

<b>Governing Body:</b>  <b>MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)</b>	<b>Function:</b>  <b>INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK</b>	
<b>Subject:</b>  <b>Agency Discharge/Terminations</b>	<b>Prepared By:</b>  <b>CAPS</b>	<b>Original Date: 10-01-2007</b> <b>Revised Date:</b>

**PURPOSE AND SIGNIFICANCE:**

Agency discharges occur when either a Member has completed their course of treatment, transferred to another provider, being terminated with the member’s agreement or being terminated without being in agreement. When Member’s terminate, IDS Providers are responsible for completing the tasks associated with terminating clients in a timely manner.

IDS Providers should discharge Members according to their agency’s policy and the Mid-Valley Behavioral Care Network policy covering planned and unplanned terminations from services. IDS Providers must also follow all applicable Oregon Administrative Rules (OARs) for Adult and Children’s services when doing so. If in any way a termination limits, restricts, or ends service and a Member disagrees, a Notice of Action must be considered in consultation with the MVBCN.

IDS Providers who are discharging Members from care are responsible for terminating/ending Member authorizations, including secondary authorizations, in the Mid-Valley Independent Physicians Association (MVIPA) website, notifying secondary IDS providers, writing a Discharge Summary (as determined by OARs) and coordinating the Member’s transition out of care by notifying tertiary IDS Providers.

**PROCESS AND/OR PROCEDURE:**

When discharging/closing a Member, the IDS Provider must terminate/end the Member’s authorizations, including secondary authorizations, in the MVIPA Website. The end date for the authorization(s) should correspond with the Member’s discharge/closure.

The IDS Provider must also write a Discharge Summary, as stated by OARs, which includes the following:

- Written documentation of the last service contact with the Member, the diagnosis at admission and a summary statement that describes the effectiveness of treatment modalities and progress relative to goals listed in the treatment plan while in service;
- The reason(s) for discharge, changes in diagnosis during the course of treatment, current diagnosis, level of functioning, prognosis and recommendations for further treatment. Discharge summaries shall be completed within 30 calendar days after a planned discharge and within 45 calendar days after an unplanned discharge.
- Member participation in planning for the termination of services and preparation to further his/her recovery (Adults only).

- When participation in services is terminated for a Member who no longer appears for services, the provider shall document efforts made to locate or contact the consumer, or document the reason why such efforts were not made.

As part of coordination of care primary IDS Provider is responsible for notifying secondary IDS provider(s) of the Member's discharge. Secondary IDS provider(s) should be notified prior to the actual closing date to allow the secondary IDS Provider the opportunity to complete activities or paperwork for the Member and/or primary provider. The primary IDS Provider, when appropriate, should coordinate the Member's transition out of care by notifying tertiary providers of the Member's discharge, e.g. Disability Services, Vocational Rehabilitation, Primary Care Physician and Psychiatric Crisis Center.