

# Post Acute Patient Placement Playbook

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VERMONT HEALTHCARE EMERGENCY PREPAREDNESS COALITION



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## Acknowledgments

### The Vermont Healthcare Emergency Preparedness Coalition (VHEPC)

This Playbook was funded with Hospital Preparedness Program (HPP) funding provided to the Vermont Healthcare Emergency Preparedness Coalition ([VHEPC](#)). VHEPC is a multi-disciplinary partnership that collaborates with its members, stakeholders, and surrounding communities to improve and expand emergency preparedness, response, and recovery capabilities in Vermont.

All Clear Emergency Management Group has provided VHEPC staff since 2021 and supported the Barriers to Patient Flow Workgroup and the development of this Playbook.

### Barriers to Patient Flow Workgroup

This Playbook draws from the contributions and expertise of the Barriers to Patient Flow Workgroup listed below. The Workgroup convened to identify and overcome challenges with post-acute patient placement that have been exacerbated by the COVID-19 pandemic. The Workgroup's primary focus was on situational awareness, policy change, and reimbursement strategies.

Workgroup Members by Organization:

- Disabilities Aging and Independent Living (DAIL)
- Department of Mental Health (DMH)
- Department of Vermont Health Access (DVHA)
- Vermont Association of Hospitals and Health Systems (VAHHS)
- Vermont Department of Health (VDH)
- Vermont Health Care Association (VHCA)
- Vermont Healthcare Emergency Preparedness Coalition (VHEPC)

A special thank you to this group for coming together to inform this Playbook as a resource for healthcare providers.

Our gratitude extends to those not immediately involved in Workgroup. We appreciate those who started conversations about patient throughput, those that participated in additional discussions about this issue, and those that continue to focus on overcoming barriers to improve the healthcare delivery service for all Vermonters.

## Introduction

### Background

In December 2021, the Vermont Department of Health (VDH) contracted with All Clear Emergency Management Group (All Clear) to support an existing initiative within the Vermont Department of Disabilities, Aging, and Independent Living (DAIL) working with hospitals to overcome challenges with post-acute patient placement that have been exacerbated by the COVID-19 pandemic.

### The Barriers to Patient Placement: Four Categories

After comprehensive research and analysis efforts into the root cause of post-acute patient placement challenges in Vermont, four categories emerged as the most common barriers to patient placement from hospitals to an appropriate care setting.

### Capacity: The Right Place to Care for the Patient

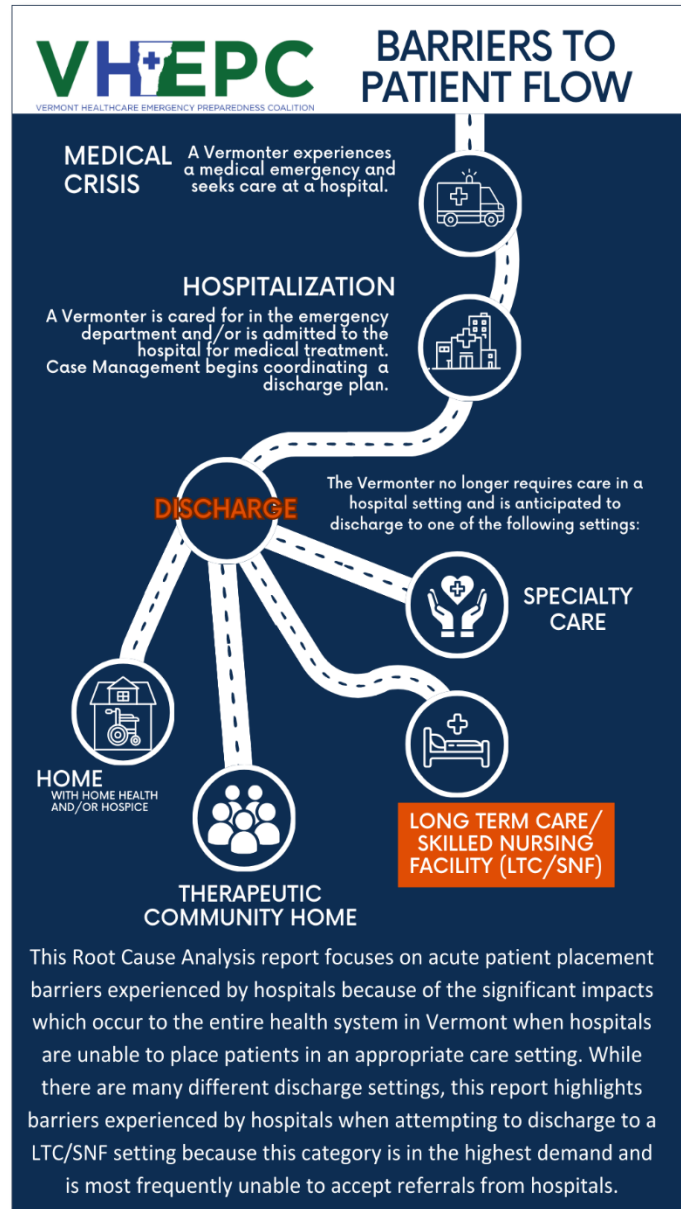
Healthcare Providers have identified several barriers that impact the ability to place the right patient in the right bed with the access to the right resources.

### Space: The Right Bed

Healthcare facilities (especially those that provide specialized care) are often at capacity and cannot accept any additional patients.

### Staff: The Right Patient Care Team

The right clinical and support team is needed to provide necessary care services for the patient. Vermont healthcare organizations are suffering from a staffing shortage and have tried a variety of methods to recruit and retain healthcare providers.





### *Stuff: The Right Equipment and Supplies*

Patient care requires medical and non-medical equipment and supplies. Some specialized equipment and supplies are not available to care for some patients.

### *Complexity: The Right Care Services for Each Patient*

Some patients require highly specialized care to meet their needs. Complex patients can include:

- **Geriatric Psychiatric (GerPsych) Patients** require additional staff to meet their care needs safely and comprehensively. There are currently no designated GerPsych facilities in the state of Vermont.
- **Developmental Disabilities** can create a need for a more careful consideration in placement and can create barriers due to additional training and trauma informed training necessary for these patients. When transitioning from community based services to nursing facility care an additional layer of complexity is created due to Medicaid coverage and requires additional Step 2 Preadmission Screening and Resident Review (PASRR).
- **Bariatric Patients** require special bariatric beds, lifts, and additional staff for patient care activities.
- **Traumatic Brain Injuries** often require higher levels of staffing and have limited beds available to handle complex care that can range from intense rehabilitation to behavioral issues.
- **Mental Health Services** can be limited by the availability of mental health, psychiatric, and counseling practitioners; ability to use chemical or physical restraints in certain settings; pain management specialists and clinician oversight; ability to manage issues around patient/resident access to narcotics from community sources; and limited opioid treatment programs (OTP).
- **Department of Corrections Patients** (currently incarcerated or with a history of incarceration) can exceed the services of on-site facilities and equipment and would rely on hospitals for some specialist consultations, diagnostic tests, surgery, and other services. There is a significant cost and logistical support to care for incarcerated patients in a hospital or SNF.
- **Medically Complex Patients** such as those that need dialysis, complex wound care, or ventilator/tracheostomy care are limited by the number of specialty beds and nursing shortages.

### *Compensation: The Right Payor Source for Patient Care Services*

Healthcare facilities that admit a patient without a payor source or with a pending Medicaid application (or one that has not yet started) are at risk for providing uncompensated care. This risk creates a substantial financial hardship for the facility and may prevent them from admitting a patient.



## Coordination: The Right Processes to Get the Right Patient to the Right Bed

- The **referral process** from a hospital to a non-hospital healthcare facility can take up to 8 hours as Care Managers make multiple phone calls to find placement for a patient.
- **Hospital providers lack awareness** of the ever-changing requirements and waivers.
- **Limited access for care in the community setting** or patients not receiving services for which they are entitled.
- **Emergency departments are a “catch all”** for community settings that cannot meet the needs of certain patients or have exhausted all their resources trying to find placement.

## The Future State

In developing this Playbook, contributors have defined a future state as the most desired outcome of this work.

- A healthcare system where processes and resources are ready and able to meet the changing demand for patient care.
- A healthcare system that can serve patients with a variety of medical, long-term care, mental health, and psychosocial needs.
- A healthcare system that provides for financial support and prompt reimbursement for services provided.
- A healthcare system that supports the continuity of care and services needed for patient care, recovery, and rehabilitation as they move between a variety of healthcare providers and settings.

This Playbook is one step toward achieving the defined future state.



## The Acute Patient Placement Playbook

### Who Uses this Playbook?

This Playbook was designed to be used by Hospital Care Managers, but it may be beneficial to other healthcare providers and healthcare organizations that are part of the continuum of patient care in an inpatient, residential, and community setting.

### What Does the Playbook Do?

#### Playbook Purpose

It can be challenging to find post-acute placement for certain patients to receive the care they require. This Playbook is designed to help Care Managers identify local (and sometimes national) resources to assist with hospital discharge and patient placement in non-hospital healthcare facilities.

#### Playbook Limitations

This Playbook was developed based on the barrier's hospitals were experiencing in supporting facility based placements therefore the emphasis of this document, intentionally, is placement of acute patients to nursing facilities. The state endeavors to continue supporting Vermonters to live in the setting of their choice.

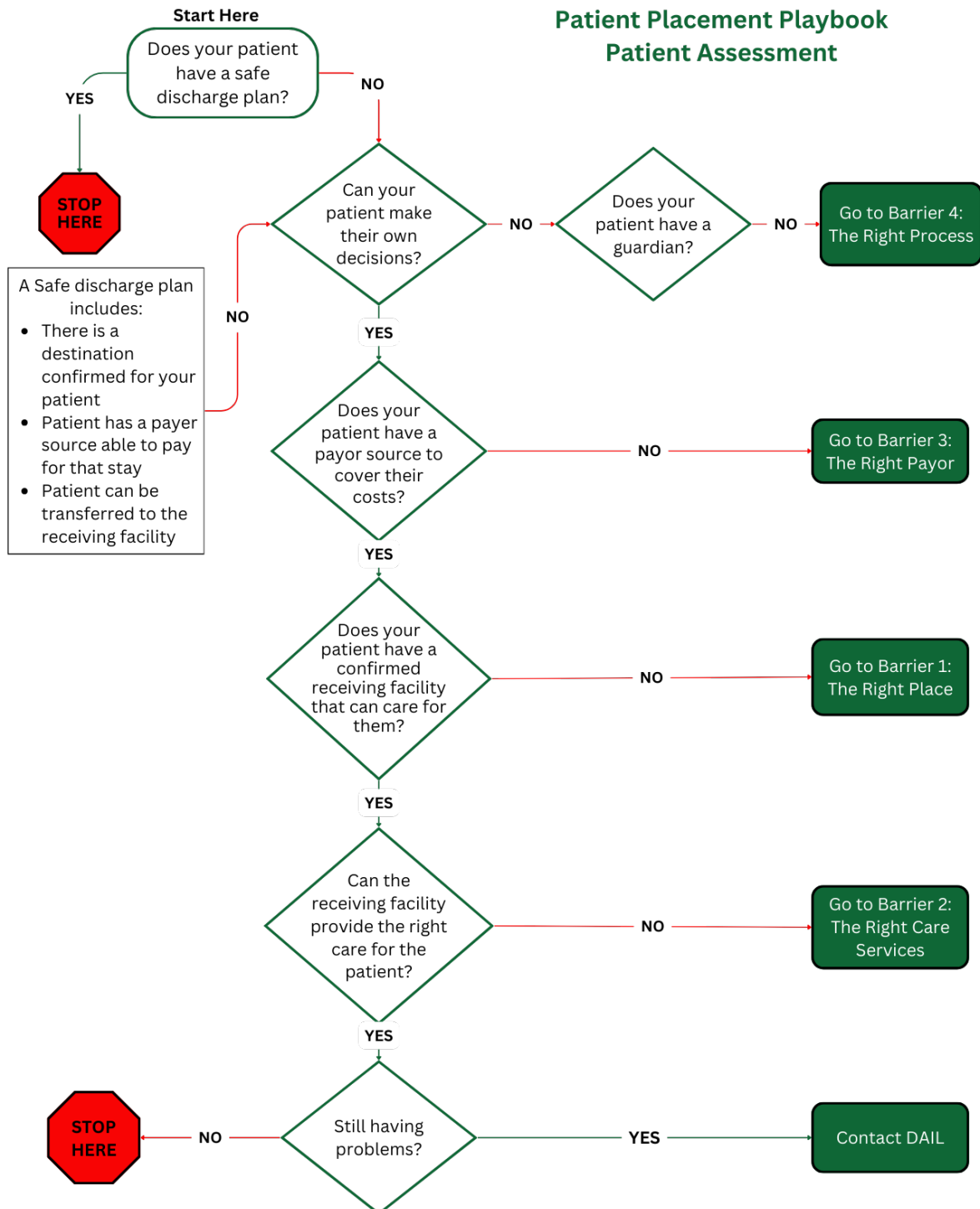
While every attempt has been made to provide accurate resources for Hospital Case Managers, this Playbook is not an exhaustive list. The inclusion of any organization, agency, business, or service in this Playbook does not imply or constitute an endorsement or recommendation, nor does exclusion imply disapproval. To the best of our knowledge, the information contained in this Playbook was accurate and current at the time of publication. Playbook users are encouraged to contact DAIL or other healthcare providers for additional information or resources.

### Who Maintains the Playbook?

VHEPC maintains the online version of this Playbook to enhance access to information about services and resources available to Case Managers and other healthcare organizations. VHEPC is charged with updating the information in this Playbook periodically. To review a current version of this playbook, please see the VHEPC Resource Page on their website: <https://www.vhepccoalition.org/resources-2>

## Step 1: Patient Assessment

As a user of this Playbook, you have identified a patient that may be difficult to place. Start here with this patient assessment.





## Step 2: Address Patient Needs

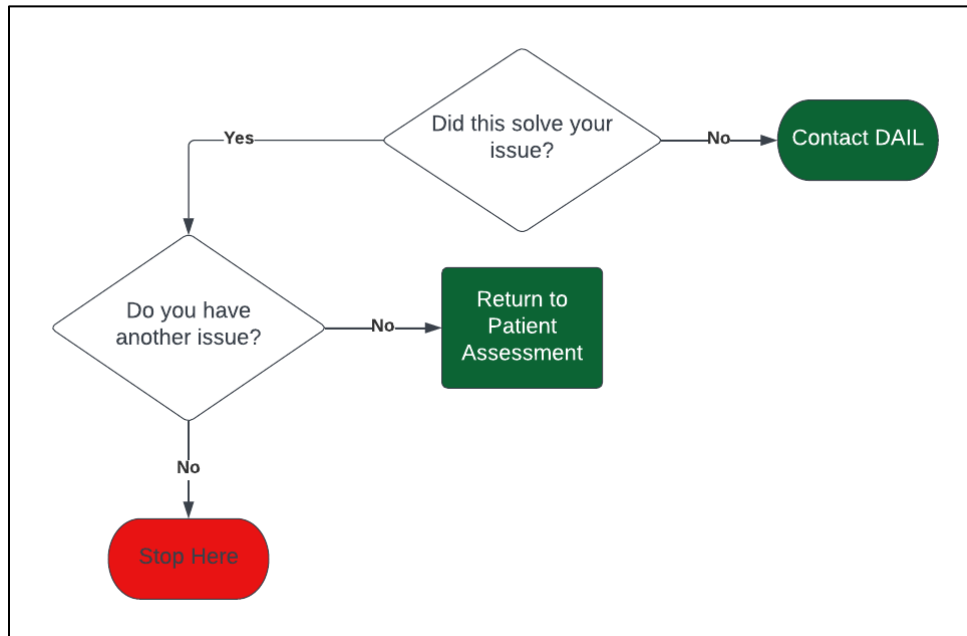
Use these sections to address the patient's needs based on the assessment in Step 1.

### Barrier 1: The Right Place

Capacity: Space to Care for the Right Patient in the Right Bed

Issue:	Resources:	
LTC/SNF facilities do not have a bed for the patient.	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
	VHCA	Facility Finder <a href="https://www.vhca.net/directory/">https://www.vhca.net/directory/</a>
	If Applicable, Home Health Coordination	VNAs of Vermont <a href="https://vnavt.org/find-my-agency">https://vnavt.org/find-my-agency</a>
	If Applicable, Hospice Coordination	VNAs of Vermont <a href="https://vnavt.org/find-my-agency">https://vnavt.org/find-my-agency</a>
	Transfer to Facility Out of State	DAIL Complex Care Team for Out of State Placement Support: <a href="https://asd.vermont.gov/sites/asd/files/documents/Complex%20Care%20Referral%20%20Out%20of%20State%20Placement%20At-A-Glance.pdf">https://asd.vermont.gov/sites/asd/files/documents/Complex%20Care%20Referral%20%20Out%20of%20State%20Placement%20At-A-Glance.pdf</a>  <a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
The right clinical and support team is needed to provide necessary care services for the patient.	Transfer to Facility Out of State with Choices for Care to a specialized out of state facility	DAIL Complex Care Team <a href="mailto:AHS.ASDComplexcare@vermont.gov">AHS.ASDComplexcare@vermont.gov</a>  Long-Term Care Medicaid Management Team <a href="mailto:AHS.DVHALTCMGMT@vermont.gov">AHS.DVHALTCMGMT@vermont.gov</a>
	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
Specialized equipment	Vermont Supply Chain SME	Brendan McMahon Sr. Project Manager

Issue:	Resources:	
and supplies are not available to care for some patients.	DME Network	UVMHN Supply Chain <a href="mailto:brendan.mcmahon@uvmhealth.org">brendan.mcmahon@uvmhealth.org</a> 802 922-8471
	Local Hospital(s) - VHPEC	Request Support from Hospitals <a href="mailto:vhpec@allclearmg.com">vhpec@allclearmg.com</a>
	Request Support from Local LTC/SNF(s) - VHCA	Sherry Callahan Director of Education & Events <a href="mailto:scallahan@vhca.net">scallahan@vhca.net</a>
	Local Home Health Agency(s) - VNAs of Vermont	Request Support from Home Health Agencies <a href="https://vnavt.org/find-my-agency">https://vnavt.org/find-my-agency</a>
	Vermont Area Agencies on Aging (AAA's)	<a href="https://dcf.vermont.gov/contacts/partners/aaa">https://dcf.vermont.gov/contacts/partners/aaa</a>
	Vermont Assistive Technology Program	Phone: 1-800-750-6355 Email: <a href="mailto:dail.atinfo@vermont.gov">dail.atinfo@vermont.gov</a> Website: <a href="http://www.atp.vermont.gov">www.atp.vermont.gov</a>

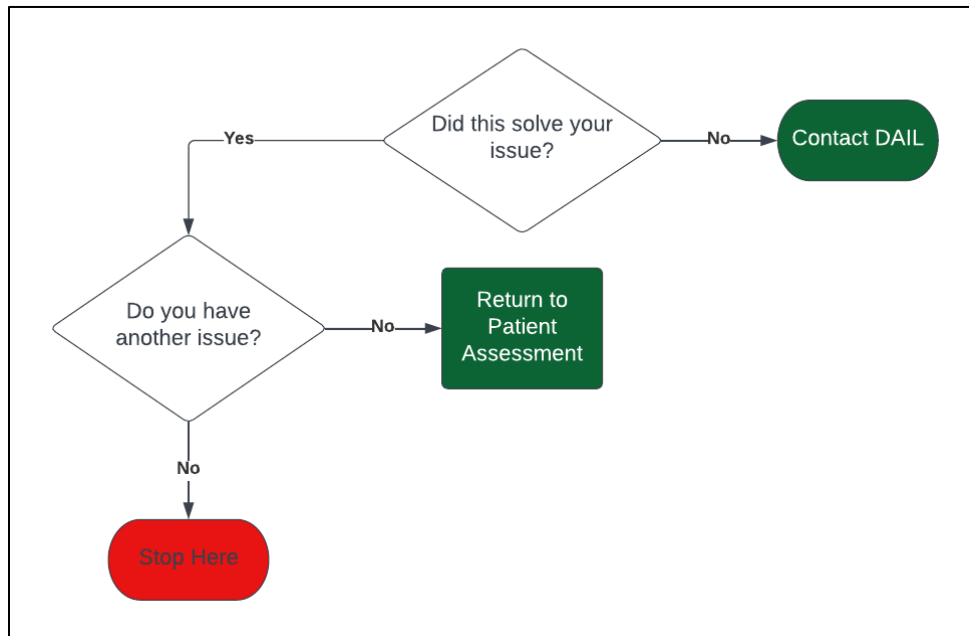


## Barrier 2: The Right Care Services

### Complexity: The Right Bed and Care Services for Each Patient

Issue:	Resources:	
GerPsych	Geriatric Mental Health Unit – New Hampshire	Cottage Hospital: <a href="https://www.cottagehospital.org/care-center/ray-of-hope-geriatric-mental-health">https://www.cottagehospital.org/care-center/ray-of-hope-geriatric-mental-health</a> (603) 747-9200 roh@cottagehospital.org <i>*There is a limited number of Vermont allocated beds for this facility which has resulted in a significant waitlist for this facility.</i>
	DMH	Allie Nerenberg Case Management Director Department of Mental Health <a href="mailto:alexandra.nerenberg@vermont.gov">alexandra.nerenberg@vermont.gov</a>
	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
Developmental Disabilities	Developmental Disabilities Services Division (DDSD)	DS Crisis Contact Information: <a href="https://ddsd.vermont.gov/ds-crisis-contact-information">https://ddsd.vermont.gov/ds-crisis-contact-information</a> Resources for Older Vermonters: <a href="https://ddsd.vermont.gov/who-we-help/older-vermonters">https://ddsd.vermont.gov/who-we-help/older-vermonters</a>
	Vermont Crisis Intervention Network (VCIN)	Referral form: <a href="https://ddsd.vermont.gov/sites/ddsd/files/documents/VCIN_Referral_Form_2023.docx">https://ddsd.vermont.gov/sites/ddsd/files/documents/VCIN_Referral_Form_2023.docx</a> Website: <a href="https://ddsd.vermont.gov/vcin-referral-form">https://ddsd.vermont.gov/vcin-referral-form</a>
	Developmental Disabilities Services Complex Care	Jeff Nunemaker Assistant Direct of Developmental Disability Services <a href="mailto:jeff.nunemaker@vermont.gov">jeff.nunemaker@vermont.gov</a>  Melanie Feddersen Developmental Disabilities Services Specialist Supervisor <a href="mailto:melanie.feddersen@vermont.gov">melanie.feddersen@vermont.gov</a>
Bariatric	iCare Facility Referral Inbox	<a href="mailto:AHS.DAILiCarereferrals@vermont.gov">AHS.DAILiCarereferrals@vermont.gov</a>
	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
	Equipment Needs	Please see <a href="#">Barrier 1: The Right Place</a>
Traumatic Brain Injury	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>

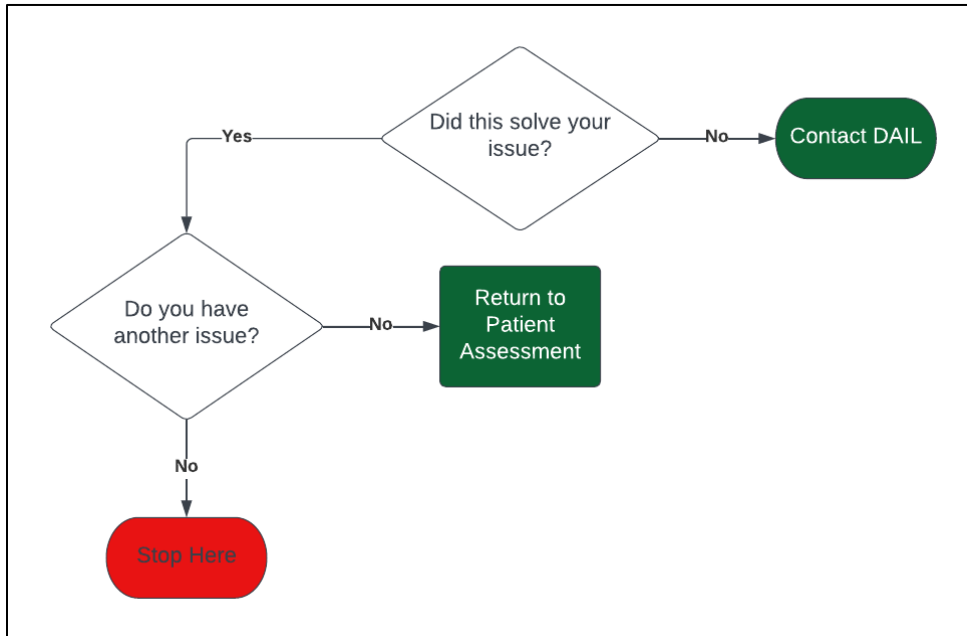
Issue:	Resources:	
	Traumatic Brain Injury (TBI) Service Providers Contact Information	<a href="https://asd.vermont.gov/sites/asd/files/documents/Traumatic_Brain_Injury_Agencies.pdf">https://asd.vermont.gov/sites/asd/files/documents/Traumatic_Brain_Injury_Agencies.pdf</a>
	Adult Services Division	TBI Program "At A Glance": <a href="https://asd.vermont.gov/sites/asd/files/documents/Traumatic_Brain_Injury_Services_At_A_Glance.pdf">https://asd.vermont.gov/sites/asd/files/documents/Traumatic_Brain_Injury_Services_At_A_Glance.pdf</a> (802) 871-3069
Mental Health	DMH	Emergency Services <a href="https://mentalhealth.vermont.gov/services/emergency-services">https://mentalhealth.vermont.gov/services/emergency-services</a> How to Get Help <a href="https://mentalhealth.vermont.gov/services/emergency-services/how-get-help">https://mentalhealth.vermont.gov/services/emergency-services/how-get-help</a>
	Vermont Care Partners (VCP)	Intake and Crisis Lines <a href="https://vermontcarepartners.org/intake-and-crisis-lines/">https://vermontcarepartners.org/intake-and-crisis-lines/</a>
Department of Corrections History	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
Medically Complex	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
	DAIL	<a href="https://dail.vermont.gov/who-we-help">https://dail.vermont.gov/who-we-help</a>



### Barrier 3: The Right Payor

#### Compensation: The Right Reimbursement for Patient Care Services

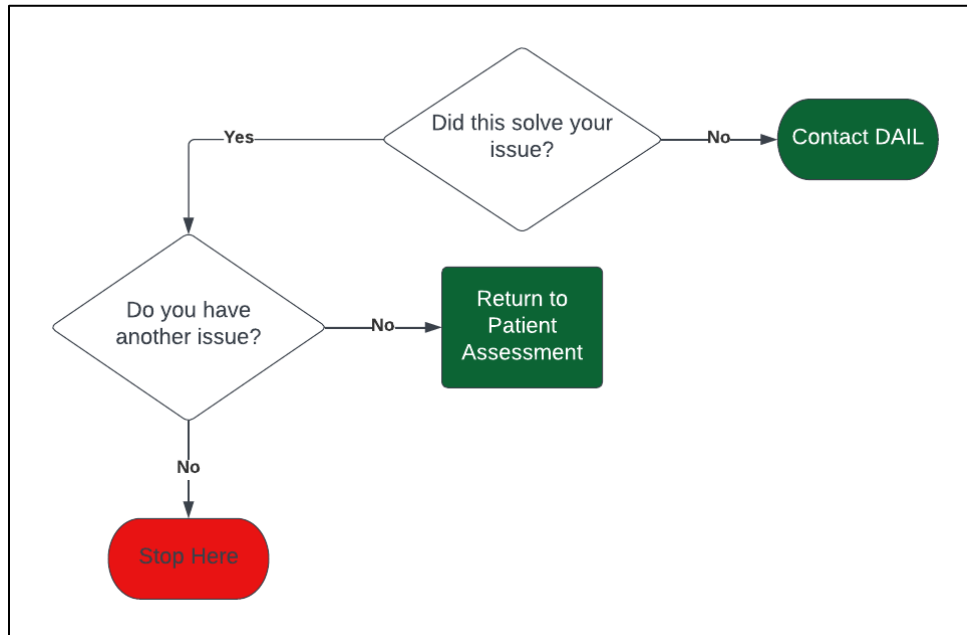
Issue:	Resources:	
No Identified Payor Source	Choices for Care	Eligibility: <a href="https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Eligibility_At_A_Glance.pdf">https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Eligibility_At_A_Glance.pdf</a> Options: <a href="https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Options_At_A_Glance_0_1.pdf">https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Options_At_A_Glance_0_1.pdf</a>
Pending Medicaid Application	DVHA Long Term Care Management Group	Inquiries About Application Status and/or Expedite Requests: <a href="mailto:AHS.DVHALTCMGMT@vermont.gov">AHS.DVHALTCMGMT@vermont.gov</a>
Medicaid Application Has Not Been Started	DVHA-Choices for Care	Member Services: 1-800-250-8427 Brochure: <a href="https://asd.vermont.gov/sites/asd/files/documents/Choice_for_Care_Brochure.pdf">https://asd.vermont.gov/sites/asd/files/documents/Choice_for_Care_Brochure.pdf</a> Eligibility: <a href="https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Eligibility_At_A_Glance.pdf">https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Eligibility_At_A_Glance.pdf</a> Options: <a href="https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Options_At_A_Glance_0_1.pdf">https://asd.vermont.gov/sites/asd/files/documents/Choices_for_Care_Options_At_A_Glance_0_1.pdf</a> Application: <a href="https://asd.vermont.gov/help/program-app-managed">https://asd.vermont.gov/help/program-app-managed</a>



### Barrier 4: The Right Process

Coordination: The Right Processes to Get the Right Patient to the Right Nursing Facility

Issue:	Resources:	
Skilled Nursing Facility Referral Process Is Taking Too Long	DAIL Complex Care Team	<a href="mailto:AHS.DAIL.ASDComplexcare@vermont.gov">AHS.DAIL.ASDComplexcare@vermont.gov</a>
Unable To Make Own Decisions	Guardianship Emergencies	Office of Public Guardian 24-hour Emergency Number, 1-800-642-3100
	Guardianship Process	<a href="https://ddsd.vermont.gov/programs/public-guardian">https://ddsd.vermont.gov/programs/public-guardian</a>
	Expedited Guardianship Request	Sarah Nussbaum Intake and Diversion Specialist Office of Public Guardian <a href="mailto:sarah.nussbaum@vermont.gov">sarah.nussbaum@vermont.gov</a>





## Appendix 1: Additional Resources

### Older Vermonters Act

- This Act creates a set of principles for a comprehensive and coordinated system of services, supports and protections for older Vermonters, expands the scope of the State Plan on Aging, requires an annual legislative report on Adult Protective Services, calls on Vermont to create an Action Plan for Aging Well to build an age-friendly state, and creates a self-neglect working group.
  - <https://dail.vermont.gov/resources/legislative/older-vermonters-act#:~:text=This%20Act%20creates%20a%20set,for%20Aging%20Well%20to%20build>
- Older Vermonters Act Principles
  - <https://dail.vermont.gov/sites/dail/files//documents/Older%20Vermonters%20Act%20Principles.pdf>

### CMS Care Transitions Quality Innovation (QI) Planning

- Care Transitions / Safe Patient Transitions network from Island Peer Review Organization Quality Innovation Network Quality Improvement Organization (IPRO QIN-QIO)
  - <https://qi-ipro.tempurl.host/focus-areas/care-transitions/>

### Community of Vermont Elders

- Aging in Vermont Resource Guide and Directory
  - <https://static1.squarespace.com/static/5e7e9b4fdc34fb6814cb2714/t/641afb918135c778e17d97bb/1679489941136/21-22+Cove+ResourceGuide-3-21-23-Interactive.pdf>

## Appendix 2: Acronyms

Acronym	Description
AAA	Area Agencies on Aging
All Clear	All Clear Emergency Management Group
DAIL	Disabilities Aging and Independent Living
DDSD	Developmental Disabilities Services Division
DME	Durable Medical Equipment
DMH	Department of Mental Health
DVHA	Department of Vermont Health Access
GeriPsych	Geriatric Psychiatric
HPP	Hospital Preparedness Program
IPRO QIN- QIO	Island Peer Review Organization Quality Innovation Network Quality Improvement Organization
LTC/SNF	Long Term Care/ Skilled Nursing Facility
OTP	Opioid Treatment Programs
PASRR	Preadmission Screening and Resident Review
SME	Subject Matter Expert
TBI	Traumatic Brain Injury
UVMHN	The University of Vermont Health Network
VAHHS	Vermont Association of Hospitals and Health Systems
VCIN	Vermont Crisis Intervention Network
VCP	Vermont Care Partners
VDH	Vermont Department of Health
VHCA	Vermont Health Care Association
VHEPC	Vermont Healthcare Emergency Preparedness Coalition
VNA	Visiting Nurse Association