

SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL PROCEDURE

NUMBER: DC1028

NAME: DISCHARGE PLANNING/TERMINATION PROCEDURE

INITIAL APPROVAL DATE:	01/31/1981	BY: Sanilac CMH Board
(LAST) REVISION DATE:	12/11/2024	BY: COO
(LAST) REVIEW DATE:	03/20/2025	BY: Policy Committee
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish standard practice for discharge planning and transition of individuals from Sanilac CMH services.

II. APPLICATION

Populations: **ALL** Programs: **Direct – ALL**
Contracted – ALL

III. POLICY

Discharge and transition planning that is supportive of the individual's ongoing recovery, well-being and personal growth will occur for all individual's being closed to Sanilac CMH services.

IV. DEFINITIONS – None.

V. STANDARDS

1. Whenever possible, discharge planning will involve the individual and their family, caregiver, and/or legal representative with their consent.
2. Whenever possible the appropriate functional assessment instrument (i.e.: LOCUS, MichiCans CAFAS, etc.) will be completed at discharge with the individual.
3. Whenever possible, discharge planning will occur and be documented in an orderly and therapeutic manner with the full involvement of the individual.
4. Discharge planning will include the individual's wishes and preferences as well as their needs for safety and support, including referrals to follow up services. When possible, coordination will occur with the individual's identified PCP to ensure that appropriate and applicable documentation is provided.
5. Primary staff will assure that the individual has adequate understanding of the need for any follow up services recommended and will assist the individual with linking to those services as needed and/or desired.
6. After 30 days of inactivity, because of loss of contact with the individual or lack of response from the individual, the individual will be terminated from services. Three attempts of outreach (letter and phone) will be made and documented in the individual's record to engage the individual in ongoing treatment before termination of services will be implemented. After three attempts, a 10-day Notice of Adverse Benefit Determination will be sent via postal mail to the last known address.
7. After the 10-day timeline has passed, the primary staff will be responsible for completing a Discharge Summary in OASIS.

8. Whenever possible the primary staff will obtain the individual's signature (and/or that of their legal representative when applicable) on this form as evidence of their participation in the discharge planning process.
9. The primary staff will request consent for post discharge follow up contacts.
10. A copy of the Discharge Summary will be given to the individual and/or guardian at the time of their signature or sent to their last known address via postal mail at the time of closure, except in the cases of when the individuals are deceased.
11. The Discharge process should be complete within 30 days of the 10 day Medicaid notice and 30 days of the 30-day non-Medicaid notice sent.
12. Post-Discharge surveys will be sent to the last known address via postal mail except in the cases of when the individuals are deceased.

VI. ATTACHMENTS – None

VII. REFERENCES

Discharge Summary Form in OASIS

Notice of Adverse Benefit Determination Form in OASIS