907.0 Rural Services Admission, Continuing Service, and Discharge Criteria

907.1 Policy Approval Clearance Record

_X_ Mental Health Policy ___ Developmental Services Policy ___ Rural Services Policy	This policy supersedes:	Number of pages in Policy: 5
Review by Representative from the Office of the Attorney General:	Date: 04-07-2011	Date Policy Effective: 06/05/2011
Rural Services Director Approval Signature: *Barbara Legier*	Date: 06/07/2011	Policy Lead: Eric Skansgaard

907.2 Statement of Purpose

907.2.1 **Policy Statement:** This policy establishes clear criteria for admission, continuing stay, and discharge decisions to meet the needs of individuals requesting and receiving services.

907.2.2 **Purpose:** In compliance with Nevada statute this policy provides admission, continuing stay, and discharge criteria consistent with the standards of practice for community mental health care and to provides direction by which available treatment resources will be utilized to equitably meet the mental health needs of Rural Nevadans while maximizing fiscal stability of Rural Services centers

907.3 Authority

NRS 433.484

NRS 433.459

NRS 433.458

NRS 433.531

NRS 129.030

907.4 Definitions

907.4.1 **CPM-II Utilization Review:** Supervisory activity in which a CPM-I and CPM-II review the center caseload, service priorities, and availability of services.

907.4.2 **DSM:** Current edition of the Diagnostic and Statistical Manual of Mental Disorders.

907.4.3 **Continuation of Service:** clinical decision made by treatment team that client meets criteria to for continued provision of services.

907.4.4 **Suicidal Ideation (SI) / Homicidal Ideation (HI) Criteria:** Presence of suicide or homicide risk factors as determined by a QMHP.

907.4.5 **Serious Mentally Ill (SMI)/Severe Emotional Disturbance (SED) Criteria:** Presence of a diagnosable mental illness together with substantial impairment in one or more life domains as determined by a QMHP.

907.4.6 **Capacity to Consent:** Adults who have reached the age of majority who have not been otherwise adjudicated incompetent or placed under legal guardianship of another. Minors may give consent for service for self or child under the following circumstances: living apart from parents for at least 4 months, or are married or have been married, is a mother or has borne a child, or in the clinician's judgment is in danger of suffering a serious health hazard if services are not provided (NRS 129.030).

907.4.7 **Treatment interfering behavior:** Any behavior that interferes with the proper conduct of therapy and risks preventing the client from getting needed help. Treatment interfering behaviors include, but are not limited to: failure to participate in the treatment plan; failure to attend sessions reliably; failure to keep contracted agreements; or behaviors that overstep therapist limits; repeated intoxication during sessions or bringing of alcohol to the center.

907.4.8 **Illegal behavior:** Behavior which violates the law in the treatment facility or during center sponsored activities off site, including but not limited to: property destruction; making threats; stalking employees or clients; bringing weapons; dealing and possession of street drugs.

907.4.9 **Sanction:** Response of agency to any violation of client rights and responsibilities, illegal or treatment interfering behavior. Sanctions will depend on the severity of the violation. Potential sanctions include removal from the premises, paying repairs costs for physical damages, and/or termination of treatment, including Emergency Discharge. Sanctions may include receiving services at another location either temporarily or permanently.

907.5 Procedures

907.5.1 Eligibility and Priority

Pursuant to NRS 433.484 (1) any person admitted to a facility for evaluation, treatment, or training has the right to medical, psychosocial, and rehabilitative care and that such care, treatment, or training must be consistent with the standards of practice of the respective professions in the community.

A. Eligibility for Services, Criteria: To be eligible for services, the applicant must:

1. Physically reside in areas under Rural Services jurisdiction;

2. Have legal capacity to consent to mental health care or have the consent of a legal guardian;

3. Fully complete the intake process including timely submission of required documentation and required orientation activities; **and**

4. Meet diagnostic and impairment criteria for Severe Mental Illness or Serious Emotional Disturbance, **or** meet DSM diagnostic criteria and the consultation between regional supervisory staff waive impairment criteria.

Exceptions to these criteria must be pre-approved by the Agency Director.

B. Admission Priority: Rural Supervisors are responsible for ensuring state treatment resources are applied to the most efficient clinical and public health purposes. To this end, Rural Services mental health centers will manage caseloads by prioritizing service utilization as follows:

1. SMI/SED criteria with high risk behavior which could result in institutionalization without treatment, psychosis or in crisis with no other treatment resources;

2. SMI/SED criteria with high risk behavior which could result in institutionalization without treatment, psychosis, or in crisis, with other treatment resources;

3. SMI/SED criteria without high risk behavior, psychosis or in crisis with no other treatment resources.

4. SMI/SED criteria with treatment resources and selects Rural Services as their provider.

5. Non SMI / SED individuals approved through CPM-II utilization review.

907.5.2 Continuing Service and Discharge Criteria

Utilization review will determine the ongoing scope of services in each center based on capability and capacity.

A. Continued Service Criteria:

Treatment planning is conducted by the treatment team, which includes providers, the client, and relevant family members. The team determines whether the client needs to continue service and meets continued service criteria during treatment plan reviews which must occur at least once every 90 days. The primary practitioner participates and provides clinical guidance. The primary practitioner provides clinical oversight, coordinates and provides clinical guidance in this process.

Clients will continue to receive services when the desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the goals and objectives identified in the client's Treatment Plan; or the client continues to be at risk for relapse based on current clinical assessment, history, and the tenuous nature of the functional gains.

AND

One of the following applies:

1. The client has achieved current goals and objectives identified in the Treatment Plan and additional goals and objectives are indicated as evidenced by documented symptoms.

2. The client is making satisfactory progress toward meeting Treatment Plan goals and objectives, and there is documentation that supports that continuation of this service will be effective in addressing the goals and objectives outlined in the plan.

3. The client is making some progress, but the therapeutic interventions in the Treatment Plan need to be modified so that greater gains, which are consistent with the recipient's premorbid or potential level of functioning, are possible or can be achieved.

4. The client fails to make progress and/or demonstrates regression in meeting the goals and objectives through the strategies outlined in the Treatment Plan and there is a need to reassess the client's diagnosis. The purpose of the reassessment is to identify any unrecognized co-occurring disorders and make treatment recommendations revised based on findings.

5. The client is under sanction but agrees to a contract requiring cessation of the behavior resulting in sanction.

B. Discharge Criteria:

Treatment planning is conducted by the treatment team, which includes providers, the client, and relevant family members. In considering discharge criteria, the team must include the psychiatrist if the client is in any medication program. The team determines whether the client needs to continue service or meets discharge criteria during treatment plan reviews which must occur at least once every 90 days. The

primary practitioner participates and provides clinical guidance. The primary practitioner provides clinical oversight, coordinates and provides clinical guidance in this process.

Any of the following can result in termination of one or all Treatment Plan services:

1. Client's level of functioning has improved to the treatment team's satisfaction with respect to the goals and objectives outlined in the Treatment Plan.
2. Client is not making progress or is regressing and all available standard of care treatments and interventions have been exhausted, indicating a need for more intensive services.
3. Client or legally responsible person no longer wishes to receive services.
4. Client has been placed in a facility (e.g., jail, nursing home, treatment center) where the length of stay will exceed 30 days.
5. Client, based on failure to show improvement despite modifications in the Treatment Plan, requires a more appropriate treatment modality not available from Rural Services. Appropriate referrals to suitable service providers are to be made by the terminating practitioner.
6. Client has failed to show for services and the procedure in MHDS policy 4.025 has been followed.
7. Behavior which violates client responsibilities reviewed and signed at intake, including but not limited to: engaging in illegal behavior on the premises or center sponsored activities or treatment interfering behavior. Discharges under this section shall be deemed Emergency Discharge and must be pre-approved by the Agency Director.
8. Failure or refusal to update financial information within 90 days of the date the information was requested.

Discharge may occur for any of the above reasons with prior written notification. Any denial, reduction, suspension, or termination of service requires written notification to the recipient and/or legally responsible person about their appeal rights as specified below. Emergency termination pursuant to section IV.G above may occur immediately and without written notice upon pre-approval by the CPM-II provided behavior is documented in the clinical note, serious incident report.

C. Notification of clinically appropriate alternatives at discharge:

Each client for whom services are terminated shall, upon request, receive a copy of the clinically appropriate treatment options available to the person or the person's family.

907.5.3 Contested Discharge – Denial of Rights – Appeal and Resolution

A. Any client retains all the rights provided by NRS Chapter 433. For any person terminated under an emergency discharge who objects to the discharge, the discharging clinician shall file a denial of rights in the client's treatment record and forward a copy to the Agency Director.

B. The client has a right to file a written complaint with the Clinical Program Manager II (CPM-II) within 30 days of discharge. The CPM-II will process the complaint within 20 business days of receipt with a written response to the person filing the complaint.

907.5.4 Timelines:

Table 907.1: Timelines for Admission, Continuation of Service, and Discharge Criteria Policy

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Review of continuation of service or discharge criteria	Every 90 days	Finalization of Treatment plan	Primary Practitioner	Using the treatment planning process, review Continuation of Service and Discharge Criteria and document status in the 90 day review note.
Submit written complaint 907.5.7B	30 days	Discharge	Client	Submit written complaint using Rural Services Complaint form describing reasons for dissatisfaction with discharge
Submit written response to complaint 907.5.7B	20 business days	Receipt of client's complaint	CPM-II	Respond to complaint in writing.
Submit written response to complaint 907.5.7B	20 business days	Receipt of client's complaint	CPM-II	Respond to complaint in writing.

907.5.5 Documentation:

B. Case File Documentation:

Table 907.2: Chart Documentation for Policy 907

Applicable Section	Data Required
Releases and Correspondence	Denial of Rights notifying administration of Emergency Discharge

A. Electronic Documentation (AVATAR, DSNOW, etc):

Table 907.2: AVATAR Documentation for Policy 907

Applicable Screen	Data Required
Final Progress Note	Discharge summary, including details requiring emergency discharge if indicated

907.5.6 Supervisory Responsibility: Supervisors will provide in-service training to ensure all staff understands the requirements of this policy and procedures and understand the definitions and will revisit this policy periodically, but no less than annually for recommendations for improvement or additions.

907.6 Policy Cross Reference

907.6.1 Policies: RS 304 Compliments, Suggestions, Complaints

907.7 Attachments

None