Title: Case Closing/Discharge from Services Policy

Prepared By: Clinical Director

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Purpose:

To define the process for case closing/discharge from behavioral health services for consumers.

Scope:

This policy applies to all employees (including full-time and part-time employees), contract clinical providers, volunteers, students, and/or interns of Huron Behavioral Health (HBH) and all consumers served by HBH.

Information:

N/A

Policy:

1. The HBH primary worker begins the orderly process of planning for closing/discharge from services together with the consumer and/or family at the beginning of services, which actively involves the consumer, parent/guardian, and others, as appropriate.
2. Discharge from services typically occurs in the following circumstances. When the consumer/family:
   a. has achieved the goals and objectives in their Individual Plan of Service (IPOS);
   b. has determined the goals and objectives are no longer relevant;
   c. no longer want HBH services;
   d. no longer meets the eligibility criteria;
   e. refuses to meet the program standards or requirements;
   f. has needs for other services/resources (appropriate referrals must be made prior to termination); or
   g. is court-involved and the court has approved or directed termination of services
   h. is deceased
   i. has been admitted to an institution where they are ineligible for further services
3. If an individual is not responding to treatment, or is showing a lack of engaging in treatment, the primary worker will make outreach attempts via telephone contact, or a letter, or other means to try to re-engage the consumer in treatment before the individual is discharged from services. Clinical staff should make multiple attempts to engage the consumer prior to case closing and these efforts need to be documented in the consumer's case record in the electronic medical record (EMR) system.
4. If case closure is being considered for the individual whose benefits have ended, prior to closing the case the primary worker will work with the consumer to investigate and/or exhaust all possible financial resources (e.g., Department of Human Services/DHS, third-party insurance, etc.). All efforts should be made to continue providing services to the consumer when medical necessity is apparent. The worker will assist the consumer with appropriate referrals and link the individual to other appropriate area resources, when needed. Under no circumstance should the consumer be closed due to lack of insurance until their case has been properly coordinated and/or alternate service arrangements have been made.
5. The primary worker must complete a "Discharge Summary" in the EMR system with the consumer in advance of the closing to ensure that an orderly process and transition occurs. Ideally, this will be completed prior to the last planned contact and includes follow-up/aftercare planning (see "Aftercare Plan and Follow-Up Policy" SD.1.06). The worker also needs to assure that an Adverse Benefit Determination Notice is sent in accordance with Michigan Department of Health and Human Services (MDHHS) timelines (see also "Grievance and Appeals Procedure" RR.2.36)

6. If the consumer has dropped out of treatment or the case is being closed for another reason (e.g. unanticipated move from the area, death, etc.), a Discharge Summary is to be completed in accordance with the "Grievance and Appeals Procedure" RR.2.36.

7. When it is determined that a covered service is to be discontinued, the consumer shall be given an Adverse Benefit Determination Notice (in the Electronic Medical Record/EMR system) per the table below:

Action	Time frame for Notice
Closing from Services	Send an Adverse Benefit Determination Notice at least 10 calendar days PRIOR TO the proposed effective date For GF Consumers thirty (30) calendar days BEFORE the action occurs
Consumer is deceased, cannot be reached, has relocated out of county or to another county, admitted to institution where ineligible for further services, or consumer clearly states (in writing) that they wish services to be terminated	Send an Adverse Benefit Determination Notice at the time of the decision

8. If a consumer is involuntarily discharged from services, they must be given a written notice per the above chart. The HBH primary worker will make every effort to ensure the consumer is linked to appropriate services for additional care and/or follow-up.

9. If the individual/family has been asked to leave the program, the primary worker will make every effort to provide them with referrals and information to locate other appropriate services (see "Program Transfer and Referral Policy" SD.1.08 and "Referrals to Other Agencies Form" 90-453).

10. The Discharge Summary must include:
    a. recommendation(s) for any needed future services;
    b. specific plans for obtaining those services; and
    c. assignment of aftercare responsibilities (including consumer tasks and assignments to maintain progress) as indicated in the individual's IPOS.

11. If other agencies have been involved in collaboration of services or otherwise shared responsibility of the case (individual or family), the primary worker must notify these agencies upon termination of services (after the appropriate releases have been obtained).

12. If the case closing involves services to an Indian child, the appropriate tribal government will be informed/involved (see also "Services to the American Indian Child Procedure" SD.2.04).

13. A "Coordination of Care" Form (in EMR) should be completed and forwarded to the individual's primary care physician indicating services have been terminated (see "Coordination/Integration Of Care Policy" SD.1.26 and "Coordination/Integration of Care Procedure" SD.2.12).

Definitions/Acronyms:

COA – Council on Accreditation
DHS – Department of Human Services
EMR – Electronic Medical Record
HBH – Huron Behavioral Health
IPOS – Individual Plan of Service
MDHHS – Michigan Department of Health and Human Services

Forms:

Discharge Summary Form (in EMR)
Coordination of Care Form (in EMR)
90-453 Referrals to Other Agencies Form

Records:

Records of discharges/closed cases are retained in the consumer's case record in the EMR system in accordance with the HBH Record Retention and Storage Policy (QI.1.23).

Reference(s) and/or Legal Authority

COA standards
CSM.2.07 Closing from HBH Services Procedure
QI.1.23 HBH Record Retention and Storage Policy
RR.2.36 Grievance and Appeals Procedure
SD.1.08 Program Transfer and Referrals Policy
SD.1.26 Coordination/Integration of Care Policy
SD.2.04 Services to the American Indian Child Procedure
SD.2.12 Coordination of Care Procedure

Change History:

Change Letter	Date of Change(s)	Changes
None		Old policy brought into new Controlled Documentation format with minimal content changes.
A	01/07/05	Added #3 in "Procedure" section
B	09/17/07	Revised to include new regional form (90-1001) removed old HBH form (90-038), added "EMR" in "Acronym" section and "Records" section, added #3 and the last sentence in #4 in "Policy" section., added reference to CSM.2.07, added hyperlinks, changed "FIA" to "DHS",
C	01/27/09	Reviewed and revised to comply with COA 8th Edition Standards and present practices – removed COA chapter-specific reference (G9), removed 5th bullet in "Information" section (Wrap Around Services), added "and would include…" to #5, added #10 removed HBH form 90-038 (Closing & Aftercare Summary Form) and replaced it with 90-1001 (Transfer/Program Change/Discharge Form)throughout policy, in #7: changed "5 days" to "12 days" to comply with DCH requirements, change MH.3.01 to SD.2.05 as this instruction was obsoleted and information made into an agency procedure.
D	03/19/13	Reviewed and revised to comply with 8th edition COA standards – in #12 changed "Title X" to "Medication Clinic Only Consumers", in "Records" section removed "Gallery", in "Information" section removed 1st bullet ("Substance Abuse Program"), changed SD.2.05 "Coordination of Care Procedure" to "MH.3.01 Coordination of Care Instruction" (2 places),
E	03/23/16	Removed form numbers (6 places), added references to SD.1.06 (2 places) SD.1.26 (2 places) & SD.2.12 (2 places), in "Acronym" section removed "ACT", modified table in #7 to remove all actions not related to termination/closing, removed #14 which referenced 90-199 which was never implemented, in "Forms" section removed "90-199", made numerous grammatical/spelling corrections/changes throughout document without changing sentence content, corrected hyperlinks.
F	01/08/18	Changed title from "Termination of Services Policy" to "Case Closing/Discharge from Services Policy", changed "termination" to "closing" or "discharge" throughout document (18 places), in "Policy" section added 2.h & 2.i, added last sentence in #4, added references to "SD.2.04 Services to the American Indian Child Procedure" (2 places), in table in #7 changed "12 calendar days BEFORE to action occurs" to "Send an **ADVANCE NOTICE** at least 10 calendar days PRIOR TO the proposed effective date. For GF Consumers thirty (30) calendar days BEFORE the action occurs", made several additional wording/grammatical changes/corrections throughout document without changing sentence content.
G	12/03/19	In "Scope" section changed "contractual providers" to "contractual clinical providers", changed "Person Centered Plan/PCP" to "Individual Plan Of Service/IPOS" (3 places), changed "adequate notice" and "advance notice" to "adverse benefit determination notice" (3 places), in "Acronyms" section added "IPOS" and "MDHHS", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
H	10/20/21	Made several minor wording/grammatical changes/corrections throughout document without changing sentence content.
I	09/10/23	In "Acronyms" section removed "PCP", made several minor wording/grammatical changes/corrections throughout document without changing sentence content.