

Division of Substance Abuse and Mental Health (DSAMH)

Quality, Safety & Oversight - Guidance to Laws & Regulations

I. Interpretative Guidelines Explained

Interpretive Guidelines serve to interpret and clarify the Conditions required for Agency's regulated by DSAMH. Interpretive Guidelines merely define or explain the relevant statute and regulations and do not impose any requirements that are not otherwise outlined in statute or regulation.

Each Agency type is surveyed in accordance with the appropriate protocols based on the substantive requirements in the statute and regulations to determine whether a citation of non-compliance is appropriate. Deficiencies are based on a violation of the statute or regulations, which, in turn, are based on observations of the Agency's performance or practices.

While an institution may fail to comply with one or more of the subsidiary standards during any given survey, it cannot maintain full licensure or full certification without receiving an overall satisfactory compliance audit from DSAMH.

On request, DSAMH may issue an "Interpretative Guideline" as requested to a single Agency or the community, dependent on the applicability and prevalence of the request. DSAMH will maintain a history of interpretative guidelines issued for future reference for any regulations DSAMH is responsible for promulgating or revising in the future. The requesting Agency will be given a written response for their agency records.

II. Interpretative Guidelines Topic: Discharge Timelines

Regulation: [6001 Substance Abuse Facility Licensing Standards](#)

Citation number: 8.1.2.3.14.1

Details: "For every discharged client, the Agency shall complete a discharge summary within seventy-two (72) hours of a planned discharge and within ninety-six (96) hours of an unplanned discharge."

Concern: Savidia agency presented regulation may place an unreasonable burden on Agency to meet the 72 hours and 96 hours' time frame.

Request: Can DSAMH provide an interpretation of when the clocks start for the requirement?

III. Interpretative Guidelines Response: Discharge Timelines

The [6001 Substance Abuse Facility Licensing Standards](#) utilizes the word "Discharge" thirty-five times. This interpretation is limited to 8.1.2.3.14.1. The regulations define "Discharge" as the point at which a client's active involvement with an agency is terminated.

DSAMH interprets this to mean the 72-hour clock for planned discharges or 96-hour clock for unplanned discharges does not commence until an agency has decided to discharge the client. Given that discharge planning starts at admission, DSAMH does not see that this requirement is a burden on providers.

The importance of continuity of services is often driven by providing the Discharge Summary to the client and/or to the next provider. Appropriate closure also eliminates the possibility of double services and establishes a clear line of responsibility for providing clinical care at any given point in time. However, premature closure of the chart can also impede the client's recovery.

DSAMH recommends an agency define by policy how the staff will intentionally document the decision for final discharge. The policy may consider and allow for traditional task and responsibilities associated with effective discharge planning:

- Mutually agreed upon discharge date between client and program (perhaps the client has requested case not be closed until a first successful appointment with new prescriber)
- Specific time-frame and process for "Administrative closures." Agency policy might include outreach efforts, letters of notice to close, or other activities that the Agency performs to engage clients that have gone missing
- Specific agency policy defines "inactivity" and policy and practice to close record within required time frames once that benchmark is reached.

Each Agency setting and individual client circumstances and acuity will determine how long an agency will wait before making the formal decision to close. That duration should be associated with agency policy, client circumstance, and activities documented in the chart.

Typically, it can take anywhere from 30 to 60 days to reach a clinical decision to close a case for outpatient settings. However, the client record must indicate the activities or actions being taken, which are postponing a formal decision to close the record. The actual formulation of the discharge summary is required a 72-hour clock or 96-hours after the pre-discharge activity is completed and a decision reached.

DSAMH contracted providers have an additional resource guiding the Discharge process: [DSAMH Discharge from Services](#). The policy requires our providers to have a uniform, written discharge planning process. It is available on the DSAMH Provider resources site for all providers for reference.

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Issued by: Joseph Tegtmeier, Bureau Chief Policy and Compliance

