IDD Collaborative Discharge Guide

Discharge Settings & Available Supports

Community:

Potential supports include home visiting services, respite services, community and day hab, CSIDD and community healthcare providers.

- Medications and supplies must be purchased from a community vendor or ordered for delivery. Members may live independently with support as needed.
- If needed, a DSP (nonclinical Direct Support Professional), family or friend may provide support.

IRA - Community-Based Residence:

(Individualized Residential Alternative)

Potential supports include home visiting services, respite services, community and day hab, CSIDD and community healthcare providers.

- Medications and supplies must be purchased from a community vendor or ordered for delivery. No on-site pharmacy, stock or med room present. RN, healthcare provider and mental health/ behavioral health staff available via on-call and for routine rounds, not on-site 24/7.
- DSPs (nonclinical Direct Support Professionals) are caregivers. Each IRA is unique, and the level of support varies from as-needed to 24/7.

Skilled Nursing Facility (SNF):

Support via on-site healthcare professionals: CNAs, LPNs, RNs, PT, OT, ST, RD and providers. May require support from community clinical specialists.

- Stock room for routine supplies. Med room on-site and stocked with routine medications, may or may not have an on-site pharmacist. Medications may have to be ordered via a community vendor for delivery.
- Multidisciplinary healthcare team provides care 24/7.

The Care Managers at Care Design NY (CDNY) are experts in IDD transitions of care. At CDNY, we seek to support our members through collaboration and knowledge sharing with all members of the interdisciplinary team to promote safe transitions of care.

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Hospital Admission Collaboration Opportunities:

- With member/designee permission, place a "flag" in their Electronic Health Records (EHR) identifying that the member is enrolled with Care Design NY CCO/HH (CDNY). Example: "Member is enrolled with Care Design NY, 518-235-1888."
- Upon identification of member enrollment with CDNY, call for Care Manager support.
- Initiate routine discharge planning meetings with stakeholders. Stakeholders may include: the IRA staff, member, designated representative, family, CDNY Care Manager (CM), hospital providers, hospital staff, and/or OPWDD representative.
- Specify the member's preferred method of communication.
- If a 1-1 sitter is needed and if appropriate, consider clarifying in the EHR if the 1-1 sitter is in place due to a hospital protocol.
- If a member has a designated representative for decision-making, ensure communications are shared with the representative. The individual at the member's bedside may be a direct service provider (DSP) or CDNY CM who has no decision-making ability but is present to support the member.

Discharge Planning Collaboration Opportunities:

- Allowing hospital staff and the CDNY CM to accompany and support the member to in-person IRA screenings.
- Schedule screenings during the member's preferred time of day, when they best represent themselves.
- If discharging to an IRA, provide the most recent medication list prior to the pre-admission meeting.
    - Medications specific to behaviors or mental health must have an ICD-10 clinical diagnosis listed as the reason for the prescription.
    - Medication prescriptions need to be specific, e.g., PRN for what symptom or if topical, apply to a specific area of the body.
    - Send prescriptions for medications, oxygen and/or medical supplies prior to discharge as they will need to be picked up or delivered to the member.
- If discharging to an IRA, identify the best mutual admission date with a focus on member safety. Consider minimizing Friday, holiday, and weekend admissions.
- If Visiting Nurse Association (VNA) or home health aide services are part of the member's discharge plan, please consider sending a referral prior to discharge to initiate the process.

To get in touch with the individual's Care Manager, you may contact us by phone **8am to 5pm, 5 days a week:**

P. **518-235-1888**

For after-hours emergencies, please call:

P. **1-877-855-3673**

Please share this message for all discharge planning team members to read and follow. Fax the discharge summary to:

F. **518-261-1621**