



Community Health Connections

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Fact Sheet

Frequently Asked Questions Regarding Discharge Planning for Individuals with Mental Retardation

Question: To whom do I speak regarding discharge planning when the individual with Intellectual or Developmental Disabilities (ID/DD) is nonverbal or unable to make decisions for himself?

Answer: The individual relies on the caretakers at home to act as advocates. Family members may or may not be available. Call the individual's home and ask who the substitute decision maker is for the individual. The residential providers have been asked to have this information available for you at the time of the individual's hospitalization.

Question: Do HIPAA regulations prohibit me from speaking to the provider agency about the individual?

Answer: No. HIPAA regulations allow the disclosure of protected health information for the purpose of treatment of an individual. Treatment is the "provision, coordination, or management of health care and related services among health care providers." You may want to review your hospital's HIPPA policy if you are concerned about releasing any information.

Question: What is an ICF/MR?

Answer: This is an intermediate care facility for those with ID/DD. These facilities are able to provide more specialized and complex care. While nurses are available at these facilities, this type of provider is NOT A SKILLED NURSING HOME. Check with the provider before the individual is discharged to see if their needs can be met at the provider home.

Question: What are community living arrangements (CLA)?

Answer: These are frequently referred to as group homes. The individual may live there by him/herself or with several other individuals. Direct support staff may be available 24 hours/day to assist and direct the individual in ADLs but nurses are not usually on the premises.

Question: Can visiting nurses provide care to individuals in the group home type setting?

Answer: Yes, provided that the individual is classified as homebound. However, most individuals living in group home settings attend day treatment programs during the day. This may be a problem for the visiting nurse agency. Contact the provider agency and the visiting nurse agency to make arrangements prior to the patient's discharge from the hospital to avoid problems.

Question: Can an individual return home with IV therapy?

Answer: The community homes are usually not able to manage home IV therapy. Contact the home immediately if IV therapy at home is being considered. Alternative placement may be necessary while the individual receives IV therapy. Alternative placement may involve completion and submission of specialized forms to the state.

Question: Can durable medical equipment be used in the community homes?

Answer: Yes. However, always check with the individual provider agency to make sure that they are licensed to have such equipment in their home and that the equipment will fit properly.

Question: Can individuals receive insulin therapy in the group home setting?

Answer: Yes, provided that the staff is properly trained in insulin administration procedures. Most provider homes do not approve of sliding scale insulin administration. Always check with the provider home before the individual is discharged to assure that insulin can be given.

Question: Can group home staff change dressings on wounds?

Answer: Yes, provided they have been trained to change the dressing. Dressing supplies are not available at the home and must be ordered for them before the individual is discharged.

Question: Can direct care staff from the individual's home be invited into the hospital to participate in the discharge planning process?

Answer: Absolutely. Check with the provider agency ahead of time so that they can arrange the schedule to allow for their participation in the planning process.

Question: How much advanced warning does the provider agency need of an individual's discharge from the hospital?

Answer: Most agencies are able to prepare for an individual's discharge rapidly. However, if the individual has special needs to consider, the agency may want additional time to plan. Notify the home as soon as possible so that arrangements can be made for discharge. This will help avoid discharge delays.

Discharge planning will be a positive experience if the hospital and the provider agency communicate openly during the individual's hospitalization.