

Cornerstone Behavioral Healthcare

Section 10. Discharge Process

Discharge planning starts during the client's initial appointment. At intake, the client, with the help of the service provider, will identify what they would like to accomplish while in treatment/service (discharge criteria).

- A. Discharge Policy:** Cornerstone Behavioral Healthcare (CBH) will maintain and review a written discharge policy which includes, but is not limited to, the following provisions:
 - 1. Clear, planned, and orderly voluntary discharge process;
 - 2. Assignment of staff responsibility for the discharge process;
 - 3. Involvement of the client, the client's legal representative, and others as appropriate in the discharge process;
 - 4. CBH will obtain the client's authorization to notify collaborating service providers, the courts, and others as appropriate upon discharge when client authorization is necessary to comply with applicable confidentiality laws;
 - 5. An involuntary discharge process, specifying the conditions under which services may be discontinued or interrupted;
 - 6. Emergency discharge procedures; and
 - 7. Specific procedures when a client leaves the program against clinical recommendations.
- B. Voluntary Discharge:** Clients may voluntarily discharge themselves from services and this will be honored and completed upon request
 - 1. In the case of children and adults with legal representative, CBH will notify the legal representative of the client's wishes and will consult about the decision to end services.
- C. Involuntary Discharge:** Involuntary discharge of a client may be based upon CBH's inability to meet the client's needs (e.g. closure of the service/organization) or other legal grounds for discharge identified in the involuntary discharge provisions of the program's discharge policy and supported by statute or rule.
 - 1. CBH will not discharge a client solely because of a substance use relapse, or symptoms of a co-occurring condition or disorder, unless the program, as fundamentally designed, cannot meet the client's needs.
 - 2. When involuntary discharge is from a CBH Outpatient Treatment Program, CBH will also comply with applicable program-specific provisions in this rule and applicable statutes.
- D. Notice of Involuntary Discharge:** CBH will provide a written notice of involuntary discharge from non-residential services to the client or their legal representative at least 30 days prior to the effective discharge date, and will:
 - 1. Include the reason(s) for the discharge and the client's appeal rights;
 - 2. Include information on CBH's client's service area where recommended services or supports could be sought; and
 - 3. Become part of the client's record.
- E. Emergency Discharge:**
 - 1. CBH may discharge a client on an emergency basis in accordance with program-specific policies when the client presents a danger to themselves or others.
 - 2. In the case of an emergency discharge, CBH will provide a written and verbal notification to the client or their legal representative of emergency discharge as soon as practicable before the discharge.

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F. Self-Discharge Against Clinical Recommendations:

1. When a client self-discharges against clinical recommendations, CBH will document the client's decision to self-discharge and detail the circumstances, any present risk, and/or recommendations in the discharge summary note.
2. The written document will become part of the client's record.

G. Discharge Summary: In all cases, a discharge summary will be completed within 30 days after the date of discharge, and will:

1. Describe the client's course of treatment, program completion status, and their clinical status at discharge;
2. Summarize the client's progress toward meeting planned goals as listed in their service plan;
3. Include referrals for service to other agencies as needed, including the reason for the referral;
4. Make recommendations for ongoing services and supports;
5. Be signed, credentialed, and dated by the individual completing the summary; and
6. Become part of the client's record.

H. Readmission: Clients will be readmitted following the same process for admission.

I. Service Specific Discharge Policies:

1. **Section 65:** When involuntary discharge is from a CBH Outpatient Treatment Program, CBH will also comply with applicable program-specific provisions in this rule and applicable statutes.
 - a. **Outpatient Therapy:** Same as above unless the client has been diagnosed with a Serious and Persistent Mental Illness (SPMI). In this case, the provider must:
 - i. Obtain written approval from Director of the Office of Behavioral Health (OBH) or designee prior to terminating services to that client.
 - ii. If approved by OBH, issue a thirty (30) day advanced written termination notice to the client prior to termination of client's services. In cases where the client poses a threat of imminent harm to persons employed or served by the provider, the Director of OBH, or designee, may approve a shorter notification for termination of services.
 - iii. When indicated, CBH providers will assist clients, with their consent, in obtaining clinically necessary services from another provider. In this scenario, when client has been transferred, written approval is not required prior to discharge or termination.
 - b. **Medication Management:** Same as Outpatient Therapy
 - c. **Medication Assisted Treatment:** Same as Outpatient Therapy
2. **Sections 13, 17, and 92:**
 - a. **Case Management-Adult: Community Integration and BHHO:**
 - i. For all clients, with a SPMI, termination requests are required for discharging. All clients being served in Case Management are deemed to have SPMI. If client has disengaged, attempts to re-engage client must be made for 60 days before client can be discharged, with attempts documented in client's chart. At 60 days with no contact, the provider will submit the SPMI termination request into DHHS's approved electronic data reporting and utilization management system (EDMS) and send a letter to the client notifying them they will be discharged from

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services if we do not hear from them within 30 days. A copy of this letter must be kept in the chart.

ii. No Contact Letter exceptions:

- The client is in hospice
- The client is incarcerated
- The client has relocated out-of-state
- The client is deceased
- The client requested discharge

iii. If the termination request is approved by DHHS's approved EMDS, a Discharge Summary will be completed and will include the following:

- The reason(s) for termination of service
- The final assessment, including general observations and significant findings of the client's condition from intake through discharge
- The progress of the client with regard to each identified goal
- The recommendations for further service, as required

iv. If the termination request is denied by DHHS's approved EMDS, providers are expected to reach out to the client and attempt to re-engage them. If the attempt is unsuccessful, or client cancels and/or no shows after accepting an appointment, documentation must be made in the client's chart. Then providers can submit a second termination request to DHHS's approved EMDS. The request must include the following:

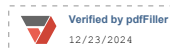
- A statement that this is the second attempt at receiving approval for termination
- A summary of additional attempts made and outcomes of each attempt with specific dates and methods of outreach identified

b. **Case Management-Child: BHHO:**

i. Transition of SED clients to adult services.

- This will be planned one year prior to discharging clients from children services.
- CBH will follow the electronic discharge process approved by DHHS.

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Clinical Director

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Date