

Administrative and Against Medical Advice Discharges

Division of Substance Abuse and Mental Health (DSAMH)

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Prepared By: DSAMH Policy Committee

Applicability:

1. DSAMH-Operated Program
2. DSAMH State Providers

Approved By: Joanna Champney, Director



Date Signed: June 24, 2026

I. PURPOSE

The purpose of this policy is to provide guidance regarding the procedures for discharge from services offered by DSAMH-operated, contracted, certified, or licensed programs 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. Inappropriately discharging a client may be deemed as patient neglect.

II. POLICY STATEMENT

It is the policy of DSAMH to require that all DSAMH-operated, contracted, certified, or licensed providers of services adhere to discharge planning standards established by the Division in 6001 Substance Abuse Facility Licensing Standards.

III. DEFINITIONS

“Administrative Discharge” means the client ceased adhering to the treatment schedule and is unable to be contacted by the provider or has violated the program rules, resulting in discharge.

“Against Medical Advice Discharge” or “AMA” means the client declines to continue services contrary to the recommendations of the provider.

IV. SCOPE

This policy applies to all DSAMH-operated, contracted, certified, or licensed programs which provide behavioral health or ancillary services.

V. PROCEDURES/RESPONSIBILITIES

- A. Behaviors which should not prompt immediate administrative discharge:
 - 1. Drug seeking behaviors including but not limited to:
 - a. Asking others for medications,
 - b. Bringing medications or drugs into the program,
 - c. Crushing and snorting own medications, or
 - d. Behaviors being treated by the provider which are included in the treatment plan.
 - 2. Behaviors that are the result of program staff errors including but not limited to:
 - a. Unattended keys,
 - b. Unsecured areas that are designated as restricted, or
 - c. Lack of supervision by staff as per program guidelines.
- B. Providers shall develop policies to determine when administrative discharge is appropriate due to client behaviors that violate program rules. This includes behaviors that would prompt administrative discharge, including but not limited to:
 - 1. Criminal behaviors,
 - 2. Assaulting staff,
 - 3. Stealing medication,
 - 4. Behaviors endangering the health, life, and safety of other clients and/or staff,
 - 5. Distributing medications or drugs,
 - 6. Selling medications or drugs, or
 - 7. Repeated violations of drug seeking behaviors which the provider has addressed previously with the client.
 - a. The provider shall include documentation in the client chart of the therapeutic interventions used to address behaviors,
 - b. The documentation must indicate that multiple therapeutic interventions were attempted prior to administrative discharge.
- C. A provider may administratively discharge clients in the following types of situations:
 - 1. Client has not responded to contact by the agency within 30 days of initial attempt to contact with multiple documented attempts to contact,
 - 2. Client has abruptly terminated services in an unplanned manner,
 - 3. Client is no longer benefitting from services or is being harmed by continued services,
 - 4. Client has terminated services against medical advice, or
 - 5. Client has otherwise discontinued services by not adhering to program participation expectations.

D. Provider Responsibilities:

1. All clients shall be provided with appropriate education on the risks of terminating services against medical advice. This ensures the client has the information to make an informed decision.
2. Outreach steps must include a minimum of three (3) documented program efforts to contact the client if the client has stopped attending without notice of intent to be discharged. Documentation must include:
 - a. Who is being contacted,
 - b. Who attempted the contact,
 - c. The date of the contact,
 - d. Time that the contact occurred,
 - e. Method of attempt to contact,
 - f. Outcome of the attempt to contact, and
 - g. Next steps in efforts to contact.
3. Additional documented attempts to contact may be required, as defined by program level of care, patient acuity, and overall risk-mitigation strategy for program setting and client presentation.
4. Providers treating clients under an active Outpatient Treatment Over Objection (OTOO) order shall refer to DSAMH008 OTOO Policy. Clients under an active OTOO order cannot be discharged without approval from the courts.
5. Providers shall give all clients information on how to return to services with their agency or alternative providers.
6. Providers shall have written procedures on outreach steps, both prior to and post discharge, for all clients that include administrative or AMA discharge procedures.
7. Providers shall inform the Primary Care Physician or Managed Care Organization for continuity of care purposes if a release of information has been signed and communication of discharge is appropriate.
8. Upon admission, providers shall inform clients of their discharge follow-up procedures and that they shall contact them to confirm that they no longer wish to receive services within 30 days after discharge.
9. Providers shall complete and document all required steps for discharges as described in the DSAMH Discharge from Services Policy (see DSAMH013).
10. Providers shall inform clients that all discharges involving administrative discharges or discharges against medical advice may result in:
 - a. review by DSAMH,
 - b. DSAMH reaching out to clients regarding consumer dissatisfaction or consumer concerns, and
 - c. potential referral for alternative services, such as Targeted Case Management, the Bridge Clinic, Crisis Intervention Services, or other supports available in the community.
11. Providers shall follow their own policy on duty to warn or other steps to ensure client safety and community safety. Providers shall also notify DSAMH of discharges that pose a danger to self or others. Notifying DSAMH does not

alleviate any provider responsibility for necessary actions in the duty to warn process.

- a. Contracted providers shall contact the DSAMH bureau holding the contract.
 - b. Licensed and certified providers shall contact DSAMH Policy and Compliance.
 - c. DSAMH-operated programs shall contact the related bureau.
12. Providers shall admit any client who returns post-discharge within their agency or assist the client with access to required services externally, if there is no availability within the agency.

E. DSAMH Responsibilities:

1. As defined in section V.D.10 the responsible DSAMH unit shall prioritize and triage these types of discharges and may require further information or agency action.
2. DSAMH staff shall reach out to stakeholders and/or clients, as needed.

VI. POLICY LIFESPAN

This policy will be reviewed annually.

VII. REFERENCES

- A. DHSS PM 66 - Discharge/Transition Practices/Guidelines
- B. 6001 Substance Abuse Facility Licensing Standards.
- C. [Delaware Code Title 16 § 5402](#)

VIII. RESOURCES

- A. N/A

IX. RELATED POLICIES

- A. DSAMH013 Discharge from Services
- B. DSAMH002 Discharge from Group Homes