GOVERNMENT OF THE DISTRICT OF COLUMBIA DEPARTMENT OF BEHAVIORAL HEALTH	Policy No- 511.4A	Date 12/18/2025	Page 1
	Supersedes: DBH Policy 511.4, Dated October 13, 2024		

Subject: Mental Health Community Residential Facilities Admission, Denial, Discharge, and Closure Policy

1. Purpose. To establish a process that complies with governing Federal and District laws and regulations for Department of Behavioral Health (DBH or the Department) licensed Mental Health Community Residence Facilities (MHCRF) operators to admit residents, deny resident admissions, discharge/transfer/relocate residents. This policy shall also serve as the Department's model discharge plan. DBH updated this policy to: (1) establish a discharge process for resident elopements and unplanned extended absences to allow for new prospective residents in need of supportive housing to fill beds; and (2) codify the MHCRF closure process in cases of voluntary and involuntary closure.

2. Applicability. DBH-licensed MHCRF operators; all DBH-certified Core Services Agencies (CSA) and Assertive Community Treatment (ACT) Teams.

3. Authority. Americans with Disabilities Act, 42 U.S.C. Ch. 126 §§ 12101 *et seq*. (ADA); Nursing Home and Community Residence Facilities Protections Act D.C., Code §§ 44-1003.01 *et seq.;* District of Columbia Human Rights Act, D.C. Code §§ 2-1401.01 *et seq.* (Human Rights Act)*;* Title 22-A District of Columbia Municipal Regulations (DCMR) Chapter 3; Title 22- A DCMR Chapter 34; Title 22-A DCMR Chapter 38.

4. Background. Obtaining and maintaining a safe and secure home is a critical component of mental health recovery. Housing provides the requisite stability to achieve treatment goals, which reduces the likelihood that people with mental health illnesses will cycle in and out of homelessness, jails, shelters and hospitals. Recognizing the important role that housing plays in recovery, the Department has established a network of housing providers and supports, including MHCRFs throughout the District. Through the provision of safe and appropriately supervised housing, meals and assistance with daily living, MHCRFs serve an integral role in supporting hundreds of DBH consumers living successfully in the least restrictive community-based settings.

The Department has enacted regulations to clarify resident and MHCRF operator rights and responsibilities through the MHCRF admission, denial and discharge processes. *See* Title 22-A DCMR Chapter 38. Recently, DBH received several MHCRF denial and discharge notices that did not comport with governing laws, regulations or policies, and which necessitated Director-ordered placements for residents following denials and fair hearings at the Office of Administrative Hearings in response to invalid discharges. This policy is intended to establish a procedure for MHCRFs and CSA/ACT Teams to ensure that all MHCRF admissions, denials, discharges, and closures meet statutory and regulatory requirements.

5. Definitions.

5a. Assertive Community Treatment (ACT) Team: A mobile, inter-disciplinary team of

qualified practitioners and other staff certified under Title 22-A DCMR Chapter 34 to deliver ACT services to DBH consumers in accordance with Title 22-A DCMR Chapter 34 and governing policies.

5b. Closure: The planned or sudden permanent closing of operations for an MHCRF that results in the relocation of residents. There are two types of closures:

(1) Voluntary Closure: A closure that is initiated by the MHCRF operator.

(2) Involuntary Closure: A closure that is initiated by DBH.

5c. Core Services Agency (CSA): A provider certified by DBH to deliver community-based Mental Health Rehabilitation Services (MHRS) pursuant to Title 22-A DCMR Chapter 34 that has entered into a Human Care Agreement with the Department to provide specified MHRS.

5d. Discharge: Termination of a resident's stay at or relocation from an MHCRF due to action taken by the choice of the resident or by the MHCRF operator or the Mayor. There are three (3) types of discharge: Voluntary Discharge, Emergency Discharge, and Involuntary Discharge.

(1) Voluntary Discharge: Termination of a resident's stay in an MHCRF by the choice of the resident.

(2) Involuntary Discharge: Termination of a resident's stay in an MHCRF due to action taken by the MHCRF operator.

(3) Emergency Discharge: Termination of a resident's stay in an MHCRF made pursuant to D.C. Code §§ 44-1003.02 or 44-1003.05 *et seq.*

5e. Elopement: The resident is absent and missing from the MHCRF facility, uncompelled by any act or directive of the facility and their whereabouts are unknown, they are not hospitalized or incarcerated, and their absence was unplanned and unauthorized.

5f. Emergency: An adverse event that may compromise a resident's health, safety, and/or welfare.

5g. Mental Health Community Residence Facility (MHCRF): A publicly or privately owned community residence facility that provides twenty-four (24) hour supervised care and a home-like environment in a house or apartment building for individuals age eighteen (18) or older:

(1) With a principal diagnosis of mental illness;

(2) Who require twenty-four (24) hour on-site staff supervision, monitoring, personal assistance with activities of daily living, lodging, and meals; and

(3) Who are not in the physical custody of the Department of Corrections.

5h. Relocation: The movement of a resident from one room of the MHCRF where they reside to another, whether voluntary or involuntary, pursuant to the Nursing Home and Community Residence Facility Residents' Protection Act.

5i. Representative: Any person who:

(1) Is knowledgeable about the resident and has been assigned by the resident to represent them;

(2) Has been appointed by a court to administer a resident's financial or personal affairs, or to advocate for the resident's rights; or

(3) The District of Columbia Long Term Care Ombudsman (LTCO) or their designee, if no person has been appointed.

5j. Resident: Any person, who is not a staff member, who resides in an MHCRF under the auspices of Title 22-A DCMR Chapter 38.

5k. Transfer: The movement of a resident from one MHCRF to another MHCRF operated by the same provider, whether voluntary or involuntary.

6. Policy.

6a. All DBH-licensed MHCRF operators and DBH-certified CSA/ACT Teams shall adhere to the policy as set forth below.

6b. This policy has been developed in consultation with the MHCRF operators and the LTCO and shall serve as the District's model discharge plan pursuant to the requirements of the Nursing Home and Community Residence Facility Residents' Protections Act of 1985, (D.C. Official Code §§ 44-1001.01 *et seq*.; § 44-1003.10) to ensure the safe and orderly transfer, discharge and relocation of MHCRF residents, and to protect the residents' health, safety, welfare and rights.

7. Procedure.

7a. MHCRF Application

(1) To begin the MHCRF application process, the potential resident's CSA/ACT Team shall send an application packet electronically to the DBH Department of Residential Services, Supports and Continuity of Services (RSS) at **crf.cert@dc.gov** A l l MHCRF applications must include:

(a) Level of Care Form for MHCRF Placement;

(b) MHCRF Medical Clearance Form;

(c) Demographic Form;

(d) Clinical Summary Form;

(e) Official Income Verification, including proof of income (i.e., SSI, SSDI, VA, retirement benefits, annuities, etc.) dated within ninety (90) calendar days of the MHCRF referral indicating that the resident has sufficient funds to pay rent. If

the potential resident receives representative payee services through the DBH-contracted representative payee vendor, Income Verification on agency letterhead signed by the administrator of the Finance/Benefits Unit is acceptable. If income is not in place, the resident must provide proof of an application for benefits (i.e. SSI, SSDI, VA) or the status of other sources of income (i.e. retirement, annuities, etc.);

(f) Authorization for Disclosure signed by consumer or guardian; and

(g) A copy of the MHCRF applicant's Department-approved functional assessment report.

(2) The CSA/ACT Team housing liaison shall review all MHCRF application packets for sufficiency before they forward the application to RSS for review. RSS shall notify the housing liaison within three (3) business days of any information that is missing from the application packet.

(3) RSS shall review all applications upon receipt and place incomplete applications in a 'Pending' status until the CSA/ACT Team provides all outstanding documents needed to complete the application package.

(4) Upon receipt of a completed MHCRF application, RSS will provide the housing liaison:

(a) A Level of Care Certificate (LOCC);

(b) An MHCRF Vacancy List; and

(c) An Optional State Payment (OSP) Application.

(5) The CSA/ACT staff member who placed the individual in the CRF shall complete and submit the completed OSP Application to the Department of Health Care Finance (DHCF) at osp@dc.gov within two (2) business days of the resident's placement in an MHCRF. If awarded, OSP offsets a portion of the resident's MHCRF rent. DBH may pay locally-funded PUSH funds to MHCRF operators while a resident's OSP application is pending, and indefinitely if a MHCRF resident is not a U.S. citizen or does not otherwise qualify for OSP.

(6) The LOCC shall be effective for ninety (90) calendar days from date of issuance. The potential resident's CSA/ACT Team may send a "Request for Extension of the LOCC Date" no less than two (2) weeks prior to the LOCC expiration date, if required. The request must include a narrative indicating the status of the applicant, reason(s) for the extension request, a current List of Prescribed Medical and Psychiatric Medications, and an updated Psychiatric Evaluation. Only one (1) extension request may be accepted. If the potential resident is not placed in an MHCRF before the LOCC expires, the potential resident's CSA/ACT Team must submit a new MHCRF Application Packet to RSS for a new LOCC.

(7) A resident's CSA/ACT team shall provide RSS with an updated level of care

package on a yearly basis and upon any change in circumstances. RSS shall evaluate each LOCC package pursuant to Section 7a of this policy upon receipt and issue an updated LOCC, if appropriate.

(8) The potential resident/guardian or their CSA/ACT Team may request reconsideration of the LOCC by providing additional information to RSS at crf.cert@dc.gov. RSS shall respond to requests for LOCC reconsideration within seven (7) business days following receipt of the request. A potential resident may grieve a LOCC certificate pursuant to the procedure established in Title 22-A DCMR Chapter 3.

7b. MHCRF Admissions

(1) All DBH-licensed MHCRFs shall admit potential residents with a principal diagnosis of mental illness if: (1) the MHCRF meets the potential resident's DBH-approved level of care; and (2) the MHCRF can safely and adequately provide care to the potential resident. Except in unusual circumstances particular to an individual applicant or residence, any licensed MHCRF should safely and adequately provide care to the potential resident meeting the MHCRF's level of licensure.

(2) As part of the matching process, the MHCRF shall receive an MHCRF packet from the Department and/or the potential resident's CSA/ACT Team.

(3) All potential residents have the option to tour and/or interview with MHCRF staff to support the potential resident's decision about whether to move to the home if accepted. A Department-licensed MHCRF shall not deny or delay admission based solely on a potential resident's inability or decision not to engage in the MHCRF interview process.

(4) The MHCRF should review the potential resident's MHCRF packet to:

(a) Determine whether the MHCRF meets the potential resident's level of care;

(b) Whether the MHCRF can safely and adequately provide care; and

(c) To understand the potential resident's needs to facilitate admission if the potential resident selects the MHCRF as their home.

(5) An MHCRF may deny admission to a potential resident when:

(a) The MHCRF is not the appropriate level of care for the potential resident; or

(b) The MHCRF cannot safely and adequately provide care to the potential resident.

(6) All Department-licensed MHCRFs must comply with the ADA and the Human Rights Act when admitting potential residents. Specifically, no Department-licensed MHCRF shall deny admission based upon a potential resident's:

(a) Age;

(b) Gender;

(c) Race;

(d) Physical or mental disability;

(e) HIV status;

(f) Religion;

(g) Sexual orientation;

(h) Gender identity or expression;

(i) National origin;

(j) Marital status;

(k) Source of payment for the service;

(l) Need for assistance with medication administration;

(m) Active substance use issues, history of substance use or participation in a substance use treatment program;

(n) Need for limited or intermittent nursing care;

(o) The potential resident's desire to not attend a day program outside of the MHCRF; or

(p) The agency from which the potential resident receives CSA or ACT services.

7c. MHCRF Denials

(1) When an MHCRF denies admission to a potential resident, it must provide written reasons for the denial on the Department-approved form (*See* Exhibit 9) within three (3) business days to the Director, the potential resident, and their treatment team.

(2) The Director may order the potential resident's admission to the MHCRF over the MHCRF's denial if the admission is consistent with the Department-approved level of care, the MHCRF is licensed to provide the approved level of care, and the MHCRF has a vacant bed. An operator's failure to accept a Director-ordered placement may result in DBH taking adverse action against the MHCRF's license and/or Human Care Agreement.

7d. MHCRF Discharges/Transfers/Relocations

(1) Immediately upon learning that an MHCRF resident is experiencing an issue that could escalate to the issuance of an emergency or involuntary

discharge/transfer/relocation notice, the MHCRF operator must take action to try to resolve the concern and avert the potential discharge/transfer/relocation (*e.g.*, contact DBH to address issues with OSP, call a care plan meeting with the resident's treatment team to discuss behavioral concerns, etc.).

(2) An MHCRF shall not discharge, transfer, or relocate a resident without first notifying the Department (the Director of Residential Services and Supports). The MHCRF must also promptly notify the following parties of the resident's discharge/transfer/relocation:

(a) LTCO;

(b) The resident's CSA/ACT Team; and

(c) The resident's physician when the resident's physical or mental condition changes and the resident requires services or supports that necessitate the discharge/transfer/relocation.

(3) The MHCRF must provide the resident and their representative oral and written notice of a proposed discharge or transfer at least twenty-one (21) calendar days in advance of the discharge or transfer, and at least seven (7) calendar days in advance of a relocation within the MHCRF. Immediately upon becoming aware of a proposed discharge/transfer/relocation, the MHCRF must engage the resident's CSA/ACT Team to begin the discharge planning process and to provide supports to the resident, including a discharge plan that includes the address for an appropriate new placement for the resident. *See* Section 7h.

7e. MHCRF Voluntary Discharge/Transfer/Relocation

(1) A voluntary discharge/transfer/relocation must be **resident-initiated**. The steps to issue a voluntary discharge/transfer/relocation notice are as follows:

(a) All voluntary discharges/transfers/relocations must be initiated by a resident informing an operator of their intent to move from or within the MHCRF.

(b) Following this notification, the MHCRF operator must notify the following parties and hold a voluntary discharge/transfer/relocation notice conference to discuss the potential discharge/transfer/relocation as soon as all of the following parties are able to be present:

(1) The MHCRF operator;

(2) The resident/guardian (if applicable);

(3) The resident's CSA/ACT Team;

(4) The DBH Licensure Division;

(5) The DBH Division of Care Access and Innovation; and

(6) Representative of the LTCO.[1]

(c) At a minimum, the parties at the conference must:

(1) Clarify the circumstances that led to the proposed discharge/transfer/relocation and the reasons for the proposed move;

(2) Confirm that the resident initiated the discharge/transfer/relocation;

(3) Confirm that the resident was not coerced to submit the voluntary discharge/transfer/relocation notice;

(4) Verify the resident's new address, if available;

(5) Identify activities and responsibilities for coordination of any post-discharge care and/or support;

(6) Identify activities and responsibilities for coordination of the resident's new housing placement;

(7) Respond to any questions the resident/guardian may have about the discharge; and

(8) Reach consensus regarding the type of discharge/transfer/relocation notice– voluntary or involuntary – to be submitted.

(d) The voluntary discharge/transfer/relocation notice conference may be held in person or via teleconference or videoconference.

(e) After the voluntary discharge/transfer/relocation notice conference, the MHCRF must complete the MHCRF Discharge/Transfer/Relocation Meeting Form and submit it to DBH along with the appropriate discharge notice, as indicated below. *See* Exhibit 3, MHCRF Discharge/Transfer/Relocation Meeting Form.

(f) If DBH determines that the discharge/transfer/relocation was initiated by the resident without coercion, the operator must submit a Voluntary Discharge/Transfer/Relocation Notice that has been completed by the resident to DBH and the LTCO. *See* Exhibit 2, Mental Health Community Residence Facility Voluntary Discharge Notice.

(g) If DBH determines that the discharge/transfer/relocation was initiated by a party other than the resident, or the resident was coerced into requesting a voluntary discharge/transfer/relocation, the operator must submit a valid Involuntary

[1] The MHCRF resident, at their sole discretion and without coercion from any party, may leave the MHCRF before the parties convene the voluntary discharge notice conference. The MHCRF resident may invite other parties to the voluntary discharge notice conference provided that the resident signs a valid Release of Information permitting any person who is not a member of the Resident's treatment team to participate in the meeting. (*See* Exhibit 4, DBH HIPAA Form 3).

Discharge/Transfer/Relocation Notice to DBH and the LTCO. *See* Exhibit 1, Mental Health Community Residence Facility Involuntary Discharge/Transfer/Relocation Notice.

(2) DBH will review all notices submitted and approve notices that meet the requirements of Title 22-A DCMR Chapter 38 and the Nursing Home and Community Residence Facilities Protections Act (D.C. Code §§ 44-1003.01 *et seq*.).

(3) Voluntary discharge includes residents who are later admitted to other facilities (such as jails, hospitals, or subacute care settings) when facility staff indicate that MHCRF placement is not currently recommended due to the resident's current placement being considered "long-term" or lacking an anticipated discharge date. For admissions extending beyond ninety (90) days, facility staff must clearly acknowledge that if MHCRF placement may be needed upon discharge, they agree to assist in completing the necessary paperwork for placement consideration.

7f. MHCRF Involuntary Discharge/Transfer/Relocation

(1) The **MHCRF operator** must initiate an involuntary discharge/transfer/relocation. The basis upon which an operator may issue an involuntary discharge include situations where the discharge:

(a) Is essential to meet the resident's documented health-care needs or DBH-issued level of care;

(b) Is essential to safeguard the resident, other residents, staff, or neighbors of the MHCRF from physical or emotional injury;

(c) The resident, guardian or payee has not paid MHCRF rent, after the MHCRF has provided the resident reasonable and appropriate notice;

(d) The discharge is necessary to meet the MHCRF's reasonable administrative needs and there are no other practicable alternatives available; or

(e) The MHCRF is closing or reducing licensing capacity.

(2) At least ten (10) days before issuing an Involuntary Discharge/Transfer/Relocation Notice, the MHCRF operator must hold an involuntary discharge/transfer/relocation notice conference to discuss the potential discharge/transfer/relocation. The following parties must, to the extent possible and with outreach and absences documented, be present:

(a) The MHCRF operator;

(b) The resident/guardian (if applicable);

(c) The resident's CSA/ACT Team;

(d) A representative of the DBH Licensure Division;

(e) A representative of the Division of Care Access and Innovation; and

(f) A representative of the LTCO.

(3) At a minimum, the parties at the conference must[2]:

(a) Clarify the circumstances that led to the proposed discharge and the reasons for the proposed move;

(b) Identify activities and responsibilities for coordination of the any post-discharge care and/or support;

(c) Identify activities and responsibilities for coordination of any of the resident's new housing;

(d) Verify the resident's new address, if available; and

(e) Respond to any questions the resident/guardian may have about the discharge/transfer/relocation.

(4) The involuntary discharge/transfer/relocation notice conference may be held in person or via teleconference or videoconference.

(5) After the involuntary discharge/transfer/relocation notice conference, the MHCRF shall complete the MHCRF Discharge/Transfer/Relocation Conference Form and submit it to DBH along with the Involuntary Discharge/Transfer/Relocation Notice. *See* Exhibit 3, MHCRF Discharge Conference Form; Exhibit 1, MHCRF Involuntary Discharge/Transfer/Relocation Notice.

(6) DBH shall review all notices submitted and approve notices that meet the requirements of Title 22-A DCMR Chapter 38 and the Nursing Home and Community Residence Facilities Protections Act (D.C. Code §§ 44-1003.01 *et seq*.).

7g. MHCRF Emergency Discharge/Transfer/Relocation

(1) DBH may order an emergency discharge/transfer/relocation of MHCRF residents for one or more of the following reasons:

(a) The MHCRF is unlawfully operating pursuant to its license or without a valid license;

(b) The MHCRF's license has been suspended, revoked, or DBH has refused to renew the license;

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[2] The MHCRF resident may choose to invite other parties to the involuntary discharge notice conference. The Resident must provide verbal authorization or sign a valid Release of Information permitting any Party who is not a member of the Resident's treatment team to participate in the meeting. *See* Exhibit 4, DBH HIPAA Form 3.

(c) The MHCRF is closing and has not made adequate arrangements for the relocation of MHCRF residents at least thirty (30) days before the anticipated closure;

(d) The MHCRF requests DBH assistance with the transfer or discharge of a resident, and the resident and guardian (if applicable) consents; or

(e) An emergency exists which poses an immediate danger of death or serious physical injury to the resident.

(2) In the instance of an emergency discharge caused by a threat of danger of death or serious physical injury to a resident, the operator must immediately address the imminent threat to the resident's safety (*i.e.*, contact the police, fire department, ambulance, Crisis Response Team, etc.). Once the MHRF operator has completed all immediate emergency notifications, they must submit a written request for an emergency discharge/transfer/relocation by emailing the assigned DBH Licensure Specialist. At a minimum, the written request must include:

(a) The name, date of birth, CSA/ACT team and guardian (if any) of the person for whom the discharge/transfer/relocation is sought;

(b) The address at which the emergency discharge/relocation/transfer is sought; and

(c) The reason that the emergency discharge/transfer/relocation is sought.

(3) In all instances warranting an emergency discharge due to a threat of danger of death or serious physical injury to a resident, the MHCRF operator must complete and submit a Major Unusual Incident Report pursuant to DBH 480.1B, Reporting a Major Unusual Incident Report.

(4) DBH shall review all requests for emergency discharge/transfer/relocation to determine whether they meet the requirements of D.C. Code §§ 44-1003.01 *et seq.* The Licensure Division shall notify the MHCRF operator and the resident's CSA/ACT Team immediately once DBH determines whether to order an emergency discharge/transfer/relocation.

(a) If DBH orders an emergency discharge/transfer/relocation because: (1) the MHCRF is operating without current valid license or in violation of restrictions placed on its license; (2) the MHCRF intends to close and adequate arrangements have not been made at least thirty (30) calendar days before the anticipated closure date; or (3) the MHCRF requests DBH's assistance with a discharge/transfer/relocation and the resident and their representative consent:

(1) The DBH Licensure Division shall provide the resident, their representative and the LTCO a written notice stating the reasons for the emergency discharge and the right to contest it; and

(2) DBH will hold an informal conference with the resident, their representative

and the LTCO in-person, via teleconference or videoconference before the emergency discharge/transfer/relocation. Any party may present objections to the proposed emergency discharge/transfer/relocation or discharge plan during the informal conference.

(b) If DBH orders an emergency discharge because it has determined that an emergency exists which poses an immediate danger of death or serious physical injury to the resident, DBH shall notify the MHCRF and the resident that an emergency has been found to exist and a removal is ordered. Whenever practicable, DBH shall involve the resident in discharge planning. Following the emergency discharge/transfer/relocation, DBH shall provide the MHCRF, the resident and their representative written notice stating the basis for the action and advising them of their appeal rights.

(c) Within ten (10) calendar days of an emergency transfer/discharge/relocation, a resident may appeal the action by submitting a written hearing request to the Department.

7h. Discharge/Transfer/Relocation Planning

(1) Discharge/transfer/relocation planning must include the resident, their representative, the current MHCRF, CSA/ACT Team, and DBH working collaboratively to ensure continuity of care for the resident after the resident moves from a MHCRF.

(2) The MHCRF, resident/representative, the CSA/ACT Team and DBH must begin discharge/transfer/relocation planning immediately when resident's move is confirmed.

(3) Discharge/transfer/relocation planning must include the following:

(a) Resident and resident representative involvement in the discharge planning process including:

(1) The MHCRF and the CSA/ACT Team must discuss with the resident and their representative the reasons for the discharge/transfer/relocation in a manner the resident and their representative understand. The MHCRF and/or CSA/ACT Team must provide the resident and their representative an opportunity to ask questions;

(2) Person-centered discharge/transfer/relocation planning, including engaging the resident and their representative to determine the resident's needs and preferences about the proposed discharge/transfer/relocation;

(3) Discussions with the resident and their representative about potential new placements; and

(4) Ensuring that the resident's belongings, excess funds, medical equipment, records and medication are available to be transferred to the resident's new placement, or to the resident/representative (if the new placement is not an

MHCRF).

(b) The MHCRF shall remain engaged in the discharge/transfer/relocation planning process. At a minimum, the MHCRF must:

(1) Participate in all required meetings to provide insight about the resident, and their current functioning/needs to facilitate the discharge/transfer/relocation;

(2) Complete the designated sections of the Person-Centered Discharge Planning Form. *See* Exhibit 8, Person-Centered Discharge Planning Form;

(3) Assist the resident's CSA/ACT Team by supporting and preparing the resident for the move, including preparing the resident's medication, medical equipment (if any), records, belongings, personal funds allowance and vital documents to be timely, neatly and securely transferred to the new placement;

(4) Before the resident moves, the MHCRF must provide the resident and their representative with a copy of the resident's record of all funds that the MHCRF has handled or managed for the resident including personal funds and excess rent money. The MHCRF shall direct any remaining funds to the resident's CSA/ACT Team.

(c) The CSA/ACT Team must provide support and assistance throughout the discharge/transfer/relocation planning process including:

(1) Completing the applicable sections of the Person-Centered Discharge Planning Form. *See* Exhibit 8, Person-Centered Discharge Planning Form. The CSA/ACT Team must ensure that the Person-Centered Discharge Planning Form is completed entirely, and provide a complete and finalized copy to the resident's new placement;

(2) If the resident is applying for a new MHCRF placement, completing the resident's MHCRF packet, ensuring approval by DBH, and sharing with the resident and their representative;

(3) Convening, coordinating and leading discharge/transfer/relocation meetings with the resident/representative, members of the DBH Licensure Division, and members of the DBH Division of Care Access and Innovation.

1. During the meeting, the parties shall formalize the Written Discharge/Transfer/Relocation Plan, as described in Section 7h(4) of this policy. The resident's CSA/ACT Team shall draft the Written Discharge/Transfer/Relocation Plan and provide a copy to the resident and their representative, DBH and the resident's new MHCRF (if applicable) before the resident moves from the MHCRF.

2. In accordance with Section 7a of this policy, the CSA/ACT Team must assist the resident in applying for appropriate housing placements that meet the resident's current level of care. If the resident is applying for a

new MHCRF placement, the resident's CSA/ACT Team in conjunction with the resident's MHCRF must ensure that the Resident has a current assessment (prepared within ninety (90) days of discharge), medical certification, individual Plan of Care and doctor's orders, reviewed and shared with the resident and their representative as early as possible to ensure an appropriate placement.

3. With the resident's/representative's consent, the CSA/ACT Team shall arrange visits and/or interviews at any potential placement that meets the resident's level of care.

4. For moves within the boundaries of the District of Columbia, the CSA/ACT Team shall assist the resident in transporting their belongings, medication and records to their new housing placement. For moves outside the boundaries of the District of Columbia, the CSA/ACT Team in conjunction with the resident/representative, DBH and the MHCRF, will develop a plan to move resident's belongings, medication and records in the transfer/discharge/relocation meeting. The CSA/ACT Team must record the plan in the Written Discharge Plan, in accordance with Section 7h(4) of this policy.

(d) DBH shall provide support and technical assistance to the MHCRF and the CSA/ACT team in complex cases to facilitate appropriate discharge/transfer/relocation planning.

(e) In all cases, DBH shall monitor the discharge/planning/relocation process to ensure that it complies with this policy.

(4) Written Discharge/Transfer/Relocation Plan

(a) Following the discharge/transfer/relocation meeting, the CSA/ACT Team shall work collaboratively with the resident and their representative to develop a written discharge plan. This plan shall provide:

(1) A current assessment of the resident's physical, mental and psychosocial status and care needs prepared by the resident's CSA/ACT Team;

(2) The services and supports that will be delivered to the resident during the first thirty (30) days of the transition to ensure placement success; and

(3) If applicable, a plan to move the resident's belongings, medications, medical equipment, MHCRF records and documents to a placement outside of the boundaries of the District of Columbia.

(b) The CSA/ACT Team must provide copies of the Written Discharge/Transfer/Relocation Plan to the resident/representative, DBH and the new MHCRF (if applicable) before the resident moves from the MHCRF.

7i. Discharge Process for Resident Elopements:

(1) For a resident elopement or where a consumer is located and returned to the facility, but refuses to remain at the facility, the CSA/ACT Team and the MHCRF Operator shall:

(a) Conduct outreach efforts to locate the resident (e.g., contacting hospitals, shelters, known associates) and file a missing person's report with the appropriate authorities. The MHCRF operator must submit a Major Unusual Incident Report pursuant to DBH 480.1B, Reporting a Major Unusual Incident Report;

(b) Initiate the involuntary discharge process, in accordance with the procedural and substantive requirements for an involuntary discharge under D.C. Code § 44-1003.02 (Notice to Resident and Resident's Representative), if the resident has been missing for ninety (90) days of the last four (4) month period and remains missing from the facility when discharge is initiated.

(c) Provide a twenty-one (21) day written notice to the Guardian or Resident's Representative, as applicable.

(1) A homeless shelter may be designated as the discharge destination.

7j. MHCRF Closure Process:

(1) For a voluntary closure, the MHCRF Operator shall provide DBH Licensure Division Housing Development Division (HDD), RSS Division, and if applicable, the Office of Contracts and Procurement, written notice of their intent to close the MHCRF(s) at least ninety (90) calendar days before the proposed closure.

(2) For an involuntary closure, DBH shall provide the MHCRF operator with written notice of their intent to close the MHCRF.

(3) For both voluntary and involutory closures, the MHCRF Operator shall:

(a) Provide DBH with the following information:

(1) Current occupancy list, including names and demographics of each MHCRF resident.

(2) Status of each MHCRF resident (including hospitalization, incarceration, etc.).

(3) Assigned CSA/ACT team for each MHCRF resident.

(4) Guardianship status for each MHCRF resident, including name and contact information for each resident's guardian.

(5) Representative payee status for each MHCRF resident, including name and contact information for each resident's representative payee.

(6) An accounting of resident's room and board payments and any Personal Needs Allowance payments which the MHCRF Operator managed.

(b) Within five (5) business days of the notice of closure, schedule an MHCRF closure meeting to be held within the next ten (10) days with the DC-LTCO, DBH Licensure Division, and RSS.

(c) Notify residents' guardians of the MHCRF closure meeting.

(d) Coordinate with each residents' CSA/ACT Team to identify transportation, supplies, and other moving resources such as boxes, bags, tape, markers, and labels.

(4) The DBH Licensure Division shall:

(a) Notify stakeholders and collateral DBH administrations via email of the MHCRF closure including the DC-LTCO, CSA/ACT Teams, and DBH LTCO.

(b) Schedule a planning meeting with the Office of General Counsel (OGC), RSS, and HDD.

(c) Confirm the address of the MHCRF(s) closing and/or transferring MHCRF operators.

(d) Confirm the MHCRF Operator's plan for the property (sell/lease/other) if the MHCRF Operator is the property owner.

(e) Conduct outreach to existing licensed MHCRF operators regarding interest in MHCRF operation at closing location and their capability to expand bed capacity if the MHCRF Operator is the property owner and interested in leasing the closing location.

(f) Closely monitor MHCRF operations to ensure there are no deficiencies in service to residents who have yet to transition into new placements.

(5) RSS shall:

(a) Notify the CSA/ACT team for each impacted resident via email and outline necessary resident engagement and support.

(b) Provide updates to stakeholders regarding progress in identifying new placements for MHCRF residents impacted by the MHCRF closure.

(c) Conduct a level of care review of residents impacted by the MHCRF closure.

(d) Follow up with the residents regarding their new MHCRF in post placement in intervals of three (3), ten (10), thirty (30), sixty (60), and ninety (90) days.

(6) The CSA/ACT team shall:

(a) Submit MHCRF application packets to RSS for review in preparation for discharge from the MHCRF.

(b) Coordinate with the MHCRF operator to identify transportation, supplies, and other moving resources such as boxes, bags, tape, markers, and labels.

(c) Support the resident move-in at the receiving MHCRF.

(d) Submit documentation for address change for mail, medications, and benefits.

(e) Follow up with the resident regarding their new MHCRF placement in post-placement in intervals of three (3), ten (10), thirty (30), sixty (60), and ninety (90) days.

(7) The CA shall:

(a) Notify OCP regarding the MHCRF operators' notification of closure.

(b) Review MHCRF operator invoices to ensure accurate billing for closed MHCRFs.

(c) Request OCP make a contract modification to reflect the new bed number.

(8) HDD will work with DBH Fiscal Services to request purchasing order modifications.

7k. Training Requirements

(1) DBH shall ensure that all licensed MHCRF operators and certified CSA/ACT Teams receive training on this policy within thirty (30) days of new employee hire and annually thereafter.

8. Enforcement. DBH will take enforcement action, including issuing Statements of Deficiency, Notices of Infraction, and adverse action against an MHCRF operator's license and/or contract, and a CSA/ACT Team's certification and/or contract for violations of laws and regulations relating to the MHCRF admission, denial or discharge process.

9. Exhibits.

Exhibit 1, Mental Health Community Residence Facility Involuntary Notice of Discharge/Transfer from this Facility or Relocation within this Facility
Exhibit 2, Mental Health Community Residence Facility (MHCRF) Voluntary Discharge Form (Must Be Completed by the MHCRF Resident or Designee)
Exhibit 3, Mental Health Community Residential Facility (MHCRF/CRF) Conference Form
Exhibit 4, DBH HIPAA Form 3
Exhibit 5, Comparison of On-Site Visit for Use by Resident/Representative
Exhibit 6, Resident/Representative Belongings Packing Checklist
Exhibit 7, Recommendations to Support Residents during the Moving Process
Exhibit 8, Person-Centered Discharge Planning Form

Exhibit 9, MHCRF Applicant Denial Form

10. Related Policies and Regulations.

Title 22-A DCMR Chapter 3, Consumer Grievance Procedure
Title 22-A DCMR Chapter 38, Mental Health Community Residential Facilities Provider Certification Standards
DBH Policy 480.1B, Reporting Major Unusual Incident and an Unusual Incident

Approved By:

Barbara J. Bazron, Ph.D.
Director, DBH

12/18/2025

(Signature) **(Date)**