


Delaware Division of Substance Abuse and Mental Health

Provider/Contractor Policy

<p><u>POLICY TITLE:</u> DSAMH Policy for Administrative Discharges (including Against Medical Advice (AMA) Discharges)</p>	<p><u>POLICY #:</u> DSAMH018</p>
<p><u>PREPARED BY:</u> DSAMH Policy Committee</p>	<p><u>DATE ISSUED:</u> June 26, 2020</p>
<p><u>RELATING POLICIES:</u> DHSS PM 66 - Discharge/Transition Practices/Guidelines DSAMH Discharge for Services: https://dhss.delaware.gov/dhss/dsamh/files/DSAMH013.pdf</p>	<p><u>REFERENCE:</u></p>
<p><u>DATES REVIEWED:</u> June 26, 2020</p>	<p><u>DATES REVISED:</u></p>
<p><u>APPROVED BY:</u> Greg Valentine, Associate Deputy Director, Bureau of Policy, Compliance, and Workforce Development</p> <p>DocuSigned by:  <small>3E748DFA4F3F411...</small></p>	<p><u>NOTES:</u></p> <p>6/30/2020 3:03 PM EDT</p>

- I. PURPOSE:** The purpose of this policy is to clarify the required procedures for discharge from services offered by providers contracting with the Division of Substance Abuse and Mental Health (DSAMH) that result in “administrative discharges” or consumers terminating services “against medical advice.” These discharges represent clients who have discontinued recovery services before acquiring recovery skills. They also may not have access to an alternative service provider.
- II. POLICY STATEMENT:** It is the policy of DSAMH to require that all contracted providers of services adhere to discharge planning standards established by the Division. This policy applies to discharges where the provider has administratively terminated services or where clients who have intentionally made, and communicated, the decision to withdraw from services against medical advice. These may include, but are not limited to, the following types of situations:
- a. Clients who have become disconnected or disengaged from services without proper discharge planning,
 - b. Clients who lost contact with agency,
 - c. Clients who abruptly terminate services in an unplanned manner,
 - d. Clients who terminated services against medical advice, or
 - e. Clients who otherwise discontinued services and by the assessment of the clinical team, may have a negative outcome without further treatment system engagement.

III. **SCOPE:** This policy applies to all programs operated by DSAMH, as well as programs that are contracted, certified, or licensed by DSAMH to provide Behavioral Health or ancillary services.

IV. **PRINCIPLES:**

1. All clients are provided with appropriate education of risk/benefits of terminating services against medical advice. This ensures client's ability to make an informed decision.
2. Providers that have clients with an active Outpatient Treatment over Objection (OTOO) order understand that clients with an OTOO have behavioral health conditions that make treatment adherence difficult. Providers will exhaust treatment intervention options and treatment strategies to engage client in treatment services and educate client on possible outcomes of terminating services. The provider must return to court, address client non-compliance, and seek the guidance of the court, prior to discharge.
3. Providers will give all clients information on how to return to services with their agency or alternative providers whenever clients are considering discharge.
4. Providers understand DSAMH clients may discontinue treatment services prematurely resulting in higher risk and potentially fatal outcomes. Providers will have written procedures on outreach steps both prior to, and post discharge, for high acuity patients that includes administrative discharges and discharges that were against medical advice.
5. Outreach steps must include a minimum of 3 documented program efforts or more, as defined by program level of care, patient acuity, and overall risk mitigation strategy for program setting and client presentation.
6. Provider will inform client that both their agency and DSAMH care about their health and recovery post-discharge and that they may receive a call of support for up to 90 days post-discharge to offer support and services.
7. Provider will inform Primary Care Physician and Managed Care Organization for continuity of care purposes.

V. **PROCEDURE:**

- a. Provider completes all required steps in the DSAMH Discharge from Services Policy.
- b. Provider will request permission to contact client for follow-up to see how they are and if they wish to return to services or obtain information on alternative resources within 30 days.
- c. Provider will inform client that all discharges involving administrative discharges, or discharges against medical advice, or other special circumstances may result in review by DSAMH's Care Management team and/or Care Coordinator.
- d. DSAMH Care Management staff will prioritize and triage these types of discharges and may require further information or agency action.
- e. Provider will further advise client that this DSAMH may reach out to them regarding consumer dissatisfaction, consumer concerns, and potential referral for alternative services, such as Targeted Case Management, the Bridge Clinic, Crisis Intervention Services or other supports available in the community.
- f. Provider will notify ancillary providers (Primary care) and managed care organization (MCO) as appropriate.

- g. Provider will notify DSAMH Care Management Unit of discharges that are unsatisfactory and pose a health and safety risk to the consumer or community. Provider must follow their own policy on duty to warn or other steps to ensure client safety and community safety. Notification to the DSAMH Care Management unit will facilitate DSAMH technical support as needed.
- h. DSAMH Care Management unit will triage information and will outreach to stakeholders and/or consumer as necessary as guided by Clinical Care Management protocols.
- i. Provider will engage any client who returns post-discharge to provide expedited admission services within their agency or assist client with access to required services externally if required.