

## Discharge Planning

### **Q. What are the requirements for discharge planning related to persons in mental health facilities?**

Federal Conditions of Participation govern hospital responsibilities for discharge planning. In addition, the state's Baker Act also has the following discharge planning requirements:

394.459(11), F.S. Right To Participate In Treatment And Discharge Planning.-- The patient shall have the opportunity to participate in treatment and discharge planning and shall be notified in writing of his or her right, upon discharge from the facility, to seek treatment from the professional or agency of the patient's choice.

65E-5.1303, FAC Discharge from Receiving and Treatment Facilities.

(1) Before discharging a person who has been admitted to a facility, the person shall be encouraged to actively participate in treatment and discharge planning activities and shall be notified in writing of his or her right to seek treatment from the professional or agency of the person's choice and the person shall be assisted in making appropriate discharge plans. The person shall be advised that, pursuant to Section 394.460, F.S., no professional is required to accept persons for psychiatric treatment.

(2) Discharge planning shall include and document consideration of the following:

(a) The person's transportation resources;

(b) The person's access to stable living arrangements;

(c) How assistance in securing needed living arrangements or shelter will be provided to individuals who are at risk of re- admission within the next 3 weeks due to homelessness or transient status and prior to discharge shall request a commitment from a shelter provider that assistance will be rendered;

(d) Assistance in obtaining a timely aftercare appointment for needed services, including continuation of prescribed psychotropic medications. Aftercare appointments for psychotropic medication and case management shall be requested to occur not later than 7 days after the expected date of discharge; if the discharge is delayed, the facility will notify the aftercare provider. The facility shall coordinate with the aftercare service provider and shall document the aftercare planning;

(e) To ensure a person's safety and provide continuity of essential psychotropic medications, such prescribed psychotropic medications, prescriptions, or multiple partial prescriptions for psychotropic medications, or a combination thereof, shall be provided to a person when discharged to cover the intervening days until the first scheduled psychotropic medication aftercare appointment, or for a period of up to 21 calendar days, whichever occurs first. Discharge planning shall address the availability of and access to prescribed psychotropic medications in the community;

(f) The person shall be provided education and written information about his or her illness and psychotropic medications including other prescribed and over-the-counter medications, the common side-effects of any medications prescribed and any adverse clinically significant drug-to-drug interactions common between that medication and other commonly available prescribed and over-the-counter medications;

- (g) The person shall be provided contact and program information about and referral to any community-based peer support services in the community;
- (h) The person shall be provided contact and program information about and referral to any needed community resources;
- (i) Referral to substance abuse treatment programs, trauma or abuse recovery focused programs, or other self-help groups, if indicated by assessments; and
- (j) The person shall be provided information about advance directives, including how to prepare and use the advance directives.

**Q. What are Baker Act receiving facilities required to do in preparing a person for discharge?**

Baker Act receiving facilities are required, for all persons being discharged, to consider the person's transportation resources; access to stable housing; access to medications and access to an aftercare appointment. They are required to give persons education and written information about their illness and their psychotropic medications including other prescribed and over-the-counter medications, the common side-effects of any medications prescribed and any adverse clinically significant drug-to-drug interactions common between that medication and other commonly available prescribed and over-the-counter medications, as well as information about and referral to any community-based peer support services in the community; information about and referral to any needed community resources; and referral to substance abuse treatment programs, trauma or abuse recovery focused programs, or other self-help groups, if indicated by assessments.

**Q. The Baker Act rules for Discharge Planning require securing needed psychotropic medications for the post-discharged period of up to 21 days. Does this mean that when a patient without funding is discharged that the hospital must provide 21-days of medication for the patient until they can be seen in local community mental health for med management?**

A. The rule definition states "up to 21 days". It can be waived if the person isn't prescribed any psychotropic medications and in some cases, denial of medications may be justified through physician documentation in the chart as to why no medications or prescriptions for medications are provided due to safety issues.

(5) **Discharge plan** means the plan developed with and by the person which sets forth how the person will meet his or her needs, including living arrangements, transportation, aftercare, physical health, and securing needed psychotropic medications for the post-discharge period of up to 21 days.

However, the section of the rule governing the details of discharge from receiving facilities may be more helpful, as follows:

**65E-5.1303 Discharge from Receiving and Treatment Facilities.**

- (1) Before discharging a person who has been admitted to a facility, the person shall be encouraged to actively participate in treatment and discharge planning activities and shall be notified in writing of his or her right to seek treatment from the professional or agency of the person's choice and the person shall be assisted in making appropriate discharge plans. The person shall be advised that, pursuant to Section 394.460, F.S., no professional is required to accept persons for psychiatric treatment.
- (2) Discharge planning shall include and document consideration of the following:
- (a) The person's transportation resources;
  - (b) The person's access to stable living arrangements;
  - (c) How assistance in securing needed living arrangements or shelter will be provided to individuals who are at risk of re-admission within the next 3 weeks due to homelessness or transient status and prior to discharge shall request a commitment from a shelter provider that assistance will be rendered;
  - (d) Assistance in obtaining a timely aftercare appointment for needed services, **including continuation of prescribed psychotropic medications. Aftercare appointments for psychotropic medication and case management shall be requested to occur not later than 7 days after the expected date of discharge;** if the discharge is delayed, the facility will notify the aftercare provider. The facility shall coordinate with the aftercare service provider and shall document the aftercare planning;
  - (e) To ensure a person's safety and provide continuity of essential psychotropic medications, **such prescribed psychotropic medications, prescriptions, or multiple partial prescriptions for psychotropic medications, or a combination thereof, shall be provided to a person when discharged to cover the intervening days until the first scheduled psychotropic medication aftercare appointment, or for a period of up to 21 calendar days, whichever occurs first.** Discharge planning shall address the availability of and access to prescribed psychotropic medications in the community;
  - (f) The person shall be provided education and written information about his or her illness and psychotropic medications including other prescribed and over-the-counter medications, the common side-effects of any medications prescribed and any adverse clinically significant drug-to-drug interactions common between that medication and other commonly available prescribed and over-the-counter medications;
  - (g) The person shall be provided contact and program information about and referral to any community-based peer support services in the community;
  - (h) The person shall be provided contact and program information about and referral to any needed community resources;
  - (i) Referral to substance abuse treatment programs, trauma or abuse recovery focused programs, or other self-help groups, if indicated by assessments; and
  - (j) The person shall be provided information about advance directives, including how to prepare and use the advance directives.
- (3) Should a person in a receiving or treatment facility meet the criteria for involuntary outpatient placement rather than involuntary inpatient placement, the facility administrator may initiate such involuntary outpatient placement, pursuant to Section 394.4655, F.S., and Rule 65E-5.285, F.A.C., of this rule chapter.

As you can see above, you can provide up to 21 days of medications, or prescriptions for the 21 days, or some combination of medications and prescriptions. If the medication aftercare appointment is less than 21 days after discharge, the hospital's obligation is

only to ensure access to meds until the aftercare appointment. You can provide the medications or prescriptions to a family member when one is available and willing instead of the patient if safety is an issue. Some options that may be considered:

- If your hospital has an outpatient pharmacy license, it can dispense the medications directly.
- If no outpatient pharmacy license, it can refer to a pharmacy under contract with the hospital to dispense the medications.
- You can refer to the community mental health center for access to the Indigent Drug Program
- The County may have some type of low cost medical service program.
- A physician providing the aftercare services may have access to sample medications that can bridge the gap until full aftercare services are available.

**Q. What do we do if our hospital can't provide the medications and the patient doesn't have the resources to buy the meds?**

A. If your hospital doesn't provide the medications, the patient may or may not have the resources with which to pay for the medications or even the co-pays involved. The following article in a Medscape 7/20/11 edition provided helpful suggestions on access to medications:

**Question: How can I help my uninsured patients get the medicines they need?**

Clinicians routinely encounter patients who are unable to afford their medications. According to the US Census Bureau, 50.7 million people (16.7%) were without some form of health insurance in 2009.<sup>[1]</sup> Even among those with insurance, a significant proportion of patients have inadequate prescription coverage. Patients either have to seek sources of assistance to pay for medications or forego treatments altogether.

**Patient Assistance Programs**

Clinicians can direct these patients and providers to a variety of patient assistance programs (PAPs) that serve to promote access to free or reduced cost medications. Manufacturers can be contacted directly to inquire about PAPs they offer for their products. But even more comprehensive information on medication and healthcare assistance is provided by a number of organizations that serve as a conduit to the larger realm of PAPs offered by state and local governments, nonprofit organizations, and pharmaceutical manufacturers. The organizations discussed in more detail below are accessible via the Internet and some by telephone.

**Partnership for Prescription Assistance**

The Partnership for Prescription Assistance (PPA)<sup>[2]</sup> was launched in 2005. PPA provides access to more than 475 public and private programs

that provide over 2500 free or nearly free medications. According to their data, PPA has helped over 6 million patients obtain free or reduced cost medication. An advantage of the PPA is that it can be accessed by telephone in addition to the internet.

The PPA Internet request process is fairly straightforward. Via the Website, a patient or caregiver can enter the name(s) of the medications needed along with some basic financial information. Depending on the particular needs of the patient, PPA then directs the requester to various assistance programs that would meet those specific needs. For example, a resident in Maryland can enter duloxetine (Cymbalta®) in the drug name field, along with address and income information.

The Website then provides a download for the paper application for the Lilly Cares program along with contact information for a statewide program that assists healthcare providers or patients with completing the PAP application. The site also provides a search tool for free and information on low-cost clinics based on zip code, discount drug cards, and a variety of other healthcare resources. For more information, see [Partnership for Prescription Assistance](#) or call 1-888-4PPA-NOW (1-888-477-2669).

### **NeedyMeds**

NeedyMeds<sup>[3]</sup> is a nonprofit organization whose mission is "to make information about assistance programs available to low-income patients and their advocates at no cost." Information on thousands of free or low-cost PAPs, government programs, disease management assistance resources, and clinics, is accessed via the NeedyMeds.org Website. Depending on the type of information requested, the Website may link one to a variety of resources. If one types "Pradaxa®" in the Brand Names list within the Patient Assistance Programs section, they will be linked to information on obtaining a discount drug card (Pradaxa® Savings Card) offered by Boehringer Ingelheim Pharmaceuticals, Inc. NeedyMeds offers PAPTracker, a Web-based subscription software program that can be used by providers and clinics to expedite preparation of manufacturers' application forms. For more information, see [NeedyMeds](#).

### **RxAssist Patient Assistance Program Center**

RxAssist,<sup>[4]</sup> sponsored by AstraZeneca, is another free Web-based directory of PAPs, Medicare Part D information, and low-cost medication programs. The Website is divided into 2 sections: 1 geared for healthcare professionals, and 1 designed for patients. In either section, a drug name is searched, and results for applicable PAPs and discount programs are provided. The qualifying income levels for a given program are detailed as well. For example, a search for "Lovenox®" will give contact information for the sanofi-aventis Lovenox® Reimbursement Services and Patient

Assistance Program along with the eligible income levels. For more information, see [RxAssist](#).

### **Savings Cards**

Savings cards may be available to help patients afford medications by allowing eligible patients to buy certain prescription and generic medications at reduced prices. As noted above, a list of savings cards is available on the [Partnership for Prescription Assistance Website](#). One example is described below.

### **Together Rx Access® Card**

The Together Rx Access® Card<sup>[5]</sup> is a savings card sponsored by over 15 pharmaceutical companies. This free card is available for patients who have no public or private prescription drug coverage, do not qualify for Medicare, and meet financial eligibility requirements. This program offers savings on over 300 common prescription medications and a range of generics. According to the Website, cardholders may save 25%-40% on prescriptions directly at the pharmacy. Participating pharmacies and a current list of included medications are available on the Website. For more information, see [Together Rx Access](#) or call 1-800-966-0407.

### **Conclusion**

The above resources are either hosted by pharmaceutical companies or are nonprofit programs. A host of additional Websites is available to direct patients and caregivers toward valuable free or reduced cost medication resources. However, caution is always warranted whenever sensitive patient health and financial information is relayed via the Internet.

### **References**

1. US Census Bureau. Income, poverty, and health insurance coverage in the United States: 2009. Available at: <http://www.census.gov/prod/2010pubs/p60-238.pdf> Accessed June 10, 2011.
2. Partnership for Prescription Assistance. Available at: [www.pparx.org](http://www.pparx.org) Accessed June 14, 2011.
3. NeedyMeds. Available at: [www.needymeds.org](http://www.needymeds.org) Accessed June 15, 2011.
4. RxAssist Patient Assistance Program Center. Available at: [www.rxassist.org](http://www.rxassist.org). Accessed June 15, 2011.
5. Together Rx Access. Available at: [www.togetherrxaccess.com](http://www.togetherrxaccess.com) Accessed June 29, 2011.
6. Medscape Pharmacists © 2011 WebMD, LLC

We all recognize that failure to assure access to medications for a chronic condition of any kind (cardiac, diabetes, mental illnesses, etc.) is almost sure to result in high recidivism and in some cases death. The longer the period between discharge and

aftercare services, the greater the chance that no aftercare will occur at all. I hope the above information is helpful.

**Q. Our receiving facility provides 30 days of medication to all patients upon discharge, regardless of ability to pay. Does the Baker Act require this?**

**65E-5.1303 Discharge from Receiving and Treatment Facilities.**

(2) Discharge planning shall include and document consideration of the following:

(a) The person's transportation resources;

(b) The person's access to stable living arrangements;

(c) How assistance in securing needed living arrangements or shelter will be provided to individuals who are at risk of re-admission within the next 3 weeks due to homelessness or transient status and prior to discharge shall request a commitment from a shelter provider that assistance will be rendered;

(d) Assistance in obtaining a timely aftercare appointment for needed services, including continuation of prescribed psychotropic medications. Aftercare appointments for psychotropic medication and case management shall be requested to occur not later than 7 days after the expected date of discharge; if the discharge is delayed, the facility will notify the aftercare provider. The facility shall coordinate with the aftercare service provider and shall document the aftercare planning;

**(e) To ensure a person's safety and provide continuity of essential psychotropic medications, such as prescribed psychotropic medications, prescriptions, or multiple partial prescriptions for psychotropic medications, or a combination thereof, shall be provided to a person when discharged to cover the intervening days until the first scheduled psychotropic medication aftercare appointment, or for a period of up to 21 calendar days, whichever occurs first. Discharge planning shall address the availability of and access to prescribed psychotropic medications in the community;**

(f) The person shall be provided education and written information about his or her illness and psychotropic medications including other prescribed and over-the-counter medications, the common side-effects of any medications prescribed and any adverse clinically significant drug-to-drug interactions common between that medication and other commonly available prescribed and over-the-counter medications;

(g) The person shall be provided contact and program information about and referral to any community-based peer support services in the community;

The Florida Administrative Code requires that the person's medication needs must be addressed. If the person has an aftercare appointment in one week, that would be the period during which the receiving facility is responsible. If the appointment is for 30 days out, the facility is only responsible for arranging for 21 days, although it may wish to exceed the requirement to reduce the risk of recidivism. However, if the person has the ability to pay for his/her own medications, provision of a prescription(s) would suffice in lieu of providing the medications.

Some physicians have suggested multiple prescriptions to reduce the risk of a person amassing a lethal dosage shortly after discharge. Sometimes the prescriptions are given to a family member to hold until time to be filled for safety reasons.

**Q. The hospital discharged our client last week and told us that “according to Baker Act law you have to give a doctor’s appointment within seven days so we’re only giving them a prescription for 7 days.” We explained that was impossible because this client’s doctor will be gone and we have scheduled him for later than the 7 day period. Does “aftercare” mean the psychiatrist or just a clinician or case manager? Normally, the local hospitals have been giving a 30-day prescription. Both our doctors are booked but we were able to get him in within 30 days. He was seen the very next day by his case manager and will be seen at least weekly as he is on the Intensive Case Management team. The Baker Act says the client must have “access to psychotropic medications or prescriptions until aftercare appointment or 21 calendar days.” I interpret that to mean it’s recognized that clients cannot always get an appointment with their psychiatrist within seven days.**

The full text of the Florida Administrative Code can be found below that governs discharge from receiving and treatment facilities.

The “aftercare appointment” specified in the rules is not defined because each community has different access to resources. The greater the amount of time between inpatient discharge and the first aftercare appointment, the greater the likelihood the person won’t show up at all.

This should ideally be an appointment with the attending psychiatrist who will follow the person on an outpatient basis. It might be the person’s primary care physician. It might be an ARNP with the community mental health center who can continue the medications prescribed by the inpatient psychiatrist. It might even be a case manager who can link the person to an appropriate provider in a timely way. Whatever it takes to ensure the person connects to continuity of care would meet this requirement.

If the appointment can’t be arranged within the seven day period called for in the rules, access to medications by the inpatient provider may have to be for a period of up to 21 days. Some of those inpatient settings only can provide medications in-house because they don’t have an outpatient pharmacy license. In such cases, they may be able to only provide prescriptions. For safety’s sake, they may not want to give 21 days of medication at a single time and may be able to give a smaller amount of medications, along with prescriptions for the remainder of the 21 days. Some communities have quick access to IDP medications, while others have access to emergency centers, free clinics, samples, or county clinics.

The hospital staff telling you that the center must give a doctor’s appointment within seven days and thus limiting the prescription to 7 days reflects a lack of knowledge on the hospital’s part. It is the hospital’s responsibility to make these arrangements for the person as part of its discharge planning obligations and if it takes up to 21 days, that is the period the hospital should provide medications, prescriptions, or a combination of such. However, in the absence of the person’s psychiatrist, arranging for another psychiatrist or ARNP at the CMHC to temporarily oversee the person’s care is entirely appropriate. It appears that you very appropriately provided for the person’s care.

#### **65E-5.1303 Discharge from Receiving and Treatment Facilities.**

- (1) Before discharging a person who has been admitted to a facility, the person shall be encouraged to actively participate in treatment and discharge planning activities and shall be notified in writing of his or her right to seek treatment from the professional or agency of the person's choice and the person shall be assisted in making appropriate discharge plans. The person shall be advised that, pursuant to Section 394.460, F.S., no professional is required to accept persons for psychiatric treatment.
- (2) Discharge planning shall include and document consideration of the following:
- (a) The person's transportation resources;
  - (b) The person's access to stable living arrangements;
  - (c) How assistance in securing needed living arrangements or shelter will be provided to individuals who are at risk of re-admission within the next 3 weeks due to homelessness or transient status and prior to discharge shall request a commitment from a shelter provider that assistance will be rendered;
  - (d) Assistance in obtaining a timely aftercare appointment for needed services, including continuation of prescribed psychotropic medications. Aftercare appointments for psychotropic medication and case management shall be requested to occur not later than 7 days after the expected date of discharge; if the discharge is delayed, the facility will notify the aftercare provider. The facility shall coordinate with the aftercare service provider and shall document the aftercare planning;
  - (e) To ensure a person's safety and provide continuity of essential psychotropic medications, such prescribed psychotropic medications, prescriptions, or multiple partial prescriptions for psychotropic medications, or a combination thereof, shall be provided to a person when discharged to cover the intervening days until the first scheduled psychotropic medication aftercare appointment, or for a period of up to 21 calendar days, whichever occurs first. Discharge planning shall address the availability of and access to prescribed psychotropic medications in the community;
  - (f) The person shall be provided education and written information about his or her illness and psychotropic medications including other prescribed and over-the-counter medications, the common side-effects of any medications prescribed and any adverse clinically significant drug-to-drug interactions common between that medication and other commonly available prescribed and over-the-counter medications;
  - (g) The person shall be provided contact and program information about and referral to any community-based peer support services in the community;
  - (h) The person shall be provided contact and program information about and referral to any needed community resources;
  - (i) Referral to substance abuse treatment programs, trauma or abuse recovery focused programs, or other self-help groups, if indicated by assessments; and
  - (j) The person shall be provided information about advance directives, including how to prepare and use the advance directives.

**Q. The Baker Act rules require that a receiving facility provide medications, prescriptions, or a combination of the two for a period of up to 21 days or until the first scheduled aftercare appointment. Can a receiving facility develop a protocol assessing people's resources/ability to pay before we buy medications? Can a receiving facility decline to provide the medications if the person has a history of**

**not taking the medications, throwing them away, or selling them? What if we can't get a timely aftercare appointment within 7 days after discharge?**

The rule was specifically designed to require provision of either prescriptions, medications, or a combination thereof. This means a facility can provide the medications for the full 21 day period (unless a follow-up appointment can be arranged earlier), provide a prescription(s) for the medication, or give a limited amount of the medication and a prescription for the rest. If the person's physician is averse to giving the meds or a prescription to the person because of safety reasons and there is no one else to whom the meds or prescriptions can be entrusted, this should be fully justified in the person's clinical record. If staff has confirmed that the person has ever sold such meds or thrown them away (not just as part of their illness), this should be documented in the clinical record. A person who has public or private insurance should be expected to pay for his or her own medications and only the issuance of a prescription would be appropriate.

Some hospitals or doctors are willing to provide medication samples to hold the person over until an appointment. Pharmaceutical company scholarship program could cover this on a short-term basis if the county or city doesn't have any type of indigent care fund that could cover part of the cost.

Receiving facilities should discuss the issue of aftercare appointments with the DCF district staff to see how such appointments for persons being released from psychiatric inpatient programs and from jails could get expedited attention. Most people who need psychotropic medications and don't take them will quickly be back at the hospital, in jail, or in life threatening circumstances.

**Q. Could you clarify 65E-5.1303 (2)(e), access to psychotropic medications or prescriptions until the aftercare appointment or 21 calendar days? Does this mean we must provide monies for the psychotropic medications to the patients if they don't have the financial resources?**

The section of the rules that governs this issue is.

65E-5.1303 Discharge from Receiving and Treatment Facilities.

(2) Discharge planning shall include and document consideration of the following:

(d) Assistance in obtaining a timely aftercare appointment for needed services, including continuation of prescribed psychotropic medications. Aftercare appointments for psychotropic medication and case management shall be requested to occur not later than 7 days after the expected date of discharge; if the discharge is delayed, the facility will notify the aftercare provider. The facility shall coordinate with the aftercare service provider and shall document the aftercare planning;

(e) To ensure a person's safety and provide continuity of essential psychotropic medications, such prescribed psychotropic medications, prescriptions, or multiple partial prescriptions for psychotropic medications, or a combination thereof, shall be provided to a person when discharged to cover the intervening days until the first scheduled psychotropic medication aftercare appointment, or for a period of up to 21 calendar days, whichever occurs first. Discharge planning shall address

the availability of and access to prescribed psychotropic medications in the community;

This requirement just states that you must provide the medications or prescriptions for the medications, or multiple prescriptions, or some combination of medications and prescriptions for the 21 day period unless the aftercare appointment occurs earlier. Every community has varying access to low cost medications.

- If the person has no insurance or other ability to pay for these medications, your hospital may want to provide samples or may dispense the medications if you have an outpatient pharmacy license.
- You can assist the person to get the medications from prescription assistance programs operated by pharmacy companies.
- Your county may offer access to low cost medical care and prescription drugs for indigent persons.
- Your community may have a Free Clinic that provides medications
- If the patient is already served by the community mental health center or is eligible for services, you can refer him/her to the center for DCF-funded Indigent Drug Program if you are sure that there won't be a gap in medications.

All of these are available in one or more communities in Florida. You just need to be sure you find some method of ensuring the person has access to the medications or to the prescriptions. The rule governing discharge doesn't require you to pay for the medications – just to ensure that the person has access.

One for-profit hospital keeps up on what is on the local Free Clinic formulary and refers indigent persons discharged to the Free Clinic when those drugs (medical and psychiatric diagnoses) are available. When not available through the Free Clinic, the hospital refers persons to a local pharmacy where it provides through a contract a 30 day supply of medications. The hospital believes this prevents return of these indigent persons to the hospital, meets the regulatory requirements and is the most humane method of treating persons with severe mental illnesses.