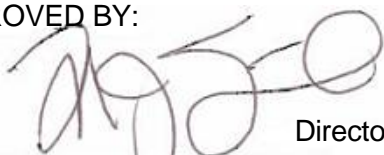




**DEPARTMENT OF MENTAL HEALTH  
POLICY/PROCEDURE**

SUBJECT <b>CLOSING OF SERVICE EPISODES</b>	POLICY NO. <b>104.05</b>	EFFECTIVE DATE <b>8/22/2011</b>	PAGE <b>1 of 5</b>
APPROVED BY:  Director	SUPERSEDES <b>104.5 05/01/91</b>	ORIGINAL ISSUE DATE <b>01/25/89</b>	DISTRIBUTION LEVEL(S) <b>2</b>

**PURPOSE**

- 1.1 To establish policy and procedures for the appropriate and timely closure of service episodes by Los Angeles County - Department of Mental Health (LAC-DMH) directly operated and contract providers.

**DEFINITIONS**

- 2.1 **Administrative Discharge:** The closing of an episode due to inactivity when the primary service provider or primary contact is no longer at the program. An administrative discharge is not completed from a clinical perspective and does not illustrate the clinical course of a client or his/her diagnostic changes or treatment responses.
- 2.2 **Clinical Discharge:** The closing of an episode by providing a clinical summary of treatment including the admitting diagnosis and problem area, services provided, response to services, prognosis, reason for discharge, medications and recommendations regarding effective interventions and targets for services should the client return.
- 2.3 **Primary Contact:** The individual at a Billing Provider who discusses specific client service needs with the client and/or Rendering Providers and is identified in the LAC-DMH electronic database at the episode level.
- 2.4 **Primary Service Provider:** The Rendering Provider who has seen the client most frequently and/or has the most knowledge of the client's status. The Primary Service Provider may also be the Primary Contact.

**POLICY**

- 3.1 Each Primary Contact is responsible for reviewing and ensuring episodes are closed in accordance with this policy whether by closing the episodes themselves or directing the closure to the Primary Service Provider for the client.



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- 3.2 Supervisors and managers are responsible for the compliance with this policy by Primary Contacts under their direction.
- 3.3 The clinical records of clients who have not received services within sixty (60) days will be reviewed to determine if additional services are necessary or if the client will be returning for services. A note of the review and disposition is to be placed in the clinical record. If additional services are not needed or if the client is not returning, the client should be discharged.
- 3.4 Clients who have not received services within one hundred and fifty (150) days must be discharged.
- 3.5 All documentation must be in the Clinical Record prior to closing an episode
- 3.6 A Clinical Discharge may be completed by any appropriate staff person who has been the Primary Service Provider to a client or any other appropriate staff person who is able to sufficiently complete the clinical discharge based on his/her knowledge of the client or review of the client's clinical record.
  - A. A Clinical Discharge must include the following elements:
    - 3.7.1 Date of discharge
    - B. Recapitulation of the course of treatment
    - C. Aftercare referral/recommendations with proper referral-out codes
    - D. Description of client's condition on discharge
    - E. The reason for discharge
    - F. Medication at discharge
    - G. The client's immediate disposition at discharge
    - H. Recommendations regarding effective interventions and targets for services should the client return
- 3.8 An Administrative Discharge is only to be used when the Primary Contact or the Primary Service Provider is no longer at the program and another appropriate staff (per section 3.6 of this Policy) is not available to complete a clinical discharge.
- 3.9 An Administrative Discharge will be completed by a supervisor or other appropriate staff person as designated by the program manager.



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- 3.10 The discharge date shall be the date of the last claimed service in the Integrated System (IS).
- 3.11 All claims must be submitted before an episode can be closed.
- 3.12 The closing diagnosis must be copied from the diagnosis from the Initial Assessment or the most recent MH 501-Diagnosis Information form if the Discharge is completed by a staff who is NOT an Authorized Mental Health Discipline (AMHD). (See Reference 1 for further discussion of AMHD)
- 3.13 A Clinical Discharge or Administrative Discharge is not required if:
  - 1) The client never received treatment services and the Clinical Record clearly documents the client’s disposition, any needed referrals or follow-up plans, and the reason for case closure or
  - 2) The episode was open less than two (2) months and the Clinical Record clearly documents the client’s disposition, any needed referrals or follow-up plans, and the reason for case closure.
- 3.13.1 Only a MH 224B - Close Episode Form is required to be completed in the situation referenced above in 3.13 (See Attachments 1 and 2).

**PROCEDURE**

- 4.1 Discharge Procedures:
  - 4.1.1 The following procedures must be completed for a clinical discharge:
    - 4.1.1.1 Directly-operated programs must complete and file, in the clinical record, the MH 517-Discharge Summary Form. (See Attachment 3)
    - 4.1.1.2 Contract Legal Entities may use the LAC-DMH form MH 517-Discharge Summary or one of their own design as long as documentation meets the criteria in 3.7.
    - 4.1.1.3 All programs must complete and submit the MH 224B-Close Episode form to Data Entry staff.



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- All Outpatient programs must use the MH224-Close Outpatient Episode form.
- All Inpatient programs must use the MH224B-Close Inpatient Episode form.

4.1.2 The following procedures must be completed for an administrative discharge:

4.1.2.1 For Directly-Operated programs, completing and filing in the clinical record a progress note documenting, at a minimum, that an administrative discharge was completed on [date] because, for example, the client discontinued services at his/her own initiative.

4.1.2.2 Legal Entity Contractors must have a method of documenting that an administrative discharge was completed.

4.1.2.3 All programs must complete and submit the MH 224B-Close Episode form to Data Entry staff.

- All Outpatient programs must use the MH224-Close Outpatient Episode form.
- All Inpatient programs must use the MH224B-Close Inpatient Episode form.

## 4.2 Integrated System (IS) Procedures

4.2.1 The IS will, on a monthly basis, create a report (IS180) of outpatient episodes remaining open without service activity for greater than sixty (60) days which program managers can obtain through IS Reports. (Note: Access to the IS application is required.)

## 4.3 Clinic Procedures

4.3.1 Each service location manager/supervisor must ensure on a monthly basis that each Primary Contact in the Reporting Unit is informed of his/her episodes requiring a review (60 days) or closure (150 days or more) based on the IS180. Episodes of Primary Contacts no longer working in the Reporting Unit are to be assigned to present staff for follow-up within the parameters of this policy.



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4.3.2 Each Primary Contact must review his/her episodes on these reports. If it is decided to keep the episode open, the Primary Contact must explain the reason in a signed and dated note in the clinical record. Minimum procedures for closing an episode are noted in Section 4.1 above. The Primary Contact should then mark the IS180 report with either: 1) “close” and the closing date, or, 2) “open” and the date of the note documenting the unusual circumstances for the episode remaining open. This information then goes to the Reporting Unit manager/supervisor.

4.3.3 Subsequent monthly reports are checked by reporting unit supervisors/managers to ensure Primary Contact’s recommended action has actually occurred. The Help Desk should be consulted if episodes for which appropriate action has been taken continue to appear on this report. The Help Desk may be contacted at (213) 351-1335.

**REFERENCE (Hyperlinked)**

1. [Organizational Providers Manual](#)

**ATTACHMENTS (Hyperlinked)**

1. [MH 224B – Close Episode Form \(Inpatient\)](#)
2. [MH 224B – Close Episode Form \(Outpatient\)](#)
3. [MH 517 – Discharge Summary Form](#)

**RESPONSIBLE PARTY**

LAC-DMH Program Support Bureau, Quality Assurance Division