

Policy Title: Demission and Discharge

<p>Policy Owner: Senior Director of Pediatric Therapy Policy Originated by: Program</p>	<p>Date Written: 10/1/13</p>
<p>Applicable Programs: All Programs</p>	<p>Date Reviewed and Approved by PLT: 3/11/14, 10/9/19, 6/21/23, 1/17/24</p>
<p>Statutory or Regulatory Citation: Minn. R. 9505.0175 42 C.F.R. 485.721(c) MN Statute 245.7841 Subdivision 6 clause (1), (2), or (4) MN Statute 245.4887</p>	<p>Date Reviewed and Approved by Medical Director: 09/18/15, 10/06/16, 10/19/17, 10/18/18, 10/19, 11/18/21, 1/1/24</p>

Policy: It is the policy of St. David's Center to provide appropriate placement or services for each client. St. David's Center will not discriminate against clients on the basis of age, race, religion, sexual orientation, disability, or income. St. David's Center reserves the right to demit a current client from a program if it is determined that the individual cannot be adequately served through the organization's programs. Clients will be discharged in a timely manner when services are no longer an appropriate placement, clinically indicated, or medically necessary. Clients will be made aware of discharge planning at the onset of services and through periodic reviews of programming or treatment.

Definitions:

1. **"Eligibility criteria"**: means that a child/youth meets the MN Statutory definition of a child/youth's eligibility for Children's Mental Health Targeted Case Management (CMH-TCM) services as defined in MN Statute 245.7841 Subdivision 6 clause (1), (2), or (4) as established in a diagnostic assessment which was completed within 180 days prior to the start of CMH-TCM services.
2. **"Excessive absence"**: means either -
 - a. three "No-Call, No-Show" incidents within a 90-day period; or
 - b. a pattern of cancelled appointments making it difficult to justify medical necessity or resulting in inappropriate extension of an episode of care.
3. **"Medically necessary" or "medical necessity"**: means a health service that is consistent with the recipient's diagnosis or condition and
 - a. is recognized as the prevailing standard or current practice by the provider's peer group; and

- b. is rendered in response to a life-threatening condition or pain; or to treat an injury, illness, or infection; or to treat a condition that could result in physical or mental disability; or to care for the mother and child through the maternity period; or to achieve a level of physical or mental function consistent with prevailing community standards for diagnosis or condition; or
 - c. is a preventive health service under Minnesota Administrative Rule 9505.0355.
- 4. **“Mental health medically necessary”** or **“mental health medical necessity”**: means there is evidence that the treatment plan will lead to improvement in or maintenance of the diagnosed condition and one of the following:
 - a. continuing evidence of symptoms or behavior which reflects the risk of danger to self, others, or property, and which are manageable through outpatient treatment;
 - b. significant impairment in capacity to perform the activities of daily living, including social, family, or occupation/school functioning due to major mental disorder;
 - c. in the case of schizophrenia or other severe chronic mental disorder, outpatient psychotherapy is necessary to prevent further deterioration, allow for functioning in daily living, or to keep the individual out of the hospital.
- 5. **“Rehab medical necessity”**: Services which do not meet the requirements for covered therapy services in Medicare manuals are not payable as therapy services. Services related to activities for the general good and welfare of patients, such as general exercises to promote overall fitness and flexibility, and activities to provide diversion or general motivation, do not constitute (covered) therapy services for Medicare purposes.

To be considered reasonable and necessary, the services must meet Medicare guidelines. The guidelines for coverage of outpatient therapies have basic requirements in common.

There must be an expectation that the client’s condition will improve and show significant functional improvement within a reasonable period of time. The amount, frequency, and duration of service must fit within accepted community standards.

If an individual’s expected potential would be insignificant in relation to the extent and duration of therapy services required to achieve such potential, therapy would not be covered because it is not considered rehabilitative or reasonable and necessary.

Documentation of the presence of a disability alone is not enough to establish medical necessity. The child’s condition (diagnosis, complicating factors, age, severity, time since onset, cognitive ability, self-efficacy/motivation, prognosis and or medical, psychological and social stability) and level of function must require the specialized knowledge and skills of a therapist to achieve improved function and the client must have good potential to benefit from those services.

When there is limited potential for restoration or improved function, establishment of a safe and effective maintenance program must require the unique skills of a therapist.

Skilled intervention must be specific and effective for the client's condition according to accepted standards of clinical practice; and the amount, frequency, and duration of the services must be reasonable.

Skilled therapy uses specialized skills and clinical judgment to achieve a specified functional outcome. Services are medically necessary if the skill of the therapist is required to produce the expected improvement in function. Documentation must reflect specific intervention strategies used to achieve functional outcomes. If another person can be trained to carry out the same tasks, services are not considered to be medically necessary.

Procedure:

1. **General Procedure.** Staff may discharge/demit a client with appropriate notice to relevant parties in the following circumstances:
 - A. Client has sufficiently met goals as outlined in the treatment plan.
 - B. When it is determined that a client has needs or behaviors requiring additional resources beyond those that normally can be provided within the limitations of space, staffing, and funding by St. David's Center.
 - C. When it is determined that client no longer meets medical necessity for the service with mental health medical necessity defined as follows:
 - i. Continuing evidence of symptoms or behavior which reflects the risk of danger to self, others or property and which are manageable through outpatient treatment.
 - ii. Significant impairment in capacity to perform the activities of daily living, including social, family or occupation/school functioning due to major mental disorder; or
 - iii. In the case of schizophrenia or other severe chronic mental disorder, outpatient psychotherapy is necessary in order to prevent further deterioration, allow for functioning in daily living, or to keep the individual out of the hospital; and
 - iv. Evidence that the treatment plan will lead to improvement in or maintenance of the diagnosed condition.
 - v. If no longer receiving adequate payment for private responsibility amounts in a timely manner.
 - D. The client refuses to participate and engage in services.
 - E. The client has excessive absences from services.
 - F. The client poses a significant threat of harm to Staff or other program participants.
 - G. The parent/guardian withdraws the child from services.

- H. When St. David's Center no longer receives adequate payment for private responsibility amounts in a timely manner.
- I. Upon other circumstances to be described in the discharge summary following consultation with Clinical Supervisor.

2. Program Specific Procedures

A. Rehabilitative Services

- i. Rehabilitative Services Staff will discharge a client with appropriate notice to relevant parties when treatment no longer results in measurable benefits and there does not appear to be any reasonable prognosis for improvement with continued treatment.
- ii. Re-evaluation may be considered at a later date to determine if the client's status has changed.
- iii. A discharge summary will be written within 30 days of the final therapy session of on-going therapy.
- iv. The discharge summary will include –
 - a. The date and reason for discharge (the date of discharge should be the day of the final therapy session)
 - b. A brief summary of the status of the patient from the last report to the last date of treatment, and where applicable, provision for referral of the patient to another source for continuing care.
- v. Peer documentation reviews will be conducted on clients who have been on caseload for more than one year.
 - a. Documentation of the peer review discussion will be filed in the client's medical record.
 - b. Supervisory staff are responsible for setting up the peer reviews.

B. In-Home Support Services and Therapeutic Recreation Services

- i. Discharges from St. David's Center will comply with all statutory and regulatory requirements, and are never based on a client's age, race, religion, sexual orientation, handicapping condition, or income.

C. Children's Mental Health Case Management Services (CMHCM)

- i. CMHCM services staff will discharge a client with appropriate notice to relevant parties when one of the following criteria are met:
 - a. The goals in the Individual Family and Community Support Plan (IFCSP) are achieved or significant progress has been made and it is mutually determined by the case manager and parent/legal guardian that no other services or supports are needed which the parent/legal guardian cannot independently access.
 - b. The parent/legal guardian feels case management services are no longer needed.
 - c. The client's mental health functioning, needs and services are stable for a reasonable amount of time.
 - d. The parent/legal guardian/client have not participated in more than one consecutive monthly face-to-face visit or have a significant pattern of non-participation in the required monthly face-to-face visits.
 - e. The parent/legal guardian repeatedly declines or is not following through with the services and supports recommended by the case manager and/or in the IFCSP.
 - f. The client has been determined by a mental health professional to no longer meet the statutory eligibility criteria.
 - g. The client is no longer residing in Hennepin County, Minnesota.
 - h. The client is placed in out of home care such as residential treatment for a period of over 30 days (foster care placements in Hennepin County are an exception).
 - i. Services are transitioned to a different provider agency for CMH-TCM or Adult Mental Health-TCM services.
- ii. In situations of a planned discharge, clients and their parent/legal guardian will review and sign the discharge summary with the case manager during the final face to face visit.
- iii. In situations of an unplanned discharge (e.g. the family discontinues contact) or a failed final visit the case manager will mail the discharge summary to the family along with a copy of their payer specific member and appeal rights as available in documents available on the payer's website.
- iv. In situations where the family appeals the conclusion of CMHCM services the case manager will remain involved and continue with service provision until the conclusion of the county or payer's appeal process.
- v. Clients will be considered for readmission to CMHCM services based on the client's ability to meet eligibility criteria and the family's demonstrated need for the service.

- vi. CMHCM staff will follow the documentation process for discharging a client based on the contractual, statutory, and agency expectations as established in payer specific protocols provided to staff.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David's Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

[Cancellation of Scheduled Services by Clients Policy](#)