide a medical screening examination and evaluation. The treating physician must also determine the homeless patient's clinical stability for discharge, including, but not limited to, an assessment as to whether the patient is alert and oriented to person, place and time.

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**FAQ:** *Is a hospital required to provide a medical screening examination and evaluation if a homeless person comes to the hospital and only wants a free meal or free weather-appropriate clothing?*

No. The law applies to homeless "patients." A person who comes to the hospital for a free meal or clothing is not a "patient."

The Emergency Medical Treatment and Labor Act (EMTALA) states that if a person comes to a hospital with an emergency department (which is broadly defined) and requests examination for a medical condition (including a psychiatric or substance use disorder condition), the person must be offered a medical screening exam. At this point, the person becomes a "patient" and the homeless patient discharge planning law would apply. In addition, if another person — such as a police officer, social worker or street nurse — requests that the person be examined for a medical condition, then a medical screening exam must be offered and the homeless patient discharge planning law applies. (See CHA's California Hospital EMTALA Manual for details on which hospitals must comply with EMTALA and EMTALA obligations. The manual is available at [www.calhospital.org/publications](http://www.calhospital.org/publications).)

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## B. Referral for Follow-up Care

### **Medical Care**

The homeless patient must be referred to a source of follow-up care, if medically necessary. The treating physician or designee (for example, a nurse) must communicate post-discharge medical needs to the patient.

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**FAQ:** *What does “referring” the patient entail?*

There is no definition of “refer,” “referring,” or “referral” in the law. The patient must be told the type of services that the physician recommends he/she obtain after leaving the hospital, and must be given the name and contact information for a post-discharge provider(s) that render the services needed. The hospital may choose to schedule a follow-up appointment(s) for the patient, but this is not required by the law.

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### **Behavioral Health Care**

If the treating physician determines that follow-up behavioral health care is needed, the homeless patient must be treated or referred to an appropriate provider. The hospital must make a good faith effort to contact one of the following, if applicable:

1. The homeless patient's health plan, if the homeless patient is enrolled in a health plan. Some patients may be enrolled in one health plan that is responsible for the patient's physical health care and non-serious emotional disorders, and another plan that is responsible for their serious emotional disorders.
2. The homeless patient's primary care provider, if the patient has identified one.
3. Another appropriate provider, including, but not limited to, the coordinated entry system.

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**FAQ:** *What does “behavioral health care” mean?*

**“Behavioral health care”** is not defined in the law, but it is generally understood to mean mental health care and/or substance use disorder treatment. It is up to the treating physician to determine whether the patient needs a referral to a psychiatrist, psychologist, marriage and family therapist, licensed clinical social worker, substance abuse treatment center, substance abuse counselor or other type of provider.

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**FAQ:** *Do we need to call the patient's health plan or primary care provider?*

No, the law says “contact,” not “call.” A phone call, email, fax or other type of communication satisfies the requirements of this law.

**FAQ:** *Are we required to contact the patient's health plan or primary care provider if the patient needs follow-up medical care, but not follow-up behavioral health care?*

No, the homeless patient discharge planning law does not require hospitals to do this. However, coordinating with the primary care provider and health plan promotes effective continuity of care and therefore may be advisable. The discharge planner should take into consideration the patient's physical and mental condition and other circumstances in making this determination. Alternatively, a hospital may wish to adopt a universal policy of informing the primary care physician whenever a patient is released/discharged.

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**FAQ:** *What is the "coordinated entry system"?*

The U.S. Department of Housing and Urban Development (HUD) requires local communities receiving federal homeless assistance funds to establish coordinated entry systems (CES) to identify, assess, prioritize and match homeless individuals and families for housing and services based on vulnerability and severity of need.

It aims to:

- Ensure that people experiencing homelessness receive the right housing intervention, and
- Prioritize people who need supportive housing the most to be able to access it as quickly as possible.

The CES process enables communities to target limited housing and services to those with the greatest vulnerabilities. Without CES, people experiencing homelessness often face long wait times to receive assistance or are screened out altogether. Some of the most vulnerable people experiencing homelessness do not have the functional ability to check in routinely on wait lists, and to apply at multiple housing sites, and so are the least likely to be able to access housing without a CES process in place. Additional information about CES may be found at <http://www.hcd.ca.gov/policy-research/docs/CoordinatedEntrySystemsFactSheet.pdf>

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### C. Food

The homeless patient must be offered a meal, unless medically contraindicated. The patient is not required to accept the meal. There are no particular requirements about the type of meal that must be offered — although, coincidentally, a new law effective Jan. 1, 2019, requires hospitals to offer all patients a plant-based meal option (defined as entire meals that contain no animal products or byproducts, such as meat, poultry, fish, dairy or eggs). Some hospitals provide a regular inpatient meal tray, while others offer a bag lunch. A sandwich, fruit, and bottled water is adequate, although a more substantial meal is fine also. The patient must be offered the meal prior to discharge, but it doesn't have to be eaten while the

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patient is still in the hospital. The meal can be given to the patient “to go” — the hospital is only required to “offer” it prior to discharge; the patient doesn’t have to actually eat it before discharge. Alternatively, the hospital may wish to give the homeless patient a meal right away, to prevent delayed discharge. There is no requirement that it be traditionally time-appropriate. For example, if the hospital wishes to prepare a bag lunch of a sandwich, fruit, and bottled water, and offer that at breakfast time, that’s fine. Or if the hospital wishes to offer oatmeal, ham and orange juice at dinner time, that would be satisfactory also.

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**FAQ:** *If a homeless person comes to the hospital just for a free meal, do we have to give it to her?*

No. A person who comes to the hospital only for a free meal (or free clothing) is not a “patient.” The homeless patient discharge planning law applies only to “patients” (see related FAQ under A. “Physician Examination and Determination of Stability for Discharge,” page 12). However, word may spread among the homeless community that a person must claim to have a medical symptom of some kind in order to get free food. If the person claims to have a medical symptom, the hospital will be required to provide a medical screening exam and complete the entire homeless patient discharge planning process. It may be easier and more efficient to just provide the free food. Hospitals may wish to work with local food banks, other nonprofit agencies, or their volunteer department to develop an effective solution if this becomes a problem.

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#### D. Clothing

The genesis for this legislation came from newspaper and television reports of patients being discharged in thin hospital gowns or in disposable paper gowns. This is not legally acceptable after Jan. 1, 2019, unless the patient declines the hospital’s offer of appropriate clothing and insists on leaving in the hospital gown. Hospitals must assess the homeless patient’s clothing. If it is weather-appropriate at the time of discharge, the hospital does not have to offer any clothing. However, if the patient’s clothing is not weather-appropriate, the hospital must offer the patient weather-appropriate clothing. Hospitals are advised to do their best to encourage the patient to change into weather-appropriate clothing before leaving the hospital, and take back any hospital gown. Hospitals are also advised to remove the hospital wrist band from the patient before he/she leaves. If a patient declines to wear appropriate clothing that was offered, the hospital should document this clearly.

There are no particular requirements about the type of clothing that must be offered, other than it be “weather-appropriate.” Hospitals may wish to purchase a supply of sweatpants, sweatshirts, T-shirts, underwear, socks, shoes, coats and inexpensive plastic ponchos from a store like Walmart or Target, or a local Goodwill or other charitable organization. Alternatively, the hospital may wish to partner with a local charity, or the hospital’s volunteer department may collect clothing donations from the community or hospital employees. Hospitals should have a variety of sizes on hand, including children’s sizes. The clothing should be in good condition and laundered in accordance with usual hospital laundry policies, if it is not new.

**FAQ:** *Are we required to give homeless patients free underwear?*

Probably not. The law is intended to ensure that patients have warm clothing when discharged in cold weather. Underwear doesn't serve much of a warming function, so CHA legal counsel does not believe it is legally required. Coats and shoes are probably the most important items to ensure warmth.

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**FAQ:** *Are we required to give homeless male patients a free shirt in hot weather?*

Although the law is not clear on this point, and the purpose of the law was to ensure that patients have warm clothing when discharged in cold weather, CHA believes that providing a shirt to guard against severe sunburn is a good practice.

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**FAQ:** *A particular homeless patient has come in several times in the past couple of weeks asking for — and being given — a free sweat suit. We have documented this. We suspect he is bartering the sweat suits we give him. Do we have to keep giving him/her more free clothes? Just how many coats and pairs of shoes do we have to give the same patient?*

The law does not address this question. Clearly, the patient does not need to be given any clothing at all if his/her clothing is already weather-appropriate. If a patient seems to be gaming the system, the hospital is advised to consider how many times the patient has been given clothing, how cold the weather is at the time of discharge, whether it is possible that the patient lost the clothing, ruined it, or had it stolen, etc. This is a risk management/risk tolerance decision for the hospital to make.

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## **E. Discharge Medications**

The law requires that the homeless patient be provided with a prescription(s), if needed. If the hospital has an onsite pharmacy licensed and staffed to dispense outpatient medication, an appropriate supply of all necessary medication, if available, must be provided to the patient — that is, the actual medication(s), not just a written prescription(s).

It is up to the treating physician to determine whether the patient needs medication, which type(s), and how much. Patients do not have a right to be given medications unless the physician determines they are necessary and writes a prescription for them.

Many hospitals do not have an outpatient pharmacy onsite. However, the prescriber (rather than a pharmacist) is allowed to dispense medications to emergency department patients under Business and Professions Code Section 4068. This law limits the amount of drugs that can be dispensed to an emergency department patient to a 72-hour supply (see 6., page 17). This 72-hour limit does not apply to written prescriptions given to a patient, or

to actual medications prepared by a pharmacist and given to a patient. Specifically, Section 4068 permits a prescriber (such as the physician) to dispense a drug, including a controlled substance, to an emergency room patient if all of the following apply:

1. The hospital pharmacy is closed and there is no pharmacist available in the hospital.
2. The drug is acquired by the hospital pharmacy.
3. The dispensing information is recorded and provided to the pharmacy when the pharmacy reopens.
4. The hospital pharmacy retains the dispensing information and, if the drug is a schedule II, schedule III, or schedule IV controlled substance, reports the dispensing information to the Department of Justice through the CURES program.
5. The prescriber determines that it is in the best interest of the patient that a particular drug regimen be immediately commenced or continued, and the prescriber reasonably believes that a pharmacy located outside the hospital is not available and accessible at the time of dispensing to the patient.
6. The quantity of drugs dispensed to a patient are limited to that amount necessary to maintain uninterrupted therapy during the period when pharmacy services outside the hospital are not readily available or accessible, but shall not exceed a 72-hour supply.
7. The prescriber must ensure that the label on the drug contains all the information required by law.

[Business and Professions Code Section 4068]

The limitations above apply only when the prescriber dispenses the drug directly to the patient, not when the patient receives the drugs from an outpatient pharmacy.

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**FAQ:** *Does the patient have a right to be given medical marijuana?*

No.

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#### ***Discharge Medication Counseling***

Hospitals must establish and implement a written policy — developed in collaboration with a physician, a pharmacist, and a registered nurse, and approved by the medical staff — to ensure that each patient receives information about each drug given at the time of discharge. This information must include the use and storage of each drug, the precautions and relevant warnings, and the importance of compliance with directions. This information must be given by a pharmacist or registered nurse, unless already provided by the patient's prescriber.

[Business and Professions Code Section 4074]

## F. Infectious Disease Screening

The hospital must do one of the following:

1. Offer the homeless patient screening for infectious disease common to the region, as determined by the local health department; or
2. Refer the patient to another location (perhaps a county clinic) for such screening.

It is the responsibility of the local health department or local public health officer to determine which infectious diseases are common to the region. Some public health officers in California have issued letters or memos identifying hepatitis A/B/C, syphilis, chlamydia, HIV, TB, and/or gonorrhea. Hospitals should check with their local public health officers to determine which diseases have been identified.

It is important to note that it is the responsibility of attending physicians — in accordance with hospital policy and/or medical staff guidelines — to determine whether to perform the screening themselves, or refer the patient elsewhere for screening. The local health department cannot require the hospital/physician to do the screening, rather than providing a referral.

County health departments operate clinics to diagnose, treat, and prevent communicable diseases, including sexually transmitted infections. Physicians and hospitals are free to refer patients to these clinics for infectious disease screening. Some hospitals are satisfying the infectious disease screening/referral requirement by providing a handout for homeless patients that:

1. Explains that the local public health officer believes that the patient should be screened for x, y, and z diseases, and
2. Provides the name, address and phone number of the appropriate county clinic (perhaps the hours of the clinic, also).

Some local public health officers have issued “recommendations,” “guidelines” or “best practices,” which may seem to suggest that the recommended actions are legally mandated. Not so. The homeless patient discharge planning law does not give the local public health officer the authority to require attending physicians or hospitals to screen patients for infectious diseases.

The patient has the right to refuse screening at the hospital, and to refuse to go to a different screening location.

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**FAQ:** *Our public health officer identified Hepatitis A as an infectious disease common to the region in which the hospital is located. We have a homeless patient who comes to our ED frequently. How often do we have to screen him for Hepatitis A?*

The law requires that you screen him or refer him for screening. Your hospital may choose not to do any screening, and instead refer all homeless patients to another provider for screening. If your hospital chooses to do the actual screening, the law provides no guideline on how often you must do this for a particular patient. The hospital may wish to develop a policy addressing the screening frequency, or specify that the treating physician must make this determination on a case-by-case basis.

## **G. Vaccinations**

The law requires hospitals, prior to discharging a homeless patient, to document that “the homeless patient has been offered vaccinations appropriate to the homeless patient’s presenting medical condition.”

The attending physician — in accordance with hospital policy and/or medical staff guidelines, if any — is responsible for determining which vaccinations are appropriate to the patient’s “presenting medical condition.” For example, a tetanus vaccine would probably be appropriate for a patient who presents with a puncture wound from a rusty nail, if the patient has not previously received a tetanus vaccine.

Under the law, the local public health department has no role in determining which vaccinations a particular patient should receive. The local public health officer may issue “recommendations,” “guidelines” or “best practices,” but may not legally mandate any particular vaccines.

Hospitals may wish to consider referring patients to the local health department vaccination clinic, to the extent appropriate, for recommended vaccinations that are not related to the patient’s presenting medical condition.

The patient has the right to refuse vaccination. If the patient refuses a recommended vaccination, an informed refusal should be obtained. Hospitals should remember to give the patient the required federal Vaccine Information Statement to obtain the patient’s consent or informed refusal when a vaccine is recommended by the treating physician. (See CHA’s Consent Manual for requirements related to consent to vaccinations and refusal of vaccinations.)

## **H. Transportation**

The hospital must offer the homeless patient transportation to his/her post-discharge destination, if that destination is within 30 minutes or 30 miles of the hospital. The hospital may offer transportation to a more distant destination if it wishes to do so, but is not required to. The patient may refuse offered transportation.

Some hospitals provide patients a bus pass, train ticket or taxi voucher, and/or pay for a ride-sharing service, such as Uber or Lyft to take the patient to the bus stop, train station, or final destination. Hospitals may wish to enter into a contract with a transportation company. If so, hospitals should consider what they want the transporter to do if a patient changes his/her mind about where to go mid-ride. Hospitals want to be sure they don’t inadvertently violate the state law prohibiting them from causing the transfer of a homeless patient to another county for the purpose of receiving supportive services from an agency in the other county without prior authorization (see “Out-of-County Discharge Destination,” page 11). Therefore, the hospital may wish to contractually prohibit the transporter from taking the patient to an out-of-county shelter if the hospital did not approve it. The hospital may also wish to require the transporting company to provide written documentation stating where the patient was finally dropped off.

A patient has the right to decide mid-ride that he/she doesn’t want to be transported any further. To forcibly take the patient farther could constitute false imprisonment or kidnapping. The transporter should use good judgment and talk to the patient to agree on a safe place to drop off him/her. The patient does not have a legal right to demand to be taken anywhere he/she wants.

Hospitals that have entered into a settlement agreement with the Los Angeles City Attorney should check the agreement to see if it prohibits giving bus passes or taxi vouchers.

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**FAQ:** *We offer patients a pre-paid Uber ride to their discharge destination. However, some patients want a bus pass. Are we required to provide a bus pass?*

No. The hospital may choose the type of transportation it offers. Many hospitals have stopped giving bus passes or taxi vouchers because patients barter them, or they don't go to the location they stated they were going to.

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**FAQ:** *Are we required to follow-up with the shelter or other location to be sure the patient arrived there?*

No, this is not required by law. A hospital may do so if it desires, of course.

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**FAQ:** *Will Medi-Cal or the patient's insurer pay for transportation to the post-discharge destination?*

As a general rule, Medi-Cal and other payers pay only for transportation for beneficiaries to obtain medically necessary medical, dental, mental health, and substance use disorder services, which may include transportation to pick up certain prescriptions and medical supplies. For Medi-Cal managed care patients, the physician and transportation broker must use a Physician Certification Statement approved by the California Department of Health Care Services. Transportation to non-medical locations is probably not covered. Hospitals should check with the applicable payer for specific information.

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## **I. Helping Patient Enroll in Affordable Health Coverage**

The homeless patient must be screened for, and helped to enroll in, any affordable health insurance coverage for which he/she is eligible. The hospital is not required to pay for insurance for the patient. Although the screening and help with enrollment must take place before discharge, it does not have to take place in an area of the hospital where clinical care is provided, unless medically indicated.

The hospital may wish to update its charity care and discount payment policies, if necessary, to properly capture all services provided to homeless individuals who have no source of payment. This will ensure that the hospital correctly reports all of the uncompensated care it provides. (For more information about this topic, see *XII. "Financial Assistance Policies,"* page 24.)

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**FAQ:** *Do we have to help the patient enroll in coverage before he/she leaves the emergency department?*

The hospital must document the following prior to discharging a homeless patient:

1. That the patient was screened for affordable coverage, and
2. If applicable, the patient was provided enrollment assistance.

There is no requirement that the patient physically sit in the emergency department or a clinical care area while this is happening. However, offering the patient an appointment to come back at a later date for screening and enrollment assistance likely would not be sufficient to comply with the law.

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## **VIII. COORDINATING SERVICES AND REFERRALS WITH COMMUNITY PARTNERS**

By July 1, 2019, hospitals must implement a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, other health care providers, and nonprofit social services providers, as available, to assist with ensuring appropriate homeless patient discharge. These may include homeless shelters, domestic violence shelters, youth shelters, LGBTQ shelters, substance abuse service providers, churches, food banks, government agencies, public hospitals and clinics, eligibility workers, unemployment offices, senior citizen centers, veterans' affairs centers, and other entities.

This plan must be updated annually and must include all of the following:

1. A list of local homeless shelters, including their:
  - a. Hours of operation.
  - b. Admission procedures and requirements.
  - c. Client population served. For example, a shelter may accept only adult women, or LGBTQ teens, or another segment of the population.
  - d. General scope of medical and behavioral health services available.
  - e. Contact information for the intake coordinator. If the shelter doesn't have a person or position called an "intake coordinator," the hospital should include the shelter's general phone number or the phone number or email address of another appropriate person/liaison at the shelter.
2. The hospital's procedures for homeless patient discharge referrals to shelter, medical care, and behavioral health care.
3. Training protocols for discharge planning staff.

CHA has developed a template hospitals may use to record this information. It is found at the end of this guidebook as DP Form 1-D, "Homeless Shelter Information Sheet." This form is not required; it is provided only as a helpful tool. Hospitals may change it to suit their needs.

### A. Resources

The Hospital Council of Northern and Central California, the Hospital Association of Southern California, and the Hospital Association of San Diego and Imperial Counties are available to help their member hospitals address the challenges presented by homeless patients. Hospitals should contact their local regional association Regional Vice President for information about activities and useful information about resources in their area that may be available. A map titled "Regional Vice President Geographical Distribution," showing each region's Regional Vice President name and contact information, is found at the end of this manual as DP Appendix D.

A website containing city-by-city resources to help homeless individuals is found at <https://homelessresourcesca.org>. The information is not exhaustive, but it may serve as a useful starting point. Your county health and mental health department or health and human services department may also have a list of available resources. Additional information may be found by doing a web search for "211" with the name of your city.

A copy of the homeless patient discharge planning law is included in DP Appendix A, "California's Discharge Planning Law," found at the end of this guidebook.

### IX. PRIVACY ISSUES

If a patient is discharged to a social services agency, nonprofit social services provider, or governmental service that has agreed to accept him/her, the hospital must send that agency or provider written or electronic information about the homeless patient's known post-hospital health and/or behavioral health care needs.

Because this is a legal requirement, this disclosure is permitted without the patient's written authorization by the California Confidentiality of Medical Information Act and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and implementing regulations [Civil Code Section 56.10(b)(9) and (c)(14); 45 C.F.R. Sections 164.506 and 164.512(a)].

In this regard, the government agency responsible for enforcing HIPAA has posted an answer to a frequently asked question that states:

A health care provider may disclose a patient's [protected health information (PHI)] for treatment purposes without having to obtain the authorization of the individual. Treatment includes the coordination or management of health care by a health care provider with a third party. Health care means care, services, or supplies related to the health of an individual. Thus, health care providers who believe that disclosures to certain social service entities are a necessary component of, or may help further, the individual's health or mental health care may disclose the minimum necessary PHI to such entities without the individual's authorization. For example, a provider may disclose PHI about a patient needing mental health care supportive housing to a service agency that arranges such services for individuals.

[<https://www.hhs.gov/hipaa/for-professionals/faq/3008/does-hipaa-permit-health-care-providers-share-phi-individual-mental-illness-third-party-not-health-care-provider-continuity-care-purposes/index.html>]

Hospitals should always keep in mind that only the minimum necessary health information should be disclosed. Just tell the shelter or the follow-up provider the information they need to do their job properly, without passing on irrelevant information. It may be appropriate to give the follow-up provider a copy of any instructions given to the patient about follow-up care. For example, if the patient needs a dressing change daily, let the follow-up provider know this. If the patient needs to return to the ER if he/she has dizziness or vomiting, let the follow-up provider know. If the patient needs a follow-up appointment with a psychiatrist in the next week, let them know this. You can disclose the diagnosis if it is needed by the follow-up provider, but if the precise diagnosis isn't needed, then don't disclose it. What information to disclose is a judgment call, and will vary depending on the services that the follow-up provider will render.

Federally-assisted substance use disorder programs must comply with the special substance use disorder privacy regulations found at Title 42, Code of Federal Regulations, part 2. (See CHA's California Hospital Health Information Privacy Manual, available at [www.calhospital.org/publications](http://www.calhospital.org/publications), for details.)

## **X. HOMELESS PATIENT LOG**

As of July 1, 2019, each hospital is required to maintain a log of homeless patients discharged and the destinations to which they were released. The law provides great flexibility to the hospital about how to maintain the log. The hospital may add a field to its emergency room log (for hospitals that have an emergency department) or develop a separate log, either paper or electronic, in any format that works for the hospital. The log must include all homeless patients who are discharged. Hospitals may wish to talk to their electronic health record vendor for assistance. Hospitals are not required to be able to produce a log of homeless patients who were seen prior to July 1, 2019.

As a reminder, the Office of Statewide Health Planning and Development (OSHPD) requires that the letters "ZZZZZ" be placed in the ZIP code field for patients experiencing homelessness, including inpatients, emergency patients, and ambulatory surgery patients. If the patient also has a P.O. Box or another address where he or she receives mail, the hospital may record this address also, but the ZZZZZ field should be reported to OSHPD.

The hospital must also maintain evidence of completion of the homeless patient discharge protocol in the log or in the patient's medical record. Most hospitals will maintain this evidence in the medical record rather than the log. CHA has developed a form, "Homeless Patient Discharge Planning Worksheet" (DP Form 1-A) as a template that hospitals may adopt to the extent appropriate for their facility, fill out for each homeless patient, and place in the medical record as evidence of completion of the homeless patient discharge planning protocol.

The purpose of these requirements is to make it easy for surveyors from the California Department of Public Health to quickly determine the homeless patients that a hospital has discharged, and whether the hospital complied with the law in each case.

## **XI. CODING FOR HOMELESSNESS**

The California law about homeless patient discharge planning does not include any coding requirements. However, the Centers for Medicare & Medicaid Services and the Centers for Disease Control and Prevention National Center for Health Statistics have developed guidelines for coding and reporting ICD-10-CM data. The code for homelessness is Z59.0. Other codes exist for other social determinants of health.

In addition, the Office of Statewide Health Planning and Development (OSHPD) requires that the letters “ZZZZZ” be placed in the ZIP code field for patients experiencing homelessness, including inpatients, emergency patients, and ambulatory surgery patients. If the patient also has a P.O. Box or another address where he or she receives mail, the hospital may record this address also, but the ZZZZZ field should be reported to OSHPD.

Additional information about documenting homelessness may be found at <https://www.nhchc.org/wp-content/uploads/2017/06/ask-code-documenting-homelessness-throughout-the-healthcare-system.pdf>.

## **XII. FINANCIAL ASSISTANCE POLICIES**

The hospital may wish to review its charity care and discount payment policies, and update them if necessary. Many homeless individuals have no source of payment for the services they are provided, and may be eligible for financial assistance. Hospitals may wish to include a provision in their financial assistance policies to give the director of patient financial services (or designee) the authority to grant presumptive charity care in the absence of a charity care application. Hospitals that do this should maintain a log of these patients for future audits.

This policy language will help ensure that all costs in treating the homeless population can be recognized as uncompensated care. The hospital may also wish to develop a method to document the value of clothing and transportation provided, and any other services provided that may not currently be captured adequately in the accounting for uncompensated care.

## **XIII. LOCAL ORDINANCES AND PREEMPTION**

The state homeless patient discharge planning law explicitly allows cities, counties and other local governments to adopt and enforce their own laws about homeless patient discharge, in addition to the state law. At the time of publication of this guide, only the city of Los Angeles had adopted an ordinance governing the discharge of homeless patients, described below. Hospitals in the City of Los Angeles jurisdiction must follow both the state law and the local ordinance.

### **A. Los Angeles Ordinance**

The City of Los Angeles has adopted an ordinance to address the perceived problem of hospitals discharging homeless, mentally ill patients to Los Angeles’ “skid row.” Although the ordinance was written with homeless, mentally ill patients in mind, it applies to all patients — homeless or not, mentally ill or not, inpatients and outpatients.

**Basic Requirement of the Ordinance**

The ordinance states that hospitals and other health facilities are prohibited from transporting (or causing a patient to be transported) to a location other than the patient's residence without written consent from the patient, with the exceptions listed below under "Exceptions." [Los Angeles Municipal Code Section 41.60] As used in the ordinance, "**patient's residence**" means:

1. The home of the patient;
2. The fixed and regular nighttime residence or domicile of the patient; or
3. In the case of a patient reasonably perceived to be homeless, the location the patient gives as his/her principal place of dwelling.

**FAQ:** *What does it mean to "cause a patient to be transported"?*

There is no precise definition of this phrase in the ordinance. It is possible that arranging and paying for transportation for a patient to go to a discharge destination would meet this definition. Because hospitals are required to offer homeless patients transportation to a discharge destination, hospitals subject to the Los Angeles City ordinance should take care to obtain written consent if the patient is going to a location other than his/her "residence" as defined in the ordinance.

**Exceptions**

The City of Los Angeles ordinance does not apply to:

1. Patients transferred to another health facility. "**Health facility**" includes general acute care hospitals, acute psychiatric hospitals, skilled nursing facilities, intermediate care facilities, congregate living health facilities, correctional treatment centers, hospices and psychiatric health facilities. If a patient is transferred to a physician office, dialysis center, imaging center, etc., then the written consent of the patient is still required.
2. Patients in the custody of a California state hospital operated and administered by the State Department of Mental Health, who are civilly or criminally committed and subject to transfer to the State Department of Corrections and Rehabilitation, the Forensic Conditional Release Program, or a court for further proceedings.
3. Patients who are in the custody or otherwise under the jurisdiction of the State Department of Corrections and Rehabilitation, including the Division of Juvenile Justice, the Los Angeles County Sheriff, or the Los Angeles Police Department.

**Consent Requirement**

"**Written consent**" means knowingly, intelligently and voluntarily given written consent, signed by the patient or the patient's legal representative.

**FAQ:** *Is there a specific consent form we need to use?*

No. There is no specific required language for the form. It can be as simple as the patient signing a piece of paper (or electronic screen) that states something along the lines of, "I consent to go to \_\_\_\_\_ location after I leave the hospital." If the patient consents to go to a particular location, but declines to sign the form, the hospital should document the conversation with the patient and any reason s/he gives for refusal to sign. The hospital may wish to have a second employee witness the conversation and countersign the documentation.

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**FAQ:** *Who determines whether the patient has the mental capacity to provide knowing, intelligent and voluntary consent?*

This is the responsibility of the treating physician. CHA recommends that the physician document that the patient had the capacity to understand the purpose and effect of the decision to be made (that is, where to go upon discharge) and the form to be signed.

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**“Capacity”** means a person’s ability to understand the nature and consequences of a decision and to make and communicate a decision, and includes in the case of proposed health care, the ability to understand its significant benefits, risks and alternatives [Probate Code Section 4609]. The law states that a patient is presumed to have the capacity to make a health care decision [Probate Code Section 4657]. However, facts may present themselves that raise an issue about a patient’s capacity. Whether a patient has or does not have capacity to make a decision depends as much on the nature of the decision as it does on the patient. For example, a patient may have the capacity to make a simple decision about where to go after discharge, even if he does not have the capacity to make a complicated decision about what type of prostate cancer treatment to choose (surgery, radiation therapy, cryotherapy/cryosurgery, hormone therapy, chemotherapy, vaccine treatment/immunotherapy, watchful waiting, active surveillance).

As mentioned above, the treating physician makes the determination of capacity. A psychiatric consult is not required. The treating physician may choose to obtain a psychiatric consult if desired; it may be useful in unusual situations, particularly when the patient has a serious mental illness or a psychiatric or neurological condition. Detailed information on the determination of mental capacity may be found in CHA’s *Consent Manual*.

Hospitals are reminded that Welfare and Institutions Code Section 5331 states that:

No person may be presumed to be incompetent because he or she has been evaluated or treated for mental disorder or chronic alcoholism, regardless of whether such evaluation or treatment was voluntarily or involuntarily received.

**FAQ:** *What do we do if the treating physician determines that the patient does not have the capacity to consent to go to a location other than his/her residence?*

Hopefully, in most cases the patient can be transported to his/her residence, which includes, in the case of a patient reasonably perceived to be homeless, the location the patient gives as his/her principal place of dwelling. This could be a friend's house, tent, park or other area. If the patient indicates that a particular location is his/her "principal place of dwelling," this is a lawful post-discharge destination that does not require the patient's written consent. Hospitals should clearly document that the patient identified the location as his/her "principal place of dwelling."

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If a homeless patient lacks capacity and does not indicate a principal place of dwelling or a fixed and regular nighttime residence/domicile, the hospital may need to contact adult protective services or the office of the county conservator/guardian.

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**FAQ:** *Can a homeless minor provide written consent to be transported to a location other than his/her residence?*

Maybe. Whether a minor is permitted by law to make his/her own health care decisions, including discharge destination, depends on the age of the minor, his/her mental capacity, the physical condition being treated, and other factors. A complete discussion of minor consent law is beyond the scope of this guidebook; see CHA's *Consent Manual* for detailed information. One provision that may apply to homeless minors is the "self-sufficient minor" doctrine. A self-sufficient minor is legally authorized to make health care decisions without parental or guardian consent, knowledge, or financial liability. To be considered a self-sufficient minor, the minor must:

1. Be 15 years of age or older;
2. Be living separate and apart from his/her parent(s) or legal guardian, whether with or without the consent or acquiescence of his/her parent(s) or legal guardian. The duration of the separate residence is irrelevant; and
3. Be managing his/her financial affairs, regardless of the source of income.

[Family Code Section 6922]

A health care provider should make a good faith attempt to determine whether the above requirements are met. The hospital may ask the minor to complete the "Self-Sufficient Minor Information Form" (CHA Form 2-1), found at the end of this guidebook. In the absence of evidence to the contrary, the hospital may reasonably believe that the affirmations made in CHA Form 2-1 are true without independent verification.

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**Enforcement**

The Los Angeles City Attorney has enforced this ordinance, and several hospitals in the Los Angeles area have entered into settlement agreements with the city attorney. The settlement agreements have, in several cases, obligated the hospital to do more than the law strictly requires. The city attorney has suggested that all hospitals should follow the protocols in the settlement agreements; however, in the absence of signing a settlement agreement, hospitals are obligated only to follow the requirements of the state law, and the ordinance if the hospital falls under the city's jurisdiction. The hospital is not required to follow the guidelines suggested by the Los Angeles City Attorney unless it has signed a settlement agreement.

**Penalties**

A violation of the City of Los Angeles ordinance is a misdemeanor punishable by a fine not to exceed \$1,000, a term of probation not to exceed three years, or both. These penalties are in addition to any other remedies or penalties that may apply from other laws, such as the Emergency Medical Treatment and Labor Act or the state homeless discharge planning law.

**XIV. PATIENT ELOPEMENT, LEAVING AGAINST MEDICAL ADVICE, AND REFUSAL OF TREATMENT**

Patients sometimes elope, make the decision to leave the hospital against medical advice, or refuse treatment. Homeless patients have the same rights as other patients to consent to medical care or refuse medical care. The homeless patient discharge planning law does not change that fact. If the patient is an adult with decision-making capacity, he/she may decide to leave the hospital at any time, unless he/she is a danger to self or others or gravely disabled and therefore subject to involuntary detainment under the Lanterman-Petris-Short Act [Welfare and Institutions Code Section 5150 *et seq.*]. This portion of the guidebook is not meant to apply to patients subject to involuntary detention. (*For information about involuntary commitment laws, see CHA's California Hospital Mental Health Law Manual available at [www.calhospital.org/mental-health-law](http://www.calhospital.org/mental-health-law).*)

Most hospitals have a policy and procedure in place regarding patients who elope or announce their decision to leave the hospital before the physician has ordered the patient's discharge. If your hospital doesn't have one, now is the time to develop one.

If the patient is willing to stay long enough, the hospital should contact the attending or treating physician immediately. The physician should discuss with the patient why he/she wants to leave early, either by telephone or in person, as appropriate. The physician should provide the patient with sufficient information for the patient to make an informed decision about refusing medical care.

If the patient attempts to leave the hospital before discussing the matter with the physician, hospital personnel should inform the patient that his/her physician has been contacted and will explain the risks and consequences of leaving the facility before the patient leaves. Hospital personnel should consider requesting the assistance of a hospitalist or staff physician and contact hospital administration.

If a patient decides to leave the hospital before treatment is completed or contrary to the advice of his/her physician, the hospital should try to get the patient to sign the "Leaving Hospital Against Medical Advice" form (CHA Form 5-3). This form documents that the patient

was given information about possible risks that may result from a decision to leave against medical advice, the benefits of continued hospitalization and any alternatives, and that the patient nevertheless decided to leave. If applicable, the physician should warn the patient that his/her medical condition could impair his/her driving ability. If necessary, a hospital may consider calling law enforcement to alert them of the possibility of a dangerous driver on the road. The hospital should not provide medical information to the law enforcement officers — just let them know of the potentially impaired driver.

If the patient is willing to stay in the hospital and accept some care but refusing other recommended treatment, the hospital may document an informed refusal by using CHA Form 5-1, "Refusal to Permit Medical Treatment," or Form 9-6, "Patient Refusal of Further Medical Treatment." The forms are very similar. Form 9-6 is intended to be used for an emergency department patient who has received a medical screening exam and is refusing additional recommended treatment. Form 5-1 is intended for other patients. Both forms are found at the end of this guidebook.

If a homeless patient lacks the legal authority to make health care decisions (for example, a minor) or if the patient lacks the capacity to make health care decisions, the patient has the right to have a legal representative make the decision to stay or leave. Homeless patients often have no friends or family to act as a legal representative, however. The hospital may need to contact adult protective services or the county conservator/guardian's office. (See the discussion of "capacity" on page 26.)

## **XV. PATIENTS NO LONGER NEEDING ACUTE CARE WHO REFUSE DISCHARGE**

It unfortunately happens from time to time that a patient who no longer requires acute care refuses all efforts for appropriate discharge. The factual circumstances of these cases vary, and in some instances it is the patient's family that is refusing, or even actively blocking, the patient's discharge. Hospitals faced with these situations need to approach each one on its individual facts and circumstances. Some factors to consider follow.

1. Be certain that all medical and legal requirements for discharge have been met and are well documented.
2. For inpatients, follow all requirements of the applicable payer, if any, with respect to the patient's right to challenge a determination that he/she no longer needs inpatient care. Medicare patients, for example, have the right to receive notice of their rights, including the right to appeal denial of benefits for continued services, as well as notice of any determination that they no longer require hospitalization.
3. Consider all available options. Pull together all resources and interested persons within the hospital to consider the options that are presented by the facts and circumstances of the patient's case. A hospital's social services, pastoral care, or behavioral health department may be helpful. Legal solutions are expensive, so creativity in finding alternative solutions is important. Should legal action eventually be necessary, it will be important for the hospital to show that it has exhausted other avenues for transfer or discharge.

If other efforts fail, legal remedies may be available; hospitals should consult their legal counsel as to the appropriate form of legal action in their particular case. For example, actions for unlawful detainer and/or trespass may be considered, and some hospitals have been successful in such actions. There are no officially reported appellate cases in California, but published cases in other jurisdictions have supported hospital actions to remove patients from the facility.

## **XVI. ENFORCEMENT AND PENALTIES**

### **A. California Department of Public Health**

The state homeless patient discharge planning law is found in the hospital licensing section of California's Health and Safety Code [Health and Safety Code Section 1262.5(n)-(v)]. Hospital licensing laws are enforced by the California Department of Public Health (CDPH) through its survey process. If a state surveyor finds a violation, CDPH may issue a Statement of Deficiencies (CDPH 2567) and assess an administrative penalty from \$5,000–\$125,000 (before adjustments), depending on the scope and severity of the violation and other factors. CDPH will evaluate a hospital's compliance with the homeless patient discharge planning law during the hospital's triennial relicensing survey, and in response to any complaints. A detailed description of the CDPH survey process and administrative penalties is found in CHA's *California Hospital Survey Manual*, available at [www.calhospital.org/survey-manual](http://www.calhospital.org/survey-manual).

### **B. Misdemeanor Prosecution**

A violation of any hospital licensing law may be prosecuted as a misdemeanor by a public prosecutor. A person who violates the homeless patient discharge law could be found guilty of a misdemeanor and punished by a fine not to exceed one thousand dollars (\$1,000) or by imprisonment in the county jail for a period not to exceed 180 days, or by both the fine and imprisonment. [Health and Safety Code Section 1290] However, the California Hospital Association is unaware of any misdemeanor prosecutions of any hospital licensing laws.

### **C. Lawsuit by Patient or Advocacy Group**

It is possible that a patient or a homeless advocacy group could sue a hospital for violating the homeless patient discharge planning law. It is unclear what the damages would be.

# Checklist for Complying with California's Homeless Patient Discharge Planning Law

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Complying with California's homeless patient discharge planning law is a significant undertaking. Many hospital departments will be affected. The following checklist of tasks will help hospitals in their effort to implement this law. This checklist is abbreviated; more information about each requirement on the task list is found in the text of the guidebook.

**NOTE:** Throughout this checklist, the word "must" indicates a legal requirement. The words "may" or "should" indicate something optional that is not a legal requirement. For example, when the checklist says that a hospital "may" wish to establish a Homeless Patient Discharge Task Force, this is merely a suggestion, not a requirement of the law.

## **TASK 1: Establish a Task Force**

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The hospital may wish to establish a Homeless Patient Discharge Task Force to implement the requirements of state law. Members of the task force may include representatives from:

1. Administration/Registration
2. Discharge planning/case management
3. Social services
4. Emergency department
5. Nursing
6. Behavioral health
7. Pharmacy
8. Dietary
9. Legal
10. Compliance
11. Risk Management
12. Patient financial services
13. Security
14. Information Technology
15. Coding

The task force does not need to include all of these people — each hospital will have different organizational structures and supervisory relationships, so each hospital's task force will have a different composition. Determine which of these people should be on your core team and which will be intermittent contributors.

The hospital should clearly identify a leader for the Homeless Patient Discharge Task Force. In addition, a senior executive should be identified to champion the importance of proper discharge of homeless patients and advocating for the necessary budget/resources/support.

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

#### **TASK 2: Inform the Task Force**

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You may wish to provide task force members with:

1. A copy of your hospital's current discharge planning policies.
2. A copy of California's homeless patient discharge planning law, found in DP Appendix A of this guidebook.
3. A copy of this guidebook. The guidebook is available for download from CHA's website. Additional printed copies of CHA's *Discharge Planning for Homeless Patients* may be ordered online at [www.calhospital.org/manuals](http://www.calhospital.org/manuals).

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

#### **TASK 3: Determine How to Identify and Document Homeless Patients**

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The hospital is required to identify homeless patients. The hospital may wish to provide each patient a written questionnaire; if so, remember to develop an alternative process for patients who are blind, illiterate, non-English speaking, or otherwise unable to complete a written questionnaire. Alternatively, the hospital may wish to verbally ask each patient their housing status. CHA has developed DP Form 1-B, "Questionnaire to Determine Whether a Patient is Homeless as Defined in State Law," to assist hospitals in determining which patients are considered homeless under the law.

The hospital will also need to document which patients are homeless, and communicate that information to all departments and personnel involved in assisting in the discharge. This will likely involve having the hospital's Information Technology department create a new field in the electronic health record. However, this is not required. The hospital may use any method it wishes to accomplish the task.

Remember to include a space for "patient declines to state" as a possible answer on any form or electronic field.

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

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 **TASK 4: Determine Meal Plan**

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The hospital is required to offer a meal to each homeless patient prior to discharge, unless it's medically contraindicated. There are no particular requirements about the food that must be offered. The meal can be given to the patient immediately, or can be given "to go" — the hospital is only required to "offer" it prior to discharge; the patient doesn't have to actually eat it before discharge. For inpatients, meal service will happen automatically. The hospital should determine how homeless patients discharged from other areas of the hospital will be provided a meal.

(See page 14.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

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 **TASK 5: Determine Clothing Plan**

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The hospital must assess the homeless patient's clothing. If it is weather-appropriate at the time of discharge, the hospital does not have to offer any clothing. However, if the patient's clothing is not weather-appropriate, the hospital must offer the patient weather-appropriate clothing.

The hospital will need to obtain appropriate clothing in various sizes — including men's, women's, and children's — to have on hand and determine where to store it. The clothing may be purchased new or used, or the hospital may collect donations from the community or employees. The hospital may wish to partner with a charity in the community. The clothing should be clean.

The hospital should consider whether it wants to create a process to document each time clothing is removed from storage and given to a patient.

(See page 15.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

## **TASK 6: Provide for Discharge Medications**

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Homeless patients must be provided with a prescription(s), if needed. If the hospital has an onsite pharmacy licensed and staffed to dispense outpatient medication, an appropriate supply of all necessary medication, if available, must be provided to the patient (not just written prescriptions). It is up to the treating physician to determine whether the patient needs medication, which type(s), and how much.

The hospital should determine which hours it can provide actual medications, and when it will only provide written prescriptions. A process should be developed to get the prescription information to the pharmacy, and to get the actual medications to the patient in a timely manner to maximize optimal patient flow. Patients given discharge medications must also be given required counseling (see *“Discharge Medication Counseling,” page 17*).

(See page 16.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

## **TASK 7: Infectious Disease Screening or Referral**

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The hospital must do one of the following:

1. Offer the homeless patient screening for infectious disease common to the region, as determined by the local health department; or
2. Refer the patient to another location (perhaps a county clinic) for such screening.

Hospitals should check with their local public health officer to determine the diseases for which screening or referral must be provided.

(See page 18.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

## **TASK 8: Vaccination Plan**

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The hospital must offer homeless patients vaccinations appropriate to their presenting medical condition. The treating physician should determine which vaccination(s), if any, are appropriate to the patient’s presenting medical condition. Hospitals should remember to give the patient the required federal Vaccine Information Statement to obtain the patient’s consent or informed refusal when a vaccine is recommended by the treating physician.

(See page 19.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

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**TASK 9: Transportation Plan**

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The hospital must offer the homeless patient transportation to his or her post-discharge destination, if that destination is within 30 minutes or 30 miles of the hospital. The hospital may offer transportation to a more distant destination if it wishes to do so, but is not required to.

The hospital should figure out the area that's within 30 minutes or 30 miles, so it knows its obligation. The hospital should then determine the type of transportation it is will offer, and whether the same method of transportation will be used at all times, or whether one type will be used during the day, another nights/weekends, etc. The hospital should also develop a requisition, documentation and invoice payment process.

(See page 19.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

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**TASK 10: Screening for Affordable Health Coverage**

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Prior to discharge, the homeless patient must be screened for, and helped to enroll in, any affordable health insurance coverage for which he or she is eligible. Most hospitals have a patient financial services department that does this. The hospital will want to be sure to have this function available in a timely manner to maximize optimal patient flow, including nights and weekends.

(See page 20.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

**TASK 11: Identify Post-Discharge Destinations**

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The hospital is required to identify potential post-discharge destinations for the homeless patient, to the extent available, and inform the patient of the options. This requirement went into effect Jan. 1, 2019. Effective July 1, 2019 hospitals must implement a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, other health care providers, and nonprofit social service providers.

CHA recommends that hospitals create a list of shelters and services available in the community, and their contact information. CHA also recommends that hospitals contact those resources and develop a method to coordinate referrals.

(See page 8 and page 22.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

**TASK 12: Communicate Post-Discharge Needs to Receiving Entity**

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If a patient is discharged to a social services agency, nonprofit social services provider, or governmental service that has agreed to accept him or her, the hospital must send that agency or provider written or electronic information about the homeless patient's known post-hospital health and behavioral health care needs. The hospital should identify who will perform this function, and how the information will be communicated.

(See page 21.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

**TASK 13: Develop a Homeless Patient Log**

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Each hospital is required to maintain a log of homeless patients discharged and the destinations to which they were released. The hospital may include these fields in its emergency room log or develop a separate log, either paper or electronic, in any format that works for the hospital. The log must include all homeless patients who are discharged.

(See page 23.)

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

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 **TASK 14: Create a Method to Document Compliance**

The law requires the hospital to develop an individual discharge plan for each homeless patient, and to document compliance with the homeless patient discharge planning law. The hospital should determine how it will create the plans and document compliance. CHA has developed the "Homeless Patient Discharge Planning Worksheet" (DP Form 1-A) as a template that hospitals may use as a starting point. 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.

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

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 **TASK 15: Write a Policy**

As of Jan. 1, 2019, the hospital's discharge planning policy and process must include a homeless patient discharge planning policy and process. A list of required elements is included under A. "Required Elements," page 6. Sample language for the policy is included in DP Appendix C, "Sample Language for Homeless Patient Discharge Planning Policy."

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

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 **TASK 16: Identify and Train Employees**

Identify the employees who will need training on the new policies. Identify training instructors. Create a train-the-trainer program, if desired. Create curricula and a training schedule for current employees and implement it. Determine how new employees will receive training. Be sure to document all training. CHA has developed a form, "Documentation of Homeless Patient Discharge Planning Training" (DP Form 1-C) that hospitals may use as a template for documenting training.

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

**TASK 17: Update the Plan Annually**

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The written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, other health care providers, and nonprofit social services providers must be updated annually. The hospital should designate a person to be responsible for this update.

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

**TASK 18: Review Financial Assistance Policies**

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The hospital may wish to update its charity care and discount payment policies if necessary to give the director of patient financial services (or designee) the authority to grant presumptive charity care to homeless patients who decline to complete a charity care application. This policy language will help ensure that all costs in treating the homeless population can be recognized as uncompensated care. The hospital may also wish to develop a method to document the value of clothing and transportation provided, and any other services provided that may not currently be captured adequately in the accounting for uncompensated care.

Target Date for Completion: \_\_\_\_\_

Name of Person Responsible: \_\_\_\_\_

# California's Discharge Planning Laws

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## Health and Safety Code Section 1262.4

- (a) No hospital, as defined in subdivisions (a), (b), and (f) of Section 1250, may cause the transfer of homeless patients from one county to another county for the purpose of receiving supportive services from a social services agency, health care service provider, or nonprofit social services provider within the other county, without prior notification to, and authorization from, the social services agency, health care service provider, or nonprofit social services provider.
- (b) For purposes of this section, "**homeless patient**" means an individual who lacks a fixed and regular nighttime residence, or who has a primary nighttime residence that is a supervised publicly- or privately-operated shelter designed to provide temporary living accommodations, or who is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings.

## Health and Safety Code Section 1262.5

- (a) Each hospital shall have a written discharge planning policy and process.
- (b) The policy required by subdivision (a) shall require that appropriate arrangements for posthospital care, including, but not limited to, care at home, in a skilled nursing or intermediate care facility, or from a hospice, are made prior to discharge for those patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning. If the hospital determines that the patient and family members or interested persons need to be counseled to prepare them for posthospital care, the hospital shall provide for that counseling.
- (c) As part of the discharge planning process, the hospital shall provide each patient who has been admitted to the hospital as an inpatient with an opportunity to identify one family caregiver who may assist in posthospital care, and shall record this information in the patient's medical chart.
  - (1) In the event that the patient is unconscious or otherwise incapacitated upon admittance to the hospital, the hospital shall provide the patient or patient's legal guardian with an opportunity to designate a caregiver within a specified time period, at the discretion of the attending physician, following the patient's recovery of consciousness or capacity. The hospital shall promptly document the attempt in the patient's medical record.
  - (2) In the event that the patient or legal guardian declines to designate a caregiver pursuant to this section, the hospital shall promptly document this declination in the patient's medical record, when appropriate.
- (d) The policy required by subdivision (a) shall require that the patient's designated family caregiver be notified of the patient's discharge or transfer to another facility as soon as possible and, in any event, upon issuance of a discharge order by the patient's attending physician. If the hospital is unable to contact the designated caregiver, the lack of contact shall not interfere with, delay, or otherwise affect the medical care provided to the patient or an appropriate discharge of the patient. The hospital shall promptly document the attempted notification in the patient's medical record.

(e) The process required by subdivision (a) shall require that the patient and family caregiver be informed of the continuing health care requirements following discharge from the hospital. The right to information regarding continuing health care requirements following discharge shall also apply to the person who has legal responsibility to make decisions regarding medical care on behalf of the patient, if the patient is unable to make those decisions for himself or herself. The hospital shall provide an opportunity for the patient and his or her designated family caregiver to engage in the discharge planning process, which shall include providing information and, when appropriate, instruction regarding the posthospital care needs of the patient. This information shall include, but is not limited to, education and counseling about the patient's medications, including dosing and proper use of medication delivery devices, when applicable. The information shall be provided in a culturally competent manner and in a language that is comprehensible to the patient and caregiver, consistent with the requirements of state and federal law, and shall include an opportunity for the caregiver to ask questions about the posthospital care needs of the patient.

(f)

- (1) A transfer summary shall accompany the patient upon transfer to a skilled nursing or intermediate care facility or to the distinct part-skilled nursing or intermediate care service unit of the hospital. The transfer summary shall include essential information relative to the patient's diagnosis, hospital course, pain treatment and management, medications, treatments, dietary requirement, rehabilitation potential, known allergies, and treatment plan, and shall be signed by the physician.
- (2) A copy of the transfer summary shall be given to the patient and the patient's legal representative, if any, prior to transfer to a skilled nursing or intermediate care facility.

(g) A hospital shall establish and implement a written policy to ensure that each patient receives, at the time of discharge, information regarding each medication dispensed, pursuant to Section 4074 of the Business and Professions Code.

(h) A hospital shall provide every patient anticipated to be in need of long-term care at the time of discharge with contact information for at least one public or nonprofit agency or organization dedicated to providing information or referral services relating to community-based long-term care options in the patient's county of residence and appropriate to the needs and characteristics of the patient. At a minimum, this information shall include contact information for the area agency on aging serving the patient's county of residence, local independent living centers, or other information appropriate to the needs and characteristics of the patient.

- (i) A contract between a general acute care hospital and a health care service plan that is issued, amended, renewed, or delivered on or after January 1, 2002, shall not contain a provision that prohibits or restricts any health care facility's compliance with the requirements of this section.
- (j) Discharge planning policies adopted by a hospital in accordance with this section shall ensure that planning is appropriate to the condition of the patient being discharged from the hospital and to the discharge destination and meets the needs and acuity of patients.

(k) This section does not require a hospital to do any of the following:

- (1) Adopt a policy that would delay discharge or transfer of a patient.
- (2) Disclose information if the patient has not provided consent that meets the standards required by state and federal laws governing the privacy and security of protected health information.
- (3) Comply with the requirements of this section in an area of the hospital where clinical care is provided, unless medically indicated.

(l) This section does not supersede or modify any privacy and information security requirements and protections in federal and state law regarding protected health information or personally identifiable information, including, but not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Sec. 300gg).

(m) For the purposes of this section, **“family caregiver”** means a relative, friend, or neighbor who provides assistance related to an underlying physical or mental disability but who is unpaid for those services.

(n)

- (1) Each hospital, as defined in subdivisions (a), (b), and (f) of Section 1250, shall include within its hospital discharge policy a written homeless patient discharge planning policy and process.
- (2) The policy shall require a hospital to inquire about a patient’s housing status during the discharge planning process. Housing status may not be used to discriminate against a patient or prevent medically necessary care or hospital admission.
- (3) The policy shall require an individual discharge plan for a homeless patient that helps prepare the homeless patient for return to the community by connecting him or her with available community resources, treatment, shelter, and other supportive services. The discharge planning shall be guided by the best interests of the homeless patient, his or her physical and mental condition, and the homeless patient’s preferences for placement. The homeless patient shall be informed of available placement options.
- (4) Unless the homeless patient is being transferred to another licensed health facility, the policy shall require the hospital to identify a post discharge destination for the homeless patient as follows, with priority given to identifying a sheltered destination with supportive services:
  - (A) A social services agency, nonprofit social services provider, or governmental service provider that has agreed to accept the homeless patient, if he or she has agreed to the placement. Notwithstanding paragraph (2) of subdivision (k) and subdivision (l), the hospital shall provide potential receiving agencies or providers written or electronic information about the homeless patient’s known posthospital health and behavioral health care needs and shall document the name of the person at the agency or provider who agreed to accept the homeless patient.
  - (B) The homeless patient’s residence. In the case of a homeless patient, “residence” for the purposes of this subparagraph means the location identified to the hospital by the homeless patient as his or her principal dwelling place.

- (C) An alternative destination, as indicated by the homeless patient pursuant to the discharge planning process described in paragraph (3). The hospital shall document the destination indicated by the homeless patient or his or her representative.
- (5) The policy shall require that information regarding discharge or transfer be provided to the homeless patient in a culturally competent manner and in a language that is understood by the homeless patient.

(o) The hospital shall document all of the following prior to discharging a homeless patient:

- (1) The treating physician has determined the homeless patient's clinical stability for discharge, including, but not limited to, an assessment as to whether the patient is alert and oriented to person, place, and time, and the physician or designee has communicated post discharge medical needs to the homeless patient.
- (2) The homeless patient has been offered a meal, unless medically indicated otherwise.
- (3) If the homeless patient's clothing is inadequate, the hospital shall offer the homeless patient weather-appropriate clothing.
- (4) The homeless patient has been referred to a source of follow-up care, if medically necessary.
- (5) The homeless patient has been provided with a prescription, if needed, and, for a hospital with an onsite pharmacy licensed and staffed to dispense outpatient medication, an appropriate supply of all necessary medication, if available.
- (6) The homeless patient has been offered or referred to screening for infectious disease common to the region, as determined by the local health department.
- (7) The homeless patient has been offered vaccinations appropriate to the homeless patient's presenting medical condition.
- (8) The treating physician has provided a medical screening examination and evaluation. If the treating physician determines that the results of the medical screening examination and evaluation indicate that follow-up behavioral health care is needed, the homeless patient shall be treated or referred to an appropriate provider. The hospital shall make a good faith effort to contact one of the following, if applicable:
  - (A) The homeless patient's health plan, if the homeless patient is enrolled in a health plan.
  - (B) The homeless patient's primary care provider, if the patient has identified one.
  - (C) Another appropriate provider, including, but not limited to, the coordinated entry system.
- (9) The homeless patient has been screened for, and provided assistance to enroll in, any affordable health insurance coverage for which he or she is eligible.
- (10) The hospital has offered the homeless patient transportation after discharge to the destination identified in paragraph (4) of subdivision (n), if that destination is within a maximum travel time of 30 minutes or a maximum travel distance of 30 miles of the hospital. This requirement shall not be construed to prevent a hospital from offering transportation to a more distant destination.

(p) A hospital shall develop a written plan for coordinating services and referrals for homeless patients with the county behavioral health agency, health care and social services agencies in the region, health care providers, and nonprofit social services providers, as available, to assist with ensuring appropriate homeless patient discharge. The plan shall be updated annually and shall include all of the following:

- (1) 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.
- (2) The hospital's procedures for homeless patient discharge referrals to shelter, medical care, and behavioral health care.
- (3) The contact information for the homeless shelter's intake coordinator.
- (4) Training protocols for discharge planning staff.

(q) Each hospital shall maintain a log of homeless patients discharged and the destinations to which they were released after discharge pursuant to paragraph (10) of subdivision (o), if any. The hospital shall maintain evidence of completion of the homeless patient discharge protocol in the log or in the patient's medical record.

(r) For purposes of this section, "**homeless patient**" has the same meaning as provided in Section 1262.4.

(s) It is the intent of the Legislature that nothing in this section shall be construed to preempt, limit, prohibit, or otherwise affect, the adoption, implementation, or enforcement of local ordinances, codes, regulations, or orders related to the homeless patient discharge processes, except to the extent that any such provision of law is inconsistent with the provisions of this section, and then only to the extent of the inconsistency. A local ordinance, code, regulation, or order is not deemed inconsistent with this section if it affords greater protection to homeless patients than the requirements set forth in this section. Where local ordinances, codes, regulations, or orders duplicate or supplement this section, this section shall be construed as providing alternative remedies and shall not be construed to preempt the field.

(t) Nothing in this section alters the health and social service obligations described in Section 17000 of the Welfare and Institutions Code.

(u) Subdivisions (n) to (t), inclusive, do not apply to the state hospitals under the jurisdiction of the State Department of State Hospitals, as specified in Sections 4100 and 7200 of the Welfare and Institutions Code.

# Medicare Condition of Participation for Discharge Planning

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The hospital must have in effect a discharge planning process that applies to all patients. The hospital's policies and procedures must be specified in writing.

- (a) *Standard: Identification of patients in need of discharge planning.* The hospital must identify at an early stage of hospitalization all patients who are likely to suffer adverse health consequences upon discharge if there is no adequate discharge planning.
- (b) *Standard: Discharge planning evaluation.*
  - (1) The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician.
  - (2) A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise the development of, the evaluation.
  - (3) The discharge planning evaluation must include an evaluation of the likelihood of a patient needing post- hospital services and of the availability of the services.
  - (4) The discharge planning evaluation must include an evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the hospital.
  - (5) The hospital personnel must complete the evaluation on a timely basis so that appropriate arrangements for post-hospital care are made before discharge, and to avoid unnecessary delays in discharge.
  - (6) The hospital must include the discharge planning evaluation in the patient's medical record for use in establishing an appropriate discharge plan and must discuss the results of the evaluation with the patient or individual acting on his or her behalf.
- (c) *Standard: Discharge plan.*
  - (1) A registered nurse, social worker, or other appropriately qualified personnel must develop, or supervise the development of, a discharge plan if the discharge planning evaluation indicates a need for a discharge plan.
  - (2) In the absence of a finding by the hospital that a patient needs a discharge plan, the patient's physician may request a discharge plan. In such a case, the hospital must develop a discharge plan for the patient.
  - (3) The hospital must arrange for the initial implementation of the patient's discharge plan.
  - (4) The hospital must reassess the patient's discharge plan if there are factors that may affect continuing care needs or the appropriateness of the discharge plan.
  - (5) As needed, the patient and family members or interested persons must be counseled to prepare them for post-hospital care.

- (6) The hospital must include in the discharge plan a list of HHAs or SNFs that are available to the patient, that are participating in the Medicare program, and that serve the geographic area (as defined by the HHA) in which the patient resides, or in the case of a SNF, in the geographic area requested by the patient. HHAs must request to be listed by the hospital as available.
  - (i) This list must only be presented to patients for whom home health care or post-hospital extended care services are indicated and appropriate as determined by the discharge planning evaluation.
  - (ii) For patients enrolled in managed care organizations, the hospital must indicate the availability of home health and posthospital extended care services through individuals and entities that have a contract with the managed care organizations.
  - (iii) The hospital must document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf.
- (7) The hospital, as part of the discharge planning process, must inform the patient or the patient's family of their freedom to choose among participating Medicare providers of posthospital care services and must, when possible, respect patient and family preferences when they are expressed. The hospital must not specify or otherwise limit the qualified providers that are available to the patient.
- (8) The discharge plan must identify any HHA or SNF to which the patient is referred in which the hospital has a disclosable financial interest, as specified by the Secretary, and any HHA or SNF that has a disclosable financial interest in a hospital under Medicare. Financial interests that are disclosable under Medicare are determined in accordance with the provisions of part 420, subpart C, of this chapter.

**(d) Standard: Transfer or referral.** The hospital must transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care.

**(e) Standard: Reassessment.** The hospital must reassess its discharge planning process on an on-going basis. The reassessment must include a review of discharge plans to ensure that they are responsive to discharge needs.

[Title 42, Code of Federal Regulations, Section 482.43]

# Sample Language for Homeless Patient Discharge Planning Policy

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Hospitals may wish to consider including some or all of the following language to their current discharge planning policy as a part of the process of complying with California's homeless patient discharge planning law. This language does not constitute a comprehensive hospital discharge planning policy — it is meant to assist hospitals in supplementing their current policy. Hospitals should work with their legal counsel to develop a comprehensive, compliant policy.

1. The purpose of this policy is to help prepare the homeless patient for return to the community by connecting him or her with available community resources, treatment, shelter, and other supportive services.
2. Nondiscrimination policy: Housing status will not be used to discriminate against a patient or prevent medically necessary care or hospital admission.
3. This policy applies to patients discharged from an inpatient unit, emergency department, \_\_\_\_\_  
*[add ambulatory surgery centers or other locations where this policy applies].*
4. The *[hospital to determine: nurse, discharge planner, social worker, other]* assigned to the patient will ask each patient if he or she is homeless. A homeless patient is an individual who:
  - Lacks a fixed and regular nighttime residence, or
  - Has a primary nighttime residence that is a supervised publicly- or privately-operated shelter designed to provide temporary living accommodations, or
  - Is residing in a public or private place that was not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings.

The hospital may wish to use CHA's "Questionnaire to Determine Whether a Patient is Homeless as Defined in State Law" (DP Form 1-B) to assist.

5. The *[hospital to determine: nurse, discharge planner, social worker, other]* will document the patient's answer or refusal to state by \_\_\_\_\_  
*[entering into specified field in electronic health record, filling out a form, or other method; hospital to determine].*
6. All information about discharge will be provided to the homeless patient in a culturally competent manner.
7. The *[hospital to determine: discharge planner, case manager, social worker, other]* will prepare an individual discharge plan for each homeless patient. Discharge planning will be guided by the best interests of the homeless patient, his or her physical and mental condition, and his or her preferences for placement.
8. A post-discharge destination will be identified for each patient, which may be:
  - a. A social services agency, nonprofit social services provider, or governmental services

provider that has agreed to accept the patient. The *[hospital to determine: discharge planner, case manager, social worker, other]* must document the name of person at the receiving agency or shelter who agreed to accept the patient. The *[hospital to determine: discharge planner, case manager, social worker, other]* must send the receiving entity written or electronic information about the patient's post-discharge health and behavioral health needs. *[If the hospital already uses a form to document the patient's post-discharge needs, the hospital may specify that a copy of that form will be emailed or sent in another way to the receiving agency.]*

- b. The homeless patient's **“residence,”** which is defined as “the location identified to the hospital by the patient as his or her principal dwelling place.”
- c. An alternative destination, as indicated by the homeless patient.

The hospital will not “cause the transfer” of a homeless patient to another county for the purpose of receiving supportive services from a social services agency, health care service provider, or nonprofit social services provider in the other county, unless the hospital has received prior authorization from the receiving entity to accept the specific patient.

9. Each homeless patient will be offered the following services prior to discharge:
  - a. The patient will be offered a physical exam and the physician will determine the patient's stability for discharge.
  - b. The patient will be given referrals for any needed follow-up care, both medical and behavioral, as determined by the treating physician. Referrals will include: *[hospital to determine: the provider's name, address and phone number to make an appointment, other information]*. If follow-up behavioral health care is recommended, the *[hospital to determine: nurse, discharge planner, social worker, other]* will contact the patient's health plan or primary care provider or other provider (including entry into coordinated entry system), if applicable. **[NOTE: If the hospital has a standard policy about notifying the primary care physician of each encounter, refer to that policy, as appropriate. If the hospital is located in an area with a coordinated entry system, put details about how to enter patients into the system here.]**
  - c. The patient will be offered a meal. *[Hospital to add details about whether this will be an inpatient tray or “to-go,” how to coordinate with dietary department, etc.]*
  - d. If the patient's clothing is not weather-appropriate, the patient will be offered weather-appropriate clothing. *[Hospital to add any details about how clinical staff or discharge planning staff obtains clothing, documents clothing requisition, etc.]*
  - e. The patient will be provided discharge medications as determined by the treating physician. *[Hospital to add details about how this will be coordinated.]*
  - f. The hospital will *[offer homeless patients or refer homeless patients for]* infectious disease screening. *[Hospital to add details about which diseases (if any) the local health department has determined are common to the region; if the hospital will screen homeless patients for these diseases, and if so by whom; or if patients will be referred for screening, and if so, the referral location and contact information.]*

- g. The patient will be offered vaccinations appropriate to his or her presenting medical condition, as determined by the treating physician.
- h. The patient will be offered transportation to his or her chosen discharge destination, if that destination is within 30 miles or 30 minutes of the hospital. *[Hospital to add details about how this will be coordinated.]*
- i. The patient will be screened for, and helped to enroll in, any affordable health insurance coverage for which he or she is eligible. *[Hospital to add details about how this will be coordinated.]*
- j. Hospital to add information here about documentation requirements. The hospital may wish to use CHA's "Homeless Patient Discharge Planning Worksheet" (DP Form 1-A) to assist.

10. The *[hospital to determine: nurse, discharge planner, social worker, other]* will add each homeless patient to the homeless patient log. *[Add details about the log – electronic, paper, etc.]*

11. The hospital coordinates services and referrals for homeless patients with:  
[List, as applicable:

- County behavioral health agency
- Health care and social services agencies in the region
- Other health care providers
- Nonprofit social services providers]

[The plan must include referral procedures and a list of local homeless shelters and their:

- Hours of operation
- Admission procedures/requirements
- Population served
- General scope of medical and behavioral health services available
- Contact information for intake coordinator]

12. Training. *[Hospital to describe training protocols for discharge planning staff.]*

# Regional Vice President Geographical Distribution



# Homeless Patient Discharge Planning Worksheet

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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: \_\_\_\_\_

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## 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

# Sample Questionnaires to Determine Whether a Patient is Homeless as Defined in State Law

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**NOTE:** The hospital is not required to ask these questions verbatim. These sample questionnaires are intended to provide helpful guidance for the hospital to develop its own tool, not a required script. Additional examples are available at <https://www.nhchc.org/wp-content/uploads/2017/06/ask-code-documenting-homelessness-throughout-the-healthcare-system.pdf>.

If you're not sure whether a patient is legally "homeless" under state law, you may wish to err on the safe side and treat the patient according to your hospital's homeless patient discharge planning policy.

## EXAMPLE 1

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**Question 1:** Do you have a steady place to stay at night, like an apartment, house, dorm, or nursing facility?

If **YES**: Stop. The person is not considered "homeless." Document the person's address if it isn't already in the medical record.

If **NO**, continue to Question 2.

---

**Question 2:** Where do you usually sleep at night?

If the answer is any of the following, the patient is considered homeless:

- Street, park, beach, under bridge, in doorway, abandoned building
- Car
- Recreational vehicle (RV) or mobile home moved each night or almost each night. (If an RV or mobile home is parked in the same place every night, the patient is not considered homeless.)
- Tent
- Hotel, motel, YMCA, church
- Airport, bus station, train station
- Different place every night
- Makeshift cardboard covering
- Shelter (supervised publicly- or privately-operated shelter designed to provide temporary living accommodations)
- Public or private place that is not designed to provide temporary living accommodations or to be used as a sleeping accommodation for human beings

If the answer is any of the following, a judgment call should be made, because the law is not clear:

- Transitional housing
- Sober living center
- Tent encampment established for long-term living
- Friend's couch

For each of the judgment call circumstances listed above (or other answers not listed above), consider how long the patient *is allowed to* stay in the transitional housing, center, encampment, or couch. The shorter the maximum stay, the more likely the patient should be considered homeless.

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## **EXAMPLE 2**

This option is based on Yale New Haven Hospital screening tool.

**Question 1:** Where have you been living during the past two months?

**Question 2:** Is this reliable housing that you own, rent, or stay in as part of a household?

**Question 3:** Are you able to return and stay there after discharge?

- a. If yes, are you able to receive a home health or a visiting nurse there?
- b. If no, consider whether the patient has a post-discharge medical need that requires a home health visit or other recuperative care.

# Documentation of Homeless Patient Discharge Planning Training

---

This form should be completed for each homeless patient discharge planning training course.

1. Title of course: \_\_\_\_\_
2. Length of course (in hours): \_\_\_\_\_
3. Training dates and times: \_\_\_\_\_  
\_\_\_\_\_
4. Objectives of the education program: \_\_\_\_\_  
\_\_\_\_\_
5. Name, title and qualifications of instructor(s): \_\_\_\_\_  
\_\_\_\_\_
6. Description of content of education program: \_\_\_\_\_  
\_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Name of person completing this form (please print clearly): \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date and time of completion: \_\_\_\_\_ AM / PM

**NOTE:** Attach the following information to this sheet:

1. Names and job titles of all persons attending the training sessions
2. Written evaluation of the course content by attendees
3. Written materials distributed or shown to attendees

CDPH licensing regulations require that orientation and competency validation must be documented in the employee's file and be retained for the duration of the individual's employment.

# Homeless Shelter Information Sheet

---

Homeless shelter name: \_\_\_\_\_

Address: \_\_\_\_\_

General phone number: \_\_\_\_\_

Website (if any): \_\_\_\_\_

Email address to send patient/client information to: \_\_\_\_\_

Intake coordinator or other contact person — name(s) and phone number(s), if any: \_\_\_\_\_

---

Hours of operation: \_\_\_\_\_

Client population served:

- Men
- Women
- Youth — specify ages: \_\_\_\_\_
- Women and children
- Families
- Other — specify: \_\_\_\_\_

Restrictions?

- No pets
- Must be sober
- Age restrictions — specify: \_\_\_\_\_
- LGBTQ only
- Domestic violence survivor only
- Human trafficking survivor only
- Veterans only
- Can't accommodate many possessions
- Other — specify: \_\_\_\_\_

Medical and behavioral health services available: \_\_\_\_\_

---

Admission procedures and requirements: \_\_\_\_\_

---

Hospital's procedure for homeless patient discharge referrals to this shelter: \_\_\_\_\_

---

Date this document was last updated: \_\_\_\_\_

# Self-Sufficient Minor Information

---

For the purposes of obtaining diagnosis or treatment at the (*name of hospital*) \_\_\_\_\_ or by any physician, surgeon or dentist associated with it, the undersigned certifies the following facts are true:

1. I am 15 years of age or older, having been born on \_\_\_\_\_.  
(insert date as mm/dd/yy)

2. I am living separate and apart from my parents or legal guardian.

\_\_\_\_\_  
(*place of residence of patient*)

\_\_\_\_\_  
(*phone*)

\_\_\_\_\_  
(*place of residence of parents or guardian*)

\_\_\_\_\_  
(*phone*)

3. I am managing my own financial affairs.

\_\_\_\_\_  
(*place of employment*)

\_\_\_\_\_  
(*other source of financial support – explain*)

4. I understand that I will be financially responsible for the charges for my medical, dental, or hospital diagnosis, treatment and care and that I may not disaffirm this contract on the grounds that I am a minor.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*patient*)

Print name: \_\_\_\_\_  
(*patient*)

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*witness*)

Print name: \_\_\_\_\_  
(*witness*)

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

Reference: Family Code Section 6922

# Formulario de Información para el Menor de Edad Autosuficiente

Con el fin de obtener un diagnóstico o tratamiento en el hospital (*nombre del hospital*) \_\_\_\_\_ o por cualquier médico, cirujano o dentista asociado con dicho hospital, el suscrito da fe que la siguiente información es verídica:

1. Tengo 15 años de edad o más y nací el \_\_\_\_\_  
(escriba la fecha de la siguiente forma: mes/día/año)
2. Mi domicilio es distinto y separado del de mis padres o de mi tutor.

\_\_\_\_\_  
(domicilio del paciente)

\_\_\_\_\_  
(teléfono)

\_\_\_\_\_  
(domicilio de los padres o del tutor)

\_\_\_\_\_  
(teléfono)

3. Manejo mis propios asuntos financieros.

\_\_\_\_\_  
(lugar de empleo)

\_\_\_\_\_  
(otras fuentes de ayuda financiera—explique)

4. Entiendo que tendré la responsabilidad financiera de los gastos que resulten del diagnóstico, atención y tratamiento médico, dental, o del hospital que se me proporcionen, y que no podré negar el presente consentimiento por ser menor de edad.

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ AM / PM

Firma: \_\_\_\_\_  
(paciente)

Nombre en letra de imprenta: \_\_\_\_\_  
(paciente)

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ AM / PM

Firma: \_\_\_\_\_  
(testigo)

Nombre en letra de imprenta: \_\_\_\_\_  
(testigo)

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

Reference: Family Code Section 6922

## Refusal to Permit Medical Treatment

---

My doctor (*physician name*) \_\_\_\_\_,

has advised the following medical treatment: \_\_\_\_\_

---

My doctor has informed me of the following:

1. The nature and advisability of this medical treatment.
2. The risks and complications of this medical treatment.
3. The expected benefits of this medical treatment.
4. The alternatives to this medical treatment and their risks and benefits.
5. The probable consequences of not receiving this medical treatment.

I understand that the doctor named above and other doctors who provide services to me are not employees or agents of the hospital. They are independent medical practitioners.

Notwithstanding the recommendation of my doctor, I hereby request that this medical treatment not be administered to me during my stay at (*name of hospital*) \_\_\_\_\_.

I hereby release the hospital, its personnel, my doctor, and any other persons participating in my care from any responsibility whatsoever for any injury or unfavorable consequences which may occur as a result of my refusal to permit this medical treatment.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*patient/legal representative*)

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

Print name: \_\_\_\_\_  
(*legal representative*)

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

# Negativa a Permitir Tratamiento Médico

---

Mi médico (*nombre del médico*) \_\_\_\_\_ ha  
aconsejado el siguiente tratamiento médico: \_\_\_\_\_

---

Mi médico me ha informado lo siguiente:

1. La naturaleza y la conveniencia de este tratamiento médico.
2. Los riesgos y las complicaciones de este tratamiento médico.
3. Los beneficios que se esperan de este tratamiento médico.
4. Las alternativas a este tratamiento médico y sus riesgos y beneficios.
5. Las consecuencias probables de no recibir este tratamiento médico.

Entiendo que el médico antes nombrado y otros médicos que me prestan servicios no son empleados ni agentes del hospital, son médicos independientes.

Sin perjuicio de la recomendación de mi médico, por la presente, solicito que no se me administre este tratamiento médico durante mi permanencia en el (*nombre del hospital*) \_\_\_\_\_.

Por la presente eximo al hospital, a su personal, a mi médico y a otras personas que participen en mi atención de toda responsabilidad, sea cual fuere, por cualquier lesión o consecuencia adversa que se pueda producir debido a mi negativa a permitir este tratamiento médico.

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ AM / PM

Firma: \_\_\_\_\_  
(*paciente/representante legal*)

En caso de que lo firmase una persona que no sea el paciente, indique la relación: \_\_\_\_\_

Nombre en letra de imprenta: \_\_\_\_\_  
(*representante legal*)

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

# Leaving Hospital Against Medical Advice

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Name of hospital: \_\_\_\_\_

Patient's name: \_\_\_\_\_

I am voluntarily leaving the hospital against the advice of (*physician name*) \_\_\_\_\_ and a representative of the hospital administration.

I have been told by the doctor about the risks and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to continued treatment and hospitalization.

I hereby release the doctor, any other doctors involved in my care, the hospital and its employees and agents from all responsibility for any injury or ill effects which may result from this action.

I understand that the doctor named above and other doctors who provide services to me are not employees or agents of the hospital. They are independent medical practitioners.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*patient/legal representative*)

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

Print name: \_\_\_\_\_  
(*legal representative*)

Signature: \_\_\_\_\_  
(*witness*)

Print name: \_\_\_\_\_  
(*witness*)

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I declare that I have personally explained to the patient the risks and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to continued treatment and hospitalization.

Remarks: \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*physician*)

Print name: \_\_\_\_\_  
(*physician*)

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

# Salida del Hospital en Contra del Consejo Medico

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Nombre del Hospital: \_\_\_\_\_

Nombre del Paciente: \_\_\_\_\_

Voluntariamente salgo del hospital en contra del consejo del (*nombre de médico*) \_\_\_\_\_  
y un representante de la administración  
del hospital.

El doctor me ha informado de los riesgos y consecuencias relacionados con salir del hospital en este momento, de los beneficios del tratamiento y hospitalización continuados, y las alternativas, en su caso, al tratamiento y la hospitalización continuados.

Por medio de la presente exono al médico, a cualesquiera otros médicos involucrados en mi atención médica, al hospital y a sus empleados y representantes de toda responsabilidad por cualquier lesión o efecto adverso que pueda resultar de esta acción.

Entiendo que el médico cuyo nombre se indica anteriormente y otros médicos que me brindan servicios no son empleados ni agentes del hospital. Son médicos facultativos independientes.

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ AM / PM

Firma: \_\_\_\_\_  
(*paciente o representante legal*)

Si no lo firma el paciente, indique la relación con éste: \_\_\_\_\_

Nombre en letra de imprenta: \_\_\_\_\_  
(*representante legal*)

Firma: \_\_\_\_\_  
(*testigo*)

Nombre en letra de imprenta: \_\_\_\_\_  
(*testigo*)

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I declare that I have personally explained to the patient the risks and consequences involved in leaving the hospital at this time, the benefits of continued treatment and hospitalization, and the alternatives, if any, to continued treatment and hospitalization.

Remarks: \_\_\_\_\_

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*physician*)

Print name: \_\_\_\_\_  
(*physician*)

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

## Patient Refusal of Further Medical Treatment

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I acknowledge that I have been examined and that I have been offered further examination and treatment at *(hospital name)* \_\_\_\_\_. However, I refuse further medical examination and treatment. I have been informed of the risks and consequences potentially involved in this refusal, the possible benefits of continuing medical treatment at this hospital, and any alternatives to my decision to refuse further examination and treatment.

I hereby release the attending physician, any other physicians involved in my care, the hospital, and its agents and employees, from all responsibility for any ill effects which may result from my refusal of further medical examination and treatment.

I understand that the physicians involved in my care are not employees or agents of the hospital. They are independent medical practitioners.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(*patient/legal representative*)

If signed by someone other than patient, indicate relationship: \_\_\_\_\_

Print name: \_\_\_\_\_  
(*legal representative*)

**COPY MUST BE GIVEN TO PATIENT.**

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

Reference: 42 U.S.C. Section 1395dd(b)(3)

# Rechazo por Parte del Paciente de Tratamiento Medico Adicional

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Reconozco que he sido examinado y que me han ofrecido un examen y tratamiento adicionales en este hospital (*nombre de hospital*) \_\_\_\_\_. Sin embargo, rehúso dicho examen y tratamiento médico adicionales. Se me ha informado acerca de los riesgos y posibles consecuencias de mi rechazo, de los posibles beneficios de continuar el tratamiento médico en este hospital y cualquier alternativa a mi decisión de rechazar el examen y tratamiento adicionales.

Por medio del presente exono al médico del caso, a cualquier otro médico involucrado en mi atención médica, al hospital y a sus agentes y empleados, de toda responsabilidad por cualquier efecto adverso que pueda resultar de mi rechazo de un examen y tratamiento médico adicionales.

Entiendo que el médico que me atiende y otros médicos que me brindan servicios no son empleados ni agentes del hospital. Son médicos facultativos independientes.

Fecha: \_\_\_\_\_ Hora: \_\_\_\_\_ AM / PM

Firma: \_\_\_\_\_  
(*paciente o representante legal*)

Si no lo firma el paciente, indique la relación con éste: \_\_\_\_\_

Nombre en letra de imprenta: \_\_\_\_\_  
(*representante legal*)

**COPY MUST BE GIVEN TO PATIENT.**

**NOTE:** This form should include taglines as required by the Affordable Care Act.  
(See [www.calhospital.org/taglines](http://www.calhospital.org/taglines), for detailed information.)

Reference: 42 U.S.C. Section 1395dd(b)(3)