

DISCHARGE PLANNING TOOL FOR RAPID NEEDS EVALUATION

Department of Elder Affairs Form 590

PROCEDURES

General Information: Please legibly print all information on the form, using **black** ink.

INTRODUCTION:

Natural and man-made emergencies and disasters impact homes, businesses and public infrastructure, often quickly overwhelming the response capabilities of local agencies. During such events, individuals who require assistance with activities of daily living may choose to evacuate to Special Need Shelters as a last resort. A special needs shelter is a temporary emergency facility capable of providing care to residents whose medical condition is such that it exceeds the capabilities of the Red Cross General Population Shelter, but is not severe enough to require hospitalization.

The Secretary of the Florida Department of Elder Affairs (DOEA) is required to convene Multiagency Special Needs Shelter Discharge Planning Response Teams, at any time that he or she deems appropriate and necessary, or as requested by county emergency management officials, to assist local areas that are severely impacted by a natural or manmade disaster that requires the use of special needs shelters. The teams are activated to provide resource and logistical support to local jurisdictions to assist with discharge planning and transition of clients to appropriate services and resources within their community.

The **Discharge Planning Tool for Rapid Needs Evaluation** is to be used to assist discharge planners in determining if a special needs client has a viable discharge plan to transition successfully back to their pre-event residence, or if the special needs client needs assistance in obtaining services to develop an alternate relocation plan.

This form is intended for use at Special Needs Shelters, Disaster Recovery Centers, or also in conjunction with Community Outreach efforts to determine the status of elderly and vulnerable populations impacted by a disaster and to assist in determining their ability to successfully transition back into their community.

SECTION 1

The purpose this section is to **verify the ability of the special needs shelter client to return to their pre-event residence, or to determine if the special needs shelter client has a viable relocation plan should the client be unable to return to his/her pre-event residence once the special needs shelter closes.** Section 1 is to be completed by a discharge planner at the Special Needs Shelter, or a designated member of the Multiagency Special Needs Shelter Discharge Planning Response Team, if activated. The information is to be obtained during a one-on-one interview of the client and/or the client's caregiver. **NOTE: If the special needs shelter client is unable to return to their pre-event residence, and does not have a viable alternate relocation plan for post-shelter housing, Section 2 of this form must be completed.**

Part A: Client Information

1. Record the client's full name (last name, first name, middle initial).
2. Record the name by which the client is commonly called (nickname).
3. Record the client's social security number. **NOTE: This number is a unique client identifier by which additional client records, such as listings of provider agency clients and services, can be accessed. The social security number is the preferred unique client identifier and will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the client refuses to provide this information, ensure that the date of birth is recorded.**
4. Record the client's date of birth. **NOTE: This information is a unique identifier of the client and is optional if the social security number is recorded. This information will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the social security number is not recorded, ensure that the date of birth is recorded.**
5. Record the date and time that client arrived at the special needs shelter.
6. Ask the client, "If someone calls to inquire if you are in this shelter, do we have permission to tell them you are here?" Mark the client's answer. **NOTE: If the client does not give permission to tell family, friends, or others that they are at the shelter, this information *may not be released*. Ensure that shelter staff members are informed of the client's permission or refusal to release this information.**
7. Ask the client, "Do we have permission to tell them where you have relocated once you leave the shelter?" Mark the client's answer. **NOTE: If the client does not give permission to tell family, friends, or others where they have relocated, this information *may not be released*.**

Ensure that shelter staff members are informed of the client's permission or refusal to release this information.

8. Request that the client sign line 8 to indicate that the responses to items 6 and 7 are correct as marked. If the client is unable to sign, the caregiver may sign for the client. Record both the date and time line 8 is signed.

Part B: Insurance Information and ID Number

Ask the client to provide the names and policy/identification numbers of **all** health/medical insurance policies in force or coverage available for the client and mark the appropriate responses. If "Other" is marked, record the name and policy number of the insurance company. Examples of other insurance might include long-term care insurance or disability insurance. If the client has no insurance coverage or policies in force, mark "Other" and record "no insurance" on the line next to the marked box "Other".

Part C: Pre-event Living Situation

1. Ask the client about the type of housing (home, apartment, assisted living facility, adult family care home, etc.) the client had prior to entering the special needs shelter (pre-event) and mark the appropriate response. If "Other" is marked, specify the type of housing.
2. Ask if the client owns or rents their housing and mark the response.
NOTE: If the client does not own or rent his/her housing, but lives in someone else's home, leave this item unmarked.
3. Ask if the client lived alone prior to entering the special needs shelter and mark the response. If the client did not live alone, record with whom the client resides (spouse, family, friend, other).
4. Ask if the client has access to a generator and mark the response. If yes, ask if the client has access to fuel, and knowledge of how to safely operate and refuel the generator and mark the responses. **NOTE: Access to a functioning generator could enable the client to return to their pre-event residence if the residence is lacking power, but is otherwise habitable. The Discharge Planner should ensure that the client is made aware that safety precautions must be taken when operating emergency generators. (See Appendix 2, American Red Cross, "Using a Generator When Disaster Strikes" in English and Spanish)**

Part D: Additional Information

1. Ask if the client has an alternate plan for housing if the client is unable to return to their **pre**-event residence and mark the response.

2. If the client has an alternate plan for housing, record a general description of where the client will go (ex: daughter's home, sister's apartment, hotel) and the contact information for the relocation site. Record the contact name and phone number for the individual at the alternate relocation site. Record the street address, city, and state.
3. Ask if the client has arranged for transportation from the special needs shelter once the client leaves the shelter and mark the response. If the client has a transportation plan, describe/explain the plan. **NOTE: This information must be verified by the discharge planner prior to releasing the special needs client from the shelter to ensure that the transportation is appropriate to meet the needs of the client including the safe transport of their medical equipment.**
4. Ask if the client receives services or assistance from an outside agency and mark the response. If the client receives services or assistance, record the name of the agency(s) and the agency's contact information.
5. Ask if the client has a **pet** and mark the response. If the client has a pet, mark if the pet is with the client and record the type of pet. If the pet is not with the client, record the location of the pet. **NOTE: In some cases, pets may not be allowed to accompany the client to an alternate relocation site. To minimize the emotional impact on the special needs client of becoming separated from their pet(s), the status of the pet's care should be confirmed when making discharge plans for the client. Plans, which may involve contact with family members, friends, or local animal control or county animal shelter officials if necessary, should be made to ensure the safety of the pet(s).**
6. Ask if the client has a **service animal** and mark the response. If the client has a service animal, record the type of service animal (dog, bird, horse, monkey, etc.) and the service the animal provides for the client. **NOTE: Service animals must be allowed to accompany the client to an alternate relocation site. Transportation arrangements must account for the needs of the client and the service animal.**

Part E: Post-event Status of Housing Conditions

1. Ask if the client has information about the **post**-event condition of the their residence and mark the response, recording the date and time.
2. Ask if the client can return to their pre-event residence and mark the response. If the client cannot return to the pre-event residence, record the reason and/or mark all the issues that are listed and apply. If "Other" is marked, record the issue. **NOTE: Additional contact information may be needed to contact neighbors of the special needs client to assist in determining the status of the pre-event residence and neighborhood. Other means of determining the habitability of the pre-event residence include: checking with the local emergency**

operations center to determine the status of the neighborhood, requesting that local responders (fire, police, public works, or volunteers if available) check the residence, or calling the home to learn if the client's answering machine works to determine if there is power to the home. Discharge Planners should check with shelter operations staff to determine if additional resources are available. Services may be needed to remove debris, restore power, or install tarps on roofs before the client can safely return to the pre-event residence.

Part F: Signature

1. Request that the client sign the Discharge Planning Tool Rapid Needs Evaluation form attesting to the statement, "The information above is true and correct to the best of my knowledge." If the client is unable to sign, the caregiver may sign for the client. Mark who signed—client or caregiver. Print the name of the person signing the form. Record the date and time.
2. The Discharge Planner completing the Discharge Planning Tool for Rapid Needs Evaluation form must sign the document, print their name, record the date and time, record their contact number (office or cell), and record the name of their employing agency.

NOTE: If the special needs shelter client has a viable plan for post-shelter housing as determined in Section 1, the residence is habitable and continuity of care is ensured, do not complete Section 2.

If the special needs shelter client is approved to return to the pre-event residence or has a viable alternate plan for housing, the Discharge Planner should give the client's signed Discharge Planning Tool for Rapid Needs Evaluation to the County Response Team Lead (Department of Elder Affairs CARES, Ombudsman or Area Agency on Aging, or another agency's representative who has been designated the Lead for the Response Team). The County Response Team Lead will retain completed Discharge Planning Tool for Rapid Needs Evaluation Forms.

If an alternate plan for housing is required, continue completing the form beginning with Section 2.

SECTION 2

The purpose of this section is **to assist in the development of an alternate plan for housing** that will include the provision of essential services and ensure continuity of care for special needs shelter clients who are unable to return to

their pre-event residence or do not have a viable existing alternate plan for housing once the special needs shelter closes. Section 2 is to be completed by a designated member of the Multiagency Special Needs Shelter Discharge Planning Response Team. The information is to be obtained during a one-on-one interview of the client and/or the client's caregiver. **NOTE: If the special needs shelter client has a viable plan for post-shelter housing, the residence is habitable and continuity of care is ensured (as noted in Section 1 above), do not complete Section 2.**

Part A: Client Information

1. Record the client's full name (last name, first name, middle initial). **NOTE: This information is requested to ensure that Section 1 and Section 2 are correctly matched should the *Discharge Planning Tool for Rapid Needs Evaluation* form be copied on two pages rather than on one page, front and back, or if partial information is copied to assist in obtaining services.**
2. Record the client's social security number. **NOTE: This information is requested to ensure that Section 1 and Section 2 are correctly matched should the *Discharge Planning Tool for Rapid Needs Evaluation* form be copied on two pages rather than on one page, front and back, or if partial information is copied to assist in obtaining services. The social security number is a unique client identifier by which additional client records, such as listings of provider agency clients and services, can be accessed. The social security number is the preferred unique client identifier and will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the client refuses to provide this information, ensure that the date of birth is recorded.**
3. Ask if the client is a veteran and mark the response. **NOTE: If the client is a veteran, the options for post-event relocation could include placement in a Veterans' Affairs hospital or nursing home. If appropriate, these options should be pursued prior to utilizing available beds in non-veteran hospitals or nursing homes if possible.**
4. Record the client's date of birth. **NOTE: This information is requested to ensure that Section 1 and Section 2 are correctly matched should the *Discharge Planning Tool for Rapid Needs Evaluation* form be copied on two pages rather than on one page, front and back, or if partial information is copied to assist in obtaining services. The date of birth is a unique identifier of the client and is optional if the social security number is recorded. This information will only be used by authorized personnel to obtain and/or ensure delivery of services on behalf of the client. If the social security number is not recorded, ensure that the date of birth is recorded.**

Part B: Identify Housing Resources for Client

This section requires the ability of the Discharge Planner to determine the needs of the special needs client, client's preferences for relocation options, availability of finances and/or insurance, and the duration of care and services needed if the client cannot return to their pre-event residence. Additional forms (ex: Form CF-ES 2237 ACCESS Florida Application, CARES 701B Comprehensive Assessment or other agencies' assessment forms) may be required to assist a client with qualifying or determining eligibility for services and assistance (ex: food stamps) and recommending an appropriate level of care needed (ex: independent living facilities, assisted living facilities, nursing homes, hospitals, etc.). Inquiry should be made by the discharge planner to determine if a county guide is available to identify local resources that can assist clients with services such as housing, transportation, basic living activities, debris removal, nutrition, and community and volunteer outreach.

1. Inquire if the client has family, friends or a caregiver with whom the client can reside once the special needs shelter is closed and mark the response.

NOTE: If the client does not have family, friends or a caregiver to rely upon as a resource to develop an alternate plan for housing, then some or all of the following choices in questions #2, #3, #4, and #5 may be options for the client to consider:

2. If the response to #1 is "no," ask if the client would consider residing in an independent living facility, assisted living facility, nursing home, and/or some other facility (as appropriate for the client based on the client's needs) and mark the response. **NOTE: This option will be conditional upon the ability of the client to pay for housing, or may be contingent upon funding available from local resources or the Department of Health. If the client does not have resources to fund their relocation to a facility, a separate Reimbursement Form must be completed, submitted to, and agreed to by local resources or the Florida Department of Health before placing a special needs shelter client in a facility. NOTE: If a health care professional determines at any time that the shelter client's medical condition has deteriorated and hospitalization may become necessary, Response Team members should arrange appropriate transportation or contact EMS for transport to the hospital emergency department. If a special needs shelter client is hospitalized, this should be noted under "Other."**

3. If the response to #2 is “no,” ask the client if they are willing to relocate to a hotel at their own expense or if local resources are available to fund their stay (if this is appropriate for the client). **NOTE: This option will be conditional upon the ability of the client to pay for temporary housing at a hotel, or may be contingent upon funding available from local sources or the American Red Cross. Costs should be considered for food and other basic necessities. The client should be evaluated for their ability to obtain basic necessities on their own in order to determine the appropriateness of this temporary placement.**
4. Determine if the client requires American Red Cross assistance to pay for hotel costs or for other relocation expenses and mark the appropriate response. **NOTE: If the client appears to need financial or other assistance from the American Red Cross, an American Red Cross case manager must be contacted to conduct the appropriate client assessment and processing.**
5. In the event that local resources are not available or inappropriate for the needs of the special needs client, ask if the client would be willing to relocate outside the county or state and mark the response. **NOTE: If the client is willing to relocate outside the county or state, additional options for post-shelter relocation may be available. If this option is the only viable plan, the discharge planner should immediately contact the ESF#8 administrator at their county emergency operations center to determine availability of resources outside the county of residence.**

Part C: Services/Supplies

1. Determine if the client will require services upon discharge from the special needs shelter. These services may include pre-existing services that must be continued to ensure the continuity of care the client was receiving pre-event, or may be new services which have been identified to ensure the successful transition of the special needs client post-event. **Mark “yes” or “no” for each service listed.** If a specific provider is required for a service, or was providing a service pre-event to the special needs shelter client, record the name of the provider and phone number (if known). Record the length of time and frequency that each service will be required. This information is critical to ensuring the client’s continuity of care and reviewing the needs of the special need shelter client to determine if any additional services will be required.
2. Determine if the client will require medical equipment upon discharge from the special needs shelter or brought medical equipment with them to the special needs shelter. If the client brought medical equipment with them, check “inventory” for the appropriate item or write in the item on the blank

lines that are provided. If the client requires additional equipment, check "need" for the appropriate item or write in the item on the blank lines that are provided. Record the serial number of the equipment that arrived with the special need shelter client at the time of admission, or list the shelter number of the equipment provided to the client upon admission to the special needs shelter (if appropriate). Record the name and phone number of the medical equipment provider (if known).

NOTE: If the client refuses services or medical equipment, please make notation in Section II, Part D, #7 under Action Taken/Recommendation that the client has refused services and/or medical equipment.

Part D: Relocation

1. Record the contact information for the relocation site to which the client will be discharged. Include the name and phone number of the contact person for the relocation site or residence. If the relocation site is a facility, include the name of the facility. Record the address, city and state.
2. Record the mode of transportation to the relocation site and the name of the transportation provider. **Note: This information must be verified by the discharge planner prior to releasing the special needs client from the shelter to ensure that the transportation is appropriate to meet the needs of the client including the safe transport of their medical equipment.**
3. Record additional relevant comments or client stated concerns that should be taken into consideration in discharging the special needs client to an appropriate facility or residence.
4. Ask the client or caregiver to sign the form to indicate that the information contained in Section II is correct and accurate to the best of their knowledge, and that they agree with the alternate plan for housing. Mark who (client or caregiver) signs the form. Print the signature name and record the date signed.
5. The discharge planner must sign the form, print their name, record the date and time the form was signed, and record the name of their employing agency. If a Reimbursement Form is required to be submitted to the Florida Department of Health, mark the box next to the reimbursement form statement and verify that the Florida Department of Health has agreed to the terms of the reimbursement agreement. (Separate instructions are available for completing the Florida Department of Health reimbursement form.) Copies of the Reimbursement Form should be given to the County Response Team Lead (Department of Elder Affairs CARES, Ombudsman or Area Agency on Aging, or another

- agency's representative who has been designated the Lead for the Response Team), the Florida Department of Health, the receiving facility, and the special needs client. Inquiry should be made if the special needs shelter requires a copy for the client's file.
6. Record the date and time the client was discharged from the special needs shelter.
 7. Record the summary of the action taken on behalf of the client and/or additional recommendations of the discharge planner (ex: notes regarding care, pets, location of relatives, or other helpful information). In the event that client has refused services or medical equipment, please make the appropriate notation of such refusal.
 8. Record specific information about required follow-up actions needed to ensure that the client relocation is successful and that continuity of care and services is provided.

The Discharge Planner should give the client's signed Discharge Planning Tool for Rapid Needs Evaluation to the County Response Team Lead (Department of Elder Affairs CARES, Ombudsman or Area Agency on Aging, or another agency's representative who has been designated the Lead for the Response Team). The County Response Team Lead will retain completed Discharge Planning Tool for Rapid Needs Evaluation Forms.