CSC 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.

Coordinated Specialty Care (CSC) Discharge Policy

Meets 12VAC35-105-693 A through E and 12VAC35-105-1427

Provider Name	*[Enter the licensed legal name]*
License #	
Policy Effective Date	*[MM/DD/YYYY]*
Population served	Individual is between 15 and 30 years of age at admission (12VAC35-105-1426 B.3.a)

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 Coordinated Specialty Care (CSC). This policy outlines the medical and clinical criteria for discharge, describes procedures for determining when an individual is ready to conclude services, and meets the requirements of 12VAC35-105-693 A through E and the CSC discharge criteria in 12VAC35-105-1427.

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 CSC. The policy states the medical and clinical criteria for discharge and applies to every discharge or termination 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. 12VAC35-105-1428 A.8.b states: "If the individual's condition progresses to require a higher level of care, the individual shall be referred to the appropriate level of care."]

Discharge Criteria: 12VAC35-105-1427

The discharge policy must comply with 12VAC35-105-693 and must require discharge when any one of the four conditions below is met.

12VAC35-105-1427

Before a CSC provider may discharge an individual, the individual shall meet the criteria for discharge as defined by this chapter and the provider's policies, which shall meet all the requirements of 12VAC35-105-693. The provider's policy regarding discharge shall require that an individual be discharged when one of the following conditions is met:

1. *The individual has successfully completed the CSC program and has transitioned to a lower level of care adequate to support recovery;*
2. *The individual is unable to achieve the goals of treatment but could progress with a different type of treatment;*
3. *The individual has achieved the original treatment goals but has developed new treatment challenges that can only be adequately addressed in a different type of treatment; or*
4. *The individual chooses to be discharged from the program or has not participated in treatment for six months.*

How these criteria are applied at our agency:

[State that the individual will be discharged when any one of the four conditions in 12VAC35-105-1427 is met.]

[State who makes the discharge determination and where the condition relied on is documented.]

[State how the determination is reviewed and how it is coordinated with the CSC team.]

Voluntary Discharge and Six-Month Non-Participation

12VAC35-105-1427.4 *requires discharge when the individual chooses to be discharged from the program or has not participated in treatment for six months. State how your agency tracks participation, how the six-month period is measured, and how a voluntary discharge request is documented.*

[State how participation is tracked and what counts as participation, for example a billable contact, a completed session, or another documented contact with the individual.]

[State how the six-month period is measured, from what date, and what re-engagement effort is made during it.]

[State how a voluntary discharge request from the individual is documented.]

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 a written discharge summary completed within 30 days of discharge that includes, at a minimum, the eight elements 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: the LMHP team leader]*
Date approved	*[MM/DD/YYYY]*
Review cycle	*[e.g., annually and upon regulatory change]*

Responsible Provider signature

Date