



TITLE

DESIGNATED LIVING OPTION: ACCESS AND WAITLIST MANAGEMENT

SCOPE

Provincial

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Access to a Designated Living Option in Continuing Care

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NOTE: The first appearance of terms in bold in the body of this document (except titles) are defined terms – please refer to the Definitions section.

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OBJECTIVES

- To provide direction to **health care providers** on the transparent process for assessing wait listing and transitioning **patients** to an appropriate **Designated Living Option (DLO)**.
- To provide direction for patient transitions to DLO(s) and **temporary Community Option(s)**.
- To recognize the importance of **family** supporting the patient in the transition to DLO and welcome their involvement based on the wishes of the patient.
- To recognize the need to expedite transitions from **Acute Care** into **community** settings for the safety of patients as well as to ensure hospital beds are made available as quickly as possible for those with acute conditions.
- The requirements set out the AHS *Suspension of Access to Designated Living Option* Directive supersede the requirements set out in the AHS *Access and Waitlist Management* Procedure for the period this Directive is effective. Where there is conflicting direction, the Directive applies.

APPLICABILITY

Compliance with this document is required by all Alberta Health Services employees, members of the medical and midwifery staffs, Students, Volunteers, and other persons acting on behalf of Alberta Health Services (including contracted service providers as necessary).

ELEMENTS

1. Accountability and Responsibility

- 1.1 Refer to Alberta Health Services (AHS) *Access to Designated Living Option* Policy for detailed information on accountability and responsibilities of AHS and contracted operators.

2. Assessment and Service Needs Determination For Designated Living Option(s)

- 2.1 Patients can request an assessment for Continuing Care health services (including **Home Care**) through self-referral or referral made through family, friends, health care providers or other community agencies acting on their behalf.
- 2.2 AHS shall support the patient throughout the entire process, including referral, intake, assessment, needs determination, waitlist prioritization and transition by:
- a) assigning a contact person(s) who will actively support the patient and stay in regular contact throughout the access to a DLO process (this shall be the **AHS case manager**);
 - b) involving patients in all discussions and assessments including providing clear information about the access to a DLO process;
 - c) providing opportunities for the patient to participate in and ask questions about the DLO process;
 - d) encouraging the patient who has been assessed and approved for a DLO to contact individual **sites**, explore the services provided, and if at all possible tour potential sites (including using virtual tours); and
 - e) facilitating communication among all care providers and the patient.
- 2.3 AHS **health care professional(s)** shall use the following resources, as applicable, to guide all assessments for unmet needs; for service needs determination, and the need for a DLO:
- a) the *Coordinated Access* process outlined in the *Framework for Coordinated Access to Publicly Funded Continuing Care Health Services*;
 - b) the *Resident Assessment Instrument* – Home Care (RAI-HC) as the standardized assessment tool;
 - c) secondary assessments as appropriate;
 - d) the *Provincial Continuing Care Assessment Guide for AHS Case Managers*; and
 - e) the *Continuing Care Service Needs Determination Guide*.

- 2.4 Home and/or community is the optimal environment for assessment, patient recovery, and making life changing decisions related to Continuing Care health services.
- 2.5 Patients no longer requiring Acute Care services should transition to the most appropriate community location prior to assessment. Depending on needs and available services and support, locations may include:
- a) Location of origin;
 - b) Post-acute Unit (e.g., Transition Unit, Restorative Care Unit); or
 - c) Community living (e.g., private residence, Lodge, congregate living settings).
- 2.6 The AHS case manager shall coordinate with the patient, AHS Home Care, and informal supports as available to facilitate return to an appropriate community location, when safe to do so, in order to support optimal assessment and decision-making.
- a) If returning to a congregate living site, or the patient's current Designated Living site, the AHS case manager, the patient, and where appropriate, the housing operator or provider shall collaborate to identify and remediate any gaps in ability to provide appropriate, safe care.
 - b) For all patients returning to a community location, the AHS case manager shall ensure a plan for supporting the patient's transition is in place and has been communicated to the patient.
- 2.7 When the patient's **assessed unmet needs** indicate the need for transition into a DLO, the following shall occur:
- a) AHS case manager shall engage the patient in discussions to assess and identify the appropriate DLO level using the *Admission Guidelines for Publicly Funded Continuing Care Living Options*;
 - b) AHS case manager shall ensure that the patient has been provided with the following information both verbally and in writing:
 - (i) information about the process of selecting preferred DLOs;
 - (ii) information about the waitlist, concerns resolution and transition processes, including temporary DLOs and temporary Community Options;
 - (iii) what to expect if the patient's preferred DLO(s) are not available or if a DLO is declined;
 - (iv) a list of all appropriate DLOs that best match the patient's preferences and assessed unmet needs; and

- (v) information about the sites, if available, or shall direct patients to available information (e.g. online).
- 2.8 Once the initial assessment is complete and the level of care has been identified the AHS case manager shall:
- a) approve the patient to be waitlisted for a DLO (the approval date is the waitlist date used in prioritization and waitlist management),
 - b) document the approval date on the patient's **health record**; and
 - c) place the patient's name on the waitlist(s) using the approval date.
- 2.9 The patient may be considered for, and/or offered any appropriate temporary DLO or temporary Community Option available while waiting for their most preferred DLO(s).

3. Identifying Preferred Designated Living Options

- 3.1 The patient shall be requested to specify at least one (1) most preferred Designated Living site and should be provided the option of indicating additional preferred Designated Living sites based on options that meet the patient's assessed unmet needs, if available.
- 3.2 The following factors are waitlist considerations that may be identified by the patient in collaboration with the AHS case manager when specifying their preferred Designated Living site(s):
- a) reunification of relationships where both require a DLO;
 - b) geographical distance and/or location;
 - c) cultural, linguistic, and/or religious preferences;
 - d) availability of social support(s); and
 - e) wait times, services available, and costs for specific sites.
- 3.3 waitlist considerations (Section 3.2) identified in collaboration between the patient and the AHS case manager may:
- a) facilitate the patient transitioning to a preferred DLO; and
 - b) enable the most appropriate match to facilitate patients moving to their most preferred DLO.
- 3.4 After assessment, including discussions with the patient, the patient shall be requested to specify their preferred Designated Living site(s) to their AHS case manager within:
- a) 72 hours for patients in Acute Care; or

- b) seven (7) days for patients who are assessed in Community.
- 3.5 In the event a patient does not specify any preferred Designated Living sites(s) within the specified time frame, the most appropriate DLO(s) as determined by the patient's assessed unmet needs shall be identified by the AHS case manager and the patient shall be informed of the selection.
- 3.6 The patient may request to change their preferred Designated Living site(s) at any time; in this situation their original waitlist date shall remain in effect.
- 3.7 Where a patient's assessed unmet needs can only be safely met at one (1) Designated Living site, that site shall be identified as the most preferred. The AHS case manager shall inform the patient of the reasons for the selection.

4. Waitlist Management

- 4.1 The patient shall be offered an available DLO, in accordance with the *Waitlist Prioritization Criteria* as outlined in *Appendix A*, and review of waitlist considerations.
- 4.2 The patient shall remain active on the waitlist until:
- a) the patient is admitted to one of their most preferred Designated Living site(s);
 - b) the patient requests to remove themselves from the waitlist; or
 - c) the patient, upon reassessment, is removed from the waitlist by AHS.
- 4.3 The AHS *Continuing Care Waitlist Management Guide (Waitlist Management Guide)* outlines the standardized process to be used for waitlist management within Continuing Care, based on the following:
- a) Acute Care and the community shall be considered together and prioritized daily if required;
 - b) Patients in each rank shall be considered for available spaces according to the *Waitlist Prioritization Criteria*. The match most appropriately reflecting waitlist considerations may be given priority to facilitate patients moving to their most preferred DLO;
 - c) Patients awaiting transition may be prioritized for an available space ahead of others if care needs are becoming urgent or if identified waitlist considerations can be met;
 - d) Site specifications at the time the space becomes available may also influence matches and offers;

- e) If there are two (2) patients waiting for transfer who also have the same waitlist date, the space shall be offered to the individual who has waited the longest in a temporary space.
- 4.4 If an AHS case manager assesses that the needs of a patient waiting in community cannot be safely managed in their current environment for more than 48 hours and are at risk of Acute Care admission, the patient shall be:
- a) designated as **Immediate in the Community**;
 - b) prioritized and offered a temporary or preferred DLO according to the assessed urgency of their condition and circumstances, regardless of their waitlist date; and
 - c) reviewed on a daily basis to ensure their condition and circumstances are being safely managed.
- 4.5 If a patient designated as Immediate in Community refuses to transfer to an available DLO or temporary Community Option, AHS shall determine through review whether or not the patient requires Immediate in Community status (refer to Section 8).
- a) The patient shall continue to be supported and shall remain on the waitlist (refer to Section 4.1).
 - b) The patient may choose a temporary DLO (refer to Section 6).
- 4.6 The waitlist date shall not be impacted:
- a) if a patient's assessed unmet needs change while on the waitlist and a reassessment indicates the need for a different DLO level;
 - b) if the patient updates their list of preferred DLO(s) for any reason;
 - c) by transfer to temporary DLO or temporary Community Option;
 - d) by AHS initiated transfer or discharge;
 - e) by concerns resolution proceedings; and/or
 - f) by rejection of offers for temporary DLOs.
- 4.7 Once the patient transitions to one of their most preferred Designated Living site(s), any further transfers shall be pursued under a new waitlist date corresponding to the date the new transfer request is approved. This includes anyone requiring a different DLO level.

5. Most Preferred Designated Living Option Offer

- 5.1 If the patient's most preferred Designated Living site has availability and the patient is appropriate based on *Waitlist Prioritization Criteria* and identified waitlist considerations the patient shall be offered a space at that site.
- a) The patient and family shall be given up to 48 hours in order to respond to the offer and communicate with the AHS case manager.
- 5.2 When a most preferred Designated Living site has been accepted, a date of admission shall be mutually agreed upon between the patient and the site representative.
- a) A transition care plan shall be developed by the AHS case manager involving the patient and all care partners to ensure a seamless transition of care between care teams and care providers.

6. Temporary Designated Living Option or Temporary Community Option Offer

- 6.1 If the patient's most preferred Designated Living site(s) is not available, the patient should be offered a choice of:
- a) a preferred DLO where available; or
- b) another temporary DLO where available; or
- c) a temporary Community Option, when appropriate (refer to *Appendix B*). Offers shall be based on *Waitlist Prioritization Criteria* and waitlist considerations.
- 6.2 The temporary DLO offer shall be from the most appropriate options available, taking into consideration where possible, the preferred Designated Living site(s) specified by the patient.
- 6.3 The patient shall be given up to 48 hours to respond to the offer in order to:
- a) reflect on and clarify the information provided;
- b) ask and receive answers to any questions;
- c) seek additional information;
- d) consult with those close to them; and
- e) inform the AHS case manager of their decision.
- 6.4 Patients waiting in Acute Care or community who wish to avoid an additional move to a temporary DLO may choose to wait in their home through an arrangement where they purchase private care or provide **extensive family contribution** on a temporary basis. This temporary Community Option (refer to

Appendix B) is a specific arrangement negotiated to address care needs while waiting and makes them eligible for Rank 1 Temporary to Most Preferred (refer to *AHS Waitlist Management Guide*).

- 6.5 When a temporary DLO offer has been accepted, a date of admission is mutually agreed upon between the patient and the site representative.
- a) A transition care plan is developed by the AHS case manager involving the patient and all care partners to help ensure a safe and effective transition of care between care teams and care providers.
 - b) The patient shall remain on the waitlist for their most preferred and preferred DLO(s) as per the *Waitlist Prioritization Criteria*.
 - c) The patient shall remain on the waitlist for multiple preferred DLOs and multiple most preferred DLOs, where waitlist management functionality (manual and/or electronic) allows.

7. Refusal of a Designated Living Option Offer

- 7.1 When any DLO offer has been refused, the AHS case manager shall actively engage the patient in a process of exploration and negotiation to identify alternate options where available, including temporary Community Options.
- a) If the patient does not respond to any DLO offers this shall be treated as a refusal.
- 7.2 Using a **patient and family centred care / person centred care** approach, and with the goal of identifying the most acceptable solution from the range of options, the AHS case manager shall:
- a) explore with the patient the issue(s) that resulted in refusing the temporary DLO;
 - b) engage in problem solving to find a solution to the issue(s);
 - c) identify one (1) or more potential alternate options, if available; and
 - d) negotiate an alternate Designate Living Option or temporary Community Option that is acceptable to the patient
- 7.3 Following this process of exploration and negotiation, one (1) further offer of a DLO may be made if available.
- a) If there is only one (1) appropriate Designated Living site that meets the patients' assessed unmet needs, the care team may proceed with transfer (refer to Section 8).
- 7.4 If the patient declines the second DLO offer (Section 7.3) or refuses to respond, the AHS case manager shall consult with the Program Manager who shall:

- a) review the specific patient circumstances to ensure all appropriate options have been fully explored with the patient in compliance with this Procedure and the *AHS Continuing Care: Access to a Designated Living Option Policy*;
 - b) consult with other identified stakeholders including but not limited to, Acute Care, Home Care, housing operators and/or physicians to look for unique person-specific options; and
 - c) support and advise the AHS case manager in the ongoing exploration/negotiation process with the patient.
- 7.5 If the patient is in Acute Care and no temporary Community Option and/or DLO is agreed upon, the need for DLO is reviewed and the care team may proceed to transfer to the next available appropriate DLO, or discharge (refer to Section 8).
- 7.6 If AHS and the patient jointly identify extenuating circumstances that prevented the acceptance of the DLO offer at the time it was made, the offer shall not be considered as part of the two (2) alternate DLO offers (Section 7.1 and 7.3). Extenuating circumstances may include, but are not limited to: family crisis, death in immediate family, or natural disasters.

8. Discharge/Transfer

- 8.1 For a patient in Acute Care, where all option(s) have been explored, negotiated and exhausted with no resolution, the accountable leaders shall refer to the appropriate Zone leadership to consider whether to proceed to discharge the patient or transfer the patient to the most appropriate available Designated Living Option as a temporary measure. The process pursuant to the *Hospitals Act* may be used by AHS to transfer or discharge a patient from Acute Care.
- 8.2 Following discharge or transfer the patient shall continue to be supported by their assigned AHS case manager and shall remain on the waitlist prioritized for transfer to their preferred DLO(s). If the patient's health status or needs change they shall be reassessed as per the process in Section 2.

9. Concerns Resolution

- 9.1 Patients shall be provided with information about the *Concerns Resolution Process* (refer to *AHS Appeals Panel Process Procedure*) on initiation and throughout the *Access to Designated Living Option Process* including referral, intake, assessment, needs determination, waitlist prioritization and transition.

DEFINITIONS

Accountable leader means the individual who has ultimate accountability to ensure consideration and completion of the listed steps in the management of the Access to a Designated Living Option Policy. This means the individuals for Acute Care and Continuing Care who have been designated to provide approval for a Designated Living Option Assessment to occur in Acute Care.

Acute Care means all urban and rural hospitals, psychiatric facilities, urgent care facilities, and sub-acute settings that are co-located with Acute Care, where care is provided for patients with acute illnesses or injuries, or who are recovering from surgery.

AHS case manager means a regulated health care professional(s) accountable for case management services for an assigned caseload. A case manager comprehensively assesses all factors contributing to the patient's care needs for transitioning through the care stream, while working with the patient, family and multidisciplinary team to mitigate any risks.

Alternate Decision-Maker means a person who is authorized to make decisions with or on behalf of the patient. These may include, **Specific Decision-Maker**, a minor's Legal Representative, a **Guardian**, a 'nearest relative' in accordance with the *Mental Health Act* or an **Agent** in accordance with a Personal Directive or a person designated in accordance with the *Human Tissue and Organ Donation Act*. This also includes what was previously known as the substitute decision-maker.

Assessed unmet need means the care requirements that remain after the strengths and resources of the patient and family and of the community have been considered in relation to the functional deficits and needs identified on assessment. The assessment includes the patient's ability to learn the skills necessary for self-care and the willingness, ability and availability of the family and community to participate or learn.

Community / community living means a permanent living arrangement where an individual resides alone or with others in a setting that can vary from independent living in a private residence to a variety of communal settings where health and personal support services may or may not be provided. These settings may include:

- Private homes, apartments,
- Congregate living settings that provide housing and hospitality services (e.g., lodges, group homes etc.)
- Designated Supportive Living levels 3, 4 and 4D.

Concern means a written or verbal expression of dissatisfaction that may be related to: the provision of goods and services to a patient, a failure or refusal to provide goods and services to a patient, terms and conditions under which goods and services are provided to the patient, by Alberta Health Services or by a service provider under the direction, control or authority of Alberta Health Services. It may also include dissatisfaction with professional practice and/or an allegation of unprofessional conduct. The concern may be clinical or non-clinical and may be directed at any member of the organization or the organization as a whole. The concern may also include the dissatisfaction with an Alberta Health Services owned or operated facility.

Continuing Care means an integrated range of services supporting the health and wellbeing of individuals living in their own home, a supportive living or long-term care setting. Continuing care clients are not defined by age, diagnosis or the length of time they may require service, but by their need for care.

Designated Living Option means residential accommodation in the Continuing Care system that provides publicly funded health and support services appropriate to meet the patient's Assessed Unmet Needs. The level of care is accessed through a standardized assessment and

single point of entry process and consists of Designated Supportive Living Level 3 (DSL3), Designated Supportive Living Level 4 (DSL4) and Designated Supportive Living Level 4 Dementia (DSL4D) and Long Term Care (LTC).

Extensive Family Contribution means strategies to supplement current AHS continuing care program resources, with care provided by a family member or designate who is available, willing and able to contribute on a temporary basis that is unsustainable (with or without added home care). Refer to temporary Community Option.

Family(ies) means one or more individuals identified by the patient as an important support, and who the patient wishes to be included in any encounters with the health care system, including, but not limited to, family members, legal guardians, friends and informal caregivers. This may or may not be legally identified as the patient's legal co-decision maker or an alternate decision-maker.

Home Care means publicly funded personal and healthcare services to help people remain well, safe and independent in their home or congregated living setting (i.e. a lodge) for as long as possible.

Immediate in the community means patients waiting in community whose needs cannot be safely managed in their current environment for more than 48 hours. Immediate admission to an appropriate Designated Living Option is required due to a crisis arising from a change in condition or circumstances.

Most preferred designated living option(s) means the patient has specified one or more Designated Living sites as where they would prefer to live over all other Designated Living sites.

Patient means all persons; inclusive of residents and clients who receive or have requested health care or services from Alberta Health Services and its health care providers. Patient also means, where applicable:

- a) a co-decision-maker with the person; or
- b) an alternate decision-maker on behalf of the person.

Patient and family centred care means care provided working in partnership with patients and families by encouraging active participation of patients and families in all aspects of care as integral members of the patient's care and support team, and as partners in planning and improving facilities and services. Patient and family centred care applies to patients of all ages and to all areas of health care.

Person centred care means care that considers the individual's cultural traditions, their personal preferences, values and goals, their family and community, and their lifestyles. Individuals and their caregivers are an integral part of the care team who collaborate in care planning and decision making. Person-centred care recognizes the individual's strengths and expertise and supports building their self-management skills by ensuring unbiased information and tools are provided. Person-centred care ensures that transitions between providers, departments, health care settings and other supports are respectful, coordinated, and efficient.

Preferred designated living option(s) means one or more Designated Living Option site(s) that the patient identifies in order of preference. At least one of these sites should be identified as their most preferred Designated Living Option(s).

Private living option means any residential care setting that provides non-publicly funded health and personal care services on site. Accommodation, hospitality, health and personal care services are included in the monthly rent, paid under a private accommodation agreement negotiated by the operator with the patient and/or family.

Purchased care means professional health or personal support care services which the patient chooses to purchase in order to address some or all of the patient's assessed unmet needs which may be beyond the scope of care available in the patient's current living setting.

Reunification means reuniting close relationships through transfer when both patients require a Designated Living Option. Close relationships are determined by the patient.

Site means, for the purposes of this policy suite only, a specific Designated Living Option building and services.

Temporary community option means a specific strategy intended to temporarily provide care while the patient waits in the community for their most preferred Designated Living Option to become available. This option is negotiated with the AHS case manager and may include private living option, purchased care and/or extensive family contribution.

Temporary designated living option means a Designated Living Option that is not one of the patient's specified most preferred Designated Living Option (s).

Waiting in community means patients who are waiting in a community residence for access to a Designated Living Option where assessed unmet needs can no longer be met in their current living setting. These individuals should be ready to accept a Designated Living Option when offered.

Waitlist means, for the purposes of this policy suite only, a prioritized list of patients waiting for admission to a continuing care Designated Living Option who have been assessed and approved for a Designated Living Option.

REFERENCES

- Appendix A: *Waitlist Prioritization Criteria*
- Appendix B: *Temporary Community Options*
- Alberta Health Services Governance Documents:
 - *Alternate Level of Care Accommodation Charges - Patients Waiting for Continuing Care Policy (#FS-01)*
 - *Appeal Panel Process Procedure (#HCS-146-01)*
 - *Designated Living Option: Access and Waitlist Management Policy (#HCS-117-01)*
 - *Patient Concerns Resolution Process Policy suite*
- Alberta Health Services Resources:
 - *Admission Guidelines to Publicly Funded Continuing Care Living Options*

- *Continuing Care Referral Guide*
- *Continuing Care Service Needs Determination Guide*
- *Continuing Care Waitlist Management Guide (Waitlist Management Guide)*
- *Framework For Coordinated Access to Publicly Funded Continuing Care Health Services*
- Non-Alberta Health Services Documents:
 - *Hospitals Act (Alberta)*

VERSION HISTORY

Date	Action Taken
June 23, 2015	Revised: Housekeeping changes only
October 14, 2015	Revised: Housekeeping changes only
July 4, 2019	Revised; includes change in Title from "Designated Living Option: Access and Waitlist Management in Continuing Care"

APPENDIX A

Waitlist Prioritization Criteria

Rank	Transition Type
Rank 1	<p>Temporary to Most Preferred <i>Driver: honour patient choice</i></p> <p>Patients waiting in a temporary DLO for transfer to one of their most preferred DLOs and their remaining chosen preferred DLOs. This includes:</p> <ul style="list-style-type: none"> • Patients who accepted a temporary DLO • Patients who refused a temporary DLO but accepted a temporary Community Option which may include: <ul style="list-style-type: none"> ○ a private living option ○ purchased care, and/or ○ extensive family contribution • Patients who are pursuing further transfer under a new waitlist date.
	<p>Community with Extensive Family Contribution and/or Private Care <i>Drivers: preserve patient/family resources; preserve health care resources, patient safety</i></p> <p>Patients waiting in community who wish to avoid a move to a temporary DLO and agree to purchase private care or provide extensive family contribution as a temporary community option while remaining in their current residence become eligible for Rank 1 Temporary to Most Preferred.</p>
	<p>Requesting a Transfer or Updating Choice Patients already in their most preferred site can request a new transfer to another DLO site at the same level of care. Waitlist date will be assigned as of the date of the new request.</p>
Rank 2	<p>Acute Care <i>Driver: preserve health care resources, patient safety</i></p> <p>Patients waiting in Acute Care for access to a DLO who are ready for discharge. Patients originating from Acute Care who agree to accept a temporary DLO, a temporary private living option, purchase private care or provide extensive family contribution as a temporary option and are discharged to one of these options become eligible for Rank 1 Temporary to Most Preferred.</p>
	<p>Community <i>Drivers: preserve patient/family resources; preserve health care resources, patient safety</i></p> <p>Patients who are waiting in community for access to a DLO where assessed unmet needs can no longer be met in their current living setting. They require the care and are ready to move to a DLO. Patients originating from community who agree to accept a temporary DLO, a temporary private living option, purchase private care or provide extensive family contribution as a temporary option become eligible for Rank 1 Temporary to Most Preferred.</p>

Also see AHS Continuing Care Waitlist Management Guide for more examples.

APPENDIX B**Temporary Community Options**

For the purposes of this policy suite only, a temporary Community Option is a specific strategy implemented while the patient waits in the community for their preferred DLO(s). A temporary Community Option is intended to temporarily provide the assessed unmet care needs that resulted in the patient being waitlisted for a DLO. The temporary Community Option could be one of the following temporary alternatives provided for in the Procedure:

1. Private Living Option.
2. Purchased Care.
3. Extensive Family Contribution.

In the context of the Access to Continuing Care DLO policy suite a temporary Community Option (refer to Section 6.4) may be agreed upon where:

- The patient has been assessed by an AHS Case manager as requiring a Continuing Care DLO (DSL3, DSL4, DSL4D, or LTC);
- The patient's name has been added to the AHS Continuing Care waitlist;
- The patient or alternate decision-maker wishes to avoid a move to a temporary DLO or no appropriate temporary DLO exists in their community of choice;
- The patient and/or alternate decision-maker indicate that they or other family members are willing, able and if necessary, available to carry out the agreed upon terms of the temporary Community Option while awaiting for their most preferred DLO(s);
- The temporary Community Option has been specifically negotiated by an AHS case manager with the patient or alternate decision-maker (in some situations, where appropriate, the housing operator where the patient currently resides) as an alternative to accepting a temporary DLO while awaiting their most preferred living option.