



Region 4 DAP

Overview, Guidelines and Expectations



DAP Overview



- ▶ DAP supports the Department's commitment to person-centered and recovery based care.
- ▶ Supported with a pool of state mental health funds allocated to each DBHDS region (Region) to implement community capacity and/or individualized services and supports that enable adults receiving services in state hospitals to live in the community.



DAP Purpose



- ❖ To serve individuals already discharged from state hospitals who are presently receiving services through the DAP and transition them into non-DAP funded services and supports as soon as able.
- ❖ To serve adults in state hospitals who have been determined to be clinically ready for discharge and for whom additional funding for services and supports is required to support their placement in the community through the development, funding, implementation, and utilization review of discharge assistance funds.



Submitting DAP Request

- ▶ Must be clinically ready for discharge* (exceptions on next slide)
- ▶ Must have residential provider identified
- ▶ Must have identified benefit status and explored other potential income; DAP is a payer of last resort
 - If individual has SSDI, please confirm how much (if any) income they have accumulated since admission (all income must go towards their plan)
 - All benefits applications (AG/Medicaid/SSI/SSDI etc.) should be completed and submitted to proper agency prior to discharge
- ▶ If placement occurs outside home CSB catchment, home CSB must communicate with receiving CSB; i.e. out of catchment referral
- ▶ If seeking memory care placement, approval form must be sent to Susan Anson at DBHDS prior to submitting DAP request
- ▶ If seeking residential costs over the approved AG rate, all DBHDS funded placements must be ruled out first (Town Creek, Gateway)

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Exceptions to “Clinically Ready for Discharge” rule...

- ▶ NGRI Individual is exercising 8 hour privileges
- ▶ Individual requires guardianship before discharge



Submitting a DAP Request cont.

Once the previous requirements have been met and a clinically appropriate plan has been put together:

- ▶ Submit via encrypted email a completed DAP plan and narrative; be sure documents are on the latest templates provided by DBHDS
- ▶ Once request is received, the Regional Office will:
 - ❖ Review for clarity and accuracy
 - ❖ Request modifications if necessary
 - ❖ Deliver via encrypted email to RUMCT for approval
 - ❖ Notify all parties involved once/if plan is approved (must have 4 CSB and 1 state hospital approvals to move forward)

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Approving DAP Requests

Once request is approved:

- ▶ CSB liaison/staff can continue moving forward with discharge
- ▶ CSB liaison/staff must secure a provider agreement with the residential provider for any ongoing plan
- ▶ Regional office will update the Region 4 DAP database to reflect the approval of the plan and the amount it was approved for



Invoices

In order to keep an accurate account of our annual allocation vs. the amount we have encumbered in DAP plans, it is of the utmost important invoices are received in a timely manner. It is the responsibility of the CSB liaison/staff monitoring the DAP plan to ensure DAP invoicing stays up to date

- Providers will forward clear invoices to CSB liaison/staff monitoring the DAP plan
- CSB Liaison/staff will review the invoice for accuracy against approved DAP plan
- If accurate, sign invoice and send via encrypted email to region4invoices@rbha.org
- If there are discrepancies, do not send for payment. Please contact the provider and review the approved plan and request a new/accurate invoice
- Once received, regional office will review for accuracy and submit to finance for prompt payment if no discrepancies are found
- If discrepancies are found, regional office will notify CSB and request a new invoice



Invoice Inquiries

Should you require follow up on a previously submitted invoice, please be sure to provide the Regional Office with:

- ▶ Vendor
- ▶ Individual's name
- ▶ Specific services rendered
- ▶ Amount of invoice
- ▶ Date invoice was emailed to the Regional Office



Reporting Requirements

- ▶ CSBs must meet state reporting requirements for all ongoing DAP plans (910 consumer designation code)
- ▶ Quarterly DAP report
- ▶ One-time DAP plan report (monthly)



Region 4 Scrubbing

Quarterly DAP Scrub

- ▶ Regional scrubblings occur each quarter and liaisons/case managers give a complete report on their consumers
- ▶ Regional office has provided boards with a list of questions to help prepare for scrubs
- ▶ Also a great opportunity for problem solving any difficult cases liaisons/case managers may have

Mini DAP Scrub

For CSBs with 15 or more ongoing DAP plans, a mini scrub will take place in between each scheduled quarterly scrub

Scrub Feedback

After all scrubs, the Regional Office will provide each CSB a form requesting any follow-up required from the recently completed scrub

- CSBs will complete requested follow up and return by listed due date
- Regional office will provide CSB and DBHDS with final outcomes



DAP Manual and Forms

The following documents and forms can be found on the Region 4 website under Discharge Assistance Program:

- DAP Manual; updated and effective July 2020
- IDAPP template
- DAP narrative template
- DAP quarterly report template
- DAP re-hospitalization/incarceration notice
- DAP secure memory care justification form

<https://www.region4programs.org/forms.aspx>