CPST Discharge Policy: Template

Instructions: How to Use This Template

This template is a starting point for providers, not a finished policy. Read each section, then:

- Replace every ***bracketed prompt*** with your own agency's information. Keep the required regulatory statements as written; they are the minimum the policy must contain. Your agency may add to them, but do not remove them. The light blue shaded boxes indicate which sections your agency is responsible for completing.
- Any section shaded light blue is intended for your agency to complete or modify as needed. Anything not shaded is either an instruction or a regulatory statement that must remain as written.
- Delete the ***italicized guidance*** *notes* in the shaded light blue boxes before submitting. They are instructions/prompts, not part of the policy.

Community Psychiatric Support and Treatment (CPST) Discharge Policy

Tier 1 & Tier 2

Meets 12VAC35-105-693 A through E and 12VAC35-105-1421

Provider Name	*[Enter the licensed legal name]*
License #	
Policy Effective Date	*[MM/DD/YYYY]*
Tiers this policy covers	Check: ☐ Tier 1 ☐ Tier 2 ☐ Both
Population served	Check: ☐ Adults ☐ Children and adolescents ☐ Both

Purpose

The language below is sample language. Keep it or write your own, but the regulatory statements must remain.

[Provider name] has developed and will implement this written discharge policy for Community Psychiatric Support and Treatment (CPST). This policy governs how individuals are discharged or terminated from the vice, states the medical and clinical criteria for discharge, and meets the requirements of 12VAC35-105-693 A through E and the CPST discharge criteria in 12VAC35-105-1421.

Written Discharge Criteria

12VAC35-105-693 A *requires the provider to have written policies and procedures regarding the discharge or termination of individuals from the service, and those policies and procedures shall include medical and clinical criteria for discharge.*

[Provider name] maintains this written discharge policy for CPST. The policy defines the medical and clinical criteria for discharge applies to all discharges or terminations from the service.

[State your agency's medical criteria for discharge, for example when the individual's medical or psychiatric condition requires a level of care the service cannot provide, and how the referral to that level of care is made and documented.]

Discharge Criteria: 12VAC35-105-1421

The discharge policy must comply with 12VAC35-105-693 and includes all five criteria below as allowable grounds for discharge from CPST. An individual may be discharged when any one of the criteria is met:

12VAC35-105-1421

Before a CPST provider may discharge an individual, the individual shall meet the criteria for discharge as defined by this chapter and the provider's policies. The provider's policy regarding discharge shall, at a minimum, meet the requirements of 12VAC35-105-693 and also require the individual to:

1. *No longer meet admission criteria;*
2. *Successfully meet the specific goals outlined in the treatment plan for discharge;*
3. *Have not made progress on established service goals, or have no expectation of any progress with continued service;*
4. *No longer be engaged in the service, despite multiple attempts on the part of the provider to apply engagement strategies as defined within the provider's policies; or*
5. *No longer need the service, as the individual is obtaining similar benefit through other services and resources.*

How these criteria are applied at our agency:

[State that all five criteria in 12VAC35-105-1421 are available grounds for discharge and that any one supports a discharge.]

[State who makes the discharge determination, for example the treating LMHP, and where the criterion relied on is documented.]

[State how the determination is reviewed, for example at each ISP review and at least every three months.]

Engagement Strategies

12VAC35-105-1421.4 *permits discharge when the individual is no longer engaged in the service despite multiple attempts by the provider to apply engagement strategies as defined within the provider's policies. The regulation does not define the strategies. Your own definition becomes the standard your agency is held to, so state it here.*

[Define the engagement strategies your agency will apply, for example telephone and text outreach, a letter to the last known address, contact with the identified caregiver or authorized representative with consent, an offer to change the contact location or time, and contact with the referring provider.]

[State how many attempts, over what period, constitute "multiple attempts" before this criterion is used.]

[State that each engagement attempt is documented in the individual's record, including the date, method, staff member, and outcome.]

Discharge Instructions

12VAC35-105-693 B *requires discharge instructions to be provided in writing to the individual, the individual's authorized representative, and the successor provider, as applicable. At a minimum, discharge instructions shall include medications and dosages, if applicable; names, telephone numbers, and addresses of any successor providers to whom the individual is referred; current medical issues or conditions; and the identity of the individual's treating health care practitioners.*

[State that written discharge instructions are provided to the individual, the authorized representative, and the successor provider as applicable, and name the form used.]

[State that the instructions include medications and dosages if applicable, the names, telephone numbers, and addresses of any successor providers, current medical issues or conditions, and the identity of treating health care practitioners.]

[State who prepares the instructions, when they are delivered, and how delivery is documented.]

Arrangements and Referrals Before Discharge

12VAC35-105-693 C *requires the provider to make appropriate arrangements or referrals to all services or successor providers identified in the discharge plan prior to the individual's scheduled discharge date.*

[State that arrangements or referrals to all services and successor providers identified in the discharge plan are made before the scheduled discharge date, and who is responsible.]

[State how the referral and its outcome are documented, and what happens if a referral cannot be completed before the discharge date.]

Consistency with the ISP and the Discharge Criteria

12VAC35-105-693 D *requires the content of the discharge plan and the determination to discharge the individual to be consistent with the ISP and the criteria for discharge.*

[State that the discharge plan content and the determination to discharge are consistent with the individual's ISP and the discharge criteria, and how that consistency is confirmed.]

Discharge Summary

12VAC35-105-693 E *requires the provider to complete a written discharge summary within 30 days of discharge that includes, at a minimum, the elements outlined below. The summary must contain all eight.*

1. *Reason for the individual's admission to and discharge from the service;*
2. *Description of participation by the individual or the individual's authorized representative in discharge planning;*
3. *The individual's current level of functioning or functioning limitations, if applicable;*
4. *Recommended procedures, activities, or referrals to assist the individual in maintaining or improving functioning and increased independence;*
5. *The status, location, and arrangements that were made for future services;*
6. *Progress made by the individual in achieving goals and objectives identified in the ISP and a summary of critical events during service provision;*
7. *Date of discharge and when the discharge summary was actually written or documented; and*
8. *Signature of the provider's employee or contractor responsible for preparing the discharge summary.*

How our discharge summary meets these requirements:

[Name the discharge summary form used and state that it contains all eight elements required by 12VAC35-105-693 E.]

[State who prepares and signs the summary, that it is completed within 30 days of discharge, and where it is filed.]

[State how completion within 30 days is tracked.]

Policy Review and Approval

Reviewed / approved by	*[Name & title: Jane Doe, LMHP Clinical Director]*
Date approved	*[MM/DD/YYYY]*
Review cycle	*[e.g., annually and upon regulatory change]*

Responsible Provider signature

Date