

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	QM
	Policy Number	QM-10-28
	Effective Date	07-01-2014
	Revision Date	01-15-2021
Title: Discharge Process	Functional Area: Chart Review – Non-Hospital Services	
Approved By: (Signature on File) Signed version available upon request		
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BACKGROUND/CONTEXT:

Sacramento County Division of Behavioral Health Services may be described as having three phases, a beginning, middle and end phase of treatment and related services. The end phase of treatment may occur for many different reasons, including completion of goals, change in level of service needs, relocation, client choice or an unexplained stoppage of service. Discharge from behavioral health services must be marked by completion of steps in the AVATAR Clinical Workstation (CWS), as defined and described below.

DEFINITIONS:

Discharge is the termination and/or transition of client services to another provider and represents closure for a provider episode.

The Discharge Progress Note provides a concise summary of progress over the course of treatment. A Discharge Progress Note should include reasons for discharge, course of treatment, progress toward Client Plan goals/objectives, other relevant clinical information, and recommendations for follow-up care and referrals completed, if any. If transfer is the reason for discharge, include the Provider name.

PURPOSE:

The purpose of this policy is to establish documentation standards for the discharge process. Discharge data entry is necessary to update CSI information, maintain an accurate client record including discharge diagnosis, and to provide a reliable standard of minimum information collected on the discharge progress note.

DETAILS:

Activities required to complete Discharge include:

1. Completion of Discharge Progress Note
2. Discharge Form – Document the reason for discharge.
3. Update CSI information
4. Submission of Discharge Diagnosis.
5. Notice of Adverse Benefit Determination (NOABD)

The discharge progress note may be considered either an administrative activity, which is not billable to Medi-Cal, or part of a final service activity that is billable to Medi-Cal. Providers will follow the guidelines found in the **Service Code/Definitions Training Guide** for determining whether a service is billable or nonbillable.

For Avatar CWS users, the progress note type to select is “Discharge”, and this is selected for both billable and non-billable services.

Discharge Note Timelines

When discharge is a planned part of services, discharge documentation must be entered into the clinical record within 3 days after the client’s last service. For administrative discharge due to lack of contact, once the case is determined to be appropriate for discharge by clinical supervisors/managers, discharge documentation must be entered into the clinical record within 3 days of the final decision to discharge. For cases where there has been no contact for 120 days, the case must be closed. Providers must adhere to the no contact timelines outlined in their Contracts when considering discharges, as those timelines may be more stringent.

Update of CSI Information

Complete an update of CSI Information, indicating that the type of update is “discharge”.

Submission of Discharge Diagnosis

Complete an update of the Diagnosis, indicating that the type of update is “discharge”.

Closure of Episode

Avatar episodes must be closed within 14 days of discharge. To ensure completeness of documentation in the clinical record, please complete the discharge progress note, update of CSI information, and submission of discharge diagnosis prior to the closure of the episode in Avatar.

Billing for Discharge

If the discharge completion is completed as part of a billable service, it may be billed. However, if discharge is not completed as part of a billable service, as in completing administrative discharges, this time is not billable.

NOABD

NOABD Termination of Previously Authorized Services is provided to the beneficiary when the Mental Health Plan terminates a previously authorized service. Please note that a Termination letter is not required if case is closing due to successfully meeting treatment goals and at the Client Plan expiration date and beneficiary is in agreement to close

REFERENCE(S)/ATTACHMENTS:

- None

RELATED POLICIES:

- QM 10-30 Progress Notes
- QM 02-01 Notice of Adverse Benefit Determination

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CONTACT INFORMATION:

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