Chapter Title Clinical	Section # C		Subject # 380.1
Subject Title Transition/Discharge of SUD Services	Adopted 7/7/17	Last Revised	Reviewed 2/27/19; 3/13/20; 3/15/21; 3/17/22; 3/31/23; 3/28/24

PROCEDURE

Application

This procedure shall apply to substance use services of The Right Door for Hope, Recovery and Wellness.

1. Discharge

1.1. Termination of services shall be based on the needs of the person served to support ongoing recovery, treatment service gains, or increased community inclusion. Participation of the person served in referral and continuing care planning must occur prior to transfer or discharge.

1.2. Upon entering treatment, persons served shall be informed of this policy.

1.3. Discharge/Transfer Criteria is addressed in the process of assessment of the person served. Certain problems and priorities are identified as justifying treatment in a level of care. Discharge/Transfer Criteria describe the degree of resolution of those problems and priorities and thus are used to determine when a person served can be treated at a different level of care or discharged from treatment. The appearance of new problems may require services that can be provided effectively only at a more or less intensive level of care. The level of function and clinical severity of the status of the person served in each of the six assessment dimensions is considered in determining the need for discharge or transfer.

1.4. Episode of Care is the period of service between the beginning of a treatment service for a drug or alcohol problem and the termination of services for the prescribed treatment plan. The first event in this episode is an admission and the last event is a discharge. Any change in service and/or provider during a treatment episode should be reported as a discharge, with transfer given as the reason for termination. For reporting purposes, “completion of treatment” is defined as completion of all planned treatment for the current treatment episode.

1.5. Discharge Planning is considered an integral part of SUD treatment. Consideration of the continuum of care and long-term recovery needs of the client will be considered at every step of treatment planning. Discharge planning provides improvements to the quality of care and improves

Chapter Title Clinical	Section # C		Subject # 380.1
Subject Title Transition/Discharge of SUD Services	Adopted 7/7/17	Last Revised	Reviewed 2/27/19; 3/13/20; 3/15/21; 3/17/22; 3/31/23; 3/28/24

outcomes and controls cost, by assuring coordination and collaboration with mental health, SUD and other health providers to fully address the needs of the client. The Right Door will act together with all providers and organizations serving a client to develop an integrated health aftercare plan and then implement this ongoing aftercare plan in an environment that eliminates barriers and duplication of services.

2. Definitions

2.1. Transfer is the movement of the person served from one level of service to another, within the continuum of care.

2.2. Medical Necessity means determination that a specific service is medically (clinically) appropriate and necessary to meet the treatment needs of the person served, consistent with their diagnosis, symptoms, and functional impairments and consistent with clinical Standards of Care. In considering the appropriateness of any level of care, the four basic elements of Medical Necessity should be met:

2.2.1. Person served is experiencing a Substance-Use Disorder reflected in a primary, validated, DSM5 or ICD-10 Diagnosis (not including V Codes) that is identified as eligible for services in the MSHN Provider Contract.

2.2.2. A reasonable expectation that the presenting symptoms, condition, or level of functioning of the person served will improve through treatment.

2.2.3. The treatment is safe and effective per nationally accepted standard clinical evidence generally recognized by substance use disorder or mental health professionals.

2.2.4. It is the most appropriate and cost-effective level of care that can safely be provided for the immediate condition of the person served based on The ASAM Criteria, 3rd Edition.

3. Discharge while chemically dependent on a drug we prescribed.

Chapter Title Clinical	Section # C		Subject # 380.1
Subject Title Transition/Discharge of SUD Services	Adopted 7/7/17	Last Revised	Reviewed 2/27/19; 3/13/20; 3/15/21; 3/17/22; 3/31/23; 3/28/24

3.1. Unless a person served leaves voluntarily before course of treatment is completed, they shall not be discharged from a program while physically dependent upon a drug prescribed by the program physician, unless the person served is given an opportunity to withdraw from the drug under medical supervision and at a rate determined by the program physician or they are referred to an outside resource which is willing to continue administering the drug.

3.2. The offer to provide withdrawal or referral to another resource shall be made both orally and in writing. If the person served refuses such an offer, the program shall attempt to secure a signed statement from the person served which verifies that the offer was made to, and was rejected by, the person served. Failing that, a progress note shall be recorded documenting the attempt.

4. Discharge and Transition Planning

4.1. Discharge and transition planning shall be initiated with the person served at the earliest possible point in the individual planning and service delivery process. Aftercare planning will be integrated into the treatment plan and addressed in the discharge plan.

4.1.1. The termination of treatment shall be directed by the person served when possible.

4.1.2. Termination of treatment may also result from achievement of individual planning outcomes.

4.1.3. Termination of treatment may also be made solely for implementing PIHP uniform benefit standards.

4.2. Transition Between Providers

4.2.1. If a person served is transferring from one provider to a different provider OR if a provider has more than one (1) license and the person served is changing levels of care to a different license number, a discharge summary must be completed and “transfer” chosen as the reason for discharge. In the comments section please note which provider or level of care the person served is transferring to, and date of first appointment with that provider.

Chapter Title Clinical	Section # C		Subject # 380.1
Subject Title Transition/Discharge of SUD Services	Adopted 7/7/17	Last Revised	Reviewed 2/27/19; 3/13/20; 3/15/21; 3/17/22; 3/31/23; 3/28/24

4.2.2. Level of Care Changes Within the Same Provider: If a person served is transferring from one level of care to a different level of care within the same provider, and both levels of care have the same license number, a discharge summary is not required until the person served has completely finished the treatment episode and is being discharged from all services.

4.2.3. Dual Program Enrollment: At times it may become necessary for one person served to be enrolled in treatment services with more than one SUD provider at the same time. If this occurs, the following needs to have taken place:

4.2.3.1. The programs must each be providing different services to the person served that are not available at the same provider.

4.2.3.2. There is clinical justification for medical necessity of all services being provided, established by an assessment.

4.2.3.3. There is coordination between all programs involved in the care of the person served, (with appropriate person served release of information), which is documented in their clinical chart as well as in CareNet authorization requests.

4.2.3.4. The MSHN UM department must be contacted prior to dual enrollment.

5. Right to Appeal

5.1. Termination of treatment/services in opposition to the wishes of the person served shall result in written action notification of applicable grievance and appeals rights and process.

5.2. Clients of SUD services will receive the SUD Recipient Rights Brochure and Grievance and Appeals Brochure annually as evidenced by signed receipt.

6. Coordination of Care

6.1. All terminations of treatment/services shall be conducted in accordance with The Right Door for Hope, Recovery and Wellness Coordination of

Chapter Title Clinical	Section # C		Subject # 380.1
Subject Title Transition/Discharge of SUD Services	Adopted 7/7/17	Last Revised	Reviewed 2/27/19; 3/13/20; 3/15/21; 3/17/22; 3/31/23; 3/28/24

Care policy to facilitate recovery, transition planning, and continuity of service.

6.2. The primary clinician shall assist persons served who are being discharged from The Right Door for Hope, Recovery and Wellness services and are being transferred to another organization or provider for services. The primary clinician shall ensure that the transfer is well coordinated and that there are no gaps in services during the transfer.

7. Documentation

7.1. Planned Discharge: A written Discharge Plan will be prepared to ensure continuity of service and will be distributed to parties involved to carry out the plan within 3 business days of completion of treatment (in accordance with MSHN SUD Provider Manual). The discharge plan will include a description of the treatment received, its duration, a rating scale of the clinician's perception of investment by the person served, a self-rating score of the person served, description of the treatment and non-treatment goals attained while they were in treatment, and detail those goals not accomplished with a brief statement as to why.

7.2. Unplanned Discharge: If a person served who has Medicaid/Healthy Michigan Plan has not participated in scheduled services, The Right Door will send the required Medicaid Advance Action notice to the person served and allow them at least 12 days to respond. Once that time has passed, then The Right Door providers should proceed to enter the discharge summary on CareNet; however, on the discharge form, the date of discharge will be recorded as the date the person served was last seen for services. That date is still considered the date the person served effectively disengaged from services, but they are then given the required 12-day response time to have the opportunity to re-engage in services.

If the person served re-engages in services within that timeframe, the discharge does not occur. Once the window of response time has lapsed, the discharge from CareNet will be completed within 3 business days.

7.3. Discharge dates: The Right Door will ensure that the actual last date of documented service in the chart is the date entered in the discharge records in Carenet.

Chapter Title Clinical	Section # C		Subject # 380.1
Subject Title Transition/Discharge of SUD Services	Adopted 7/7/17	Last Revised	Reviewed 2/27/19; 3/13/20; 3/15/21; 3/17/22; 3/31/23; 3/28/24

7.3.1. Persons served must be discharged from the CareNet system within 60 days of actual discharge.

7.3.2. Persons served who have not been seen within 60 days will be discharged from the CareNet system.

7.4. Discharges coded as "left against staff advice" (ASA) should not be greater than 15% of all discharges recorded in CareNet.

8. Immediate Discharge

8.1. The commission of acts by the individual that jeopardize the safety and well-being of staff and/or other individuals, or negatively impact the therapeutic environment, is not acceptable and can result in immediate discharge. Action notice will be provided.

8.2. Such acts include, but are not limited to the following:

8.2.1. Possession of a weapon on The Right Door property.

8.2.2. Assaultive behavior against staff and/or other individuals.

8.2.3. Threats (verbal or physical) against staff and/or other individuals.

8.2.4. Diversion of controlled substances.

8.2.5. Diversion and/or adulteration of toxicology samples.

8.2.6. Possession of a controlled substance with intent to use and/or sell on agency property or within a one-block radius of the agency.

8.2.7. Sexual harassment of staff and/or other individuals.

8.2.8. Loitering on the agency property or within a one-block radius of the clinic.

9. Authority to Discharge

Chapter Title	Section #		Subject #
Clinical	C		380.1
Subject Title Transition/Discharge of SUD Services	Adopted 7/7/17	Last Revised	Reviewed 2/27/19; 3/13/20; 3/15/21; 3/17/22; 3/31/23; 3/28/24

Clinicians have authority to discharge persons served. All discharges are reviewed by supervisor. Persons served have the right to appeal discharges by going through agency grievance and appeals channels.

10. Notification of Transition/Discharge Procedure

A copy of the receipt form signed and dated by the person served shall be maintained in the recipient's case file. This procedure will be provided and reviewed annually with persons served as documented by the signed and dated receipt.

References

CARF Standards, Section Transition/Discharge

MSHN SUD Treatment Contract FY17

MSHN SUD Provider Manual 2.1.17

Kerry Possehn, CEO	Date		