

# Great Rivers Behavioral Health Organization

Policy Title: **Discharge from Services**

Policy No. **3026.01**

Category: Clinical

Date Adopted: 09/09/2016

Revision Date: 03/08/2019

Reference: Washington State Health Care Authority (HCA) Contracts with Great Rivers Behavioral Health Organization  
Washington Administrative Code (WAC)182-538D-0680, 246-341-0640(15)

## Policy:

- 1.1. Great Rivers Behavioral Health Organization (BHO) ("Great Rivers") authorizes care for individuals who meet access to care standards. When an individual's treatment goals are met or they discontinue treatment for some other reason, they are discharged from treatment.
- 1.2. The goal of the discharge process is an effective transition into a more independent level of care. This is more likely to occur when the individual and clinician work together to develop a specific discharge plan that includes appropriate referrals and specific instructions based on the individual's ongoing treatment needs. When necessary, the clinician should assist individuals in accessing these referrals.
- 1.3. Individuals may be discharged from treatment for a variety of reasons:
  - 1.3.1. The individual's treatment plan goals have been met.
  - 1.3.2. The individual no longer meets medical necessity criteria as described in the Great Rivers Level of Care guidelines.
  - 1.3.3. The individual requests termination of treatment and there is no Less Restrictive or Conditional Release court order requiring outpatient treatment.
  - 1.3.4. After significant and well-documented attempts at engagement, the individual remains unlikely to benefit from treatment due to non-participation in treatment activities and the individual is not a risk of harm to self or others.
  - 1.3.5. When an individual enters an institutional setting (State Hospital, CLIP, jail), the chart may be closed after 30 days unless:
    - 1.3.5.1. The outpatient provider continues to coordinate care.
    - 1.3.5.2. The individual is expected to be discharged/released within the next 90 days.
    - 1.3.5.3. The WSH or CLIP liaison requests that the case remain open.
- 1.4. Discharge is not permitted when:
  - 1.4.1. An individual is engaged in the appeal or fair hearing process.
  - 1.4.2. The agency assigned to monitor a Less Restrictive or Conditional Release court order (LR/CR) for the individual.
  - 1.4.3. In all cases, once the appropriate discharge process has been completed, the Behavioral Health Agency closes the individual's authorization in Avatar.

## Procedure:

- 2.1. **Planned Discharges.** Great Rivers' behavioral health agencies (BHAs) must meet with individuals at the time of their discharge from outpatient treatment, unless the individual leaves without notice. The purpose of the meeting is to:
  - 2.1.1. Determine the appropriate recommendation(s) for care after discharge;
  - 2.1.2. Finalize the continuing care plan;
  - 2.1.3. Assist the individual in making contact with necessary agencies and services; and
  - 2.1.4. Provide the individual with a copy of the written continuing care plan. Providers must document that the individual was provided with a copy of the continuing care plan.
  - 2.1.5. **Discharge Summary (clinical record).** A discharge summary must be completed within seven working days of the individual's discharge. The written plan must include, at a minimum:
    - 2.1.5.1. The date of discharge
    - 2.1.5.2. Continuing care plan (**copy to client**)
    - 2.1.5.3. Legal status
    - 2.1.5.4. Current prescribed medication (if applicable)
- 2.2. **Unplanned Discharges.**
  - 2.2.1. When an individual has had no contact with the agency for 90 days, the individual must be reviewed for discharge from treatment.
  - 2.2.2. The agency may consider discharge from services before 90 days when appropriate (e.g. the individual had an intake and never returned despite the agency's attempts to contact the individual).
  - 2.2.3. The following process applies to all unplanned discharges:
    - 2.2.3.1. When the BHA has lost contact with the individual, the agency must document all attempts to contact the individual.
    - 2.2.3.2. The agency makes at least 3 attempts to contact the individual. Contacts may include outreach, phone calls, and letters. At least 1 attempt must be a letter indicating that the agency plans to discharge the individual unless contact is made within 10 days.
    - 2.2.3.3. If, after 10 days there has been no contact, the agency may discharge the individual. If the individual is discharged, Great Rivers BHO sends a Notice of Adverse Benefit Determination letter to the individual.
  - 2.2.4. In cases where there is a reasonable suspicion that there may be a risk of harm to self or others, the agency must attempt a face-to-face outreach to the individual following appropriate safety and crisis protocols. The agency may request a crisis services and/or law-enforcement welfare check to fulfill this requirement, when appropriate, with the goal of helping the individual re-engage in clinically necessary services.
  - 2.2.5. **Discharge Summary (clinical record).** This summary is part of the individual's clinical record if the individual left without notice and includes information on:
    - 2.2.5.1. Summary of treatment provided
    - 2.2.5.2. How the individual responded to treatment
    - 2.2.5.3. The reason for discharge
    - 2.2.5.4. Continuing care plan and any referrals made

- 2.3. Discharge Records. Retain an individual's clinical record, including an electronic record, for a minimum of six years after the discharge or transfer of any individual or at least three years following a youth's or child's eighteenth birthday.

POLICY SIGNATURE

3/9/2019

---

Edna J. Fund, Chair  
Great Rivers Governing Board

---

Date