

SAN MATEO COUNTY HEALTH SYSTEM
BEHAVIORAL HEALTH AND RECOVERY SERVICES

DATE: May 26, 2016

BHRS POLICY: 16-01
SUBJECT: Review and Closure of Inactive Mental Health Treatment Cases
AUTHORITY: Divisional
SUPERSEDES: New Policy

PURPOSE

To establish a policy and procedure for the appropriate and timely closure of treatment episodes by San Mateo County Behavioral Health and Recovery Services (BHRS) directly operated and contracted Mental Health providers.

DEFINITIONS

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. An administrative discharge will occur if no service (including non-billable services) is documented after 180 days.

Clinical Discharge: The closing of an episode by providing a clinical summary of treatment including problems/diagnosis addressed, services provided, response to services, prognosis, reason for discharge, medications and recommendations regarding effective interventions and targets for services should the client return. All clinical discharges conclude with the documentation of a discharge summary which includes information relevant for providers who may reopen services in the future.

POLICY

Each primary therapist is responsible for reviewing and ensuring episodes are closed in accordance with this policy. Supervisors and managers are responsible for compliance with this policy by the primary therapist under their direction.

PROCEDURE

A. Inactive Case for 120 days Review Guidelines:

1. Cases with no documented service in a progress note for 120 days will be reviewed by the primary therapist for possible closure. This report will also be reviewed by Unit Chiefs and/or Program Specialists monthly as a tool for discussion with staff about potential case closures.
2. The case will be reviewed to determine the reason for no contact, if adequate outreach to the client has occurred and there has been no response.
3. Close Case: If any of the following conditions occurred, the case should BE CLOSED and a progress note should be completed documenting the reason for closure, such as:
 - a. Client graduated, recovered, no longer needs services.
 - b. Client has moved out of area and has established care elsewhere.
 - c. Client has moved out of area and has not maintained contact.
 - d. No contact from client or response to multiple outreach attempts.
 - e. Client transferred care to network or contracted provider.
 - f. Client has entered institutional care and the stay is anticipated to exceed 120 days.
 - g. Client requested case be closed.
 - h. Client has open episode with another team that provides care.
 - i. Client death.
4. Remain Open: If any of the following conditions occurred, the case should REMAIN OPEN. Obtain supervisor approval to keep the case open and document the reason in a progress note. Conduct a case review every 30 days to determine if the criteria for keeping the case open are still valid. If not, then close the case. A progress note should be completed documenting the reason for keeping case open, such as:
 - a. Client in process of transferring care to another county, network or specialty program but the warm handoff has not taken place.
 - b. Medi-Cal has not been established in new county.
 - c. Client is in supportive housing, rep payee or another program which requires case management, until new case manager is assigned.
 - d. Client is newly homeless or experiencing other major life transition.
 - e. Identified clinical and risk issue to warrant case staying open.

B. Inactive Case for 180 days Review Guidelines:

1. The 180 day inactive case report is intended to be used as a monthly clinical tool by Unit Chiefs and/or Program Specialists to review cases that have had no billable client activity within 180 days. Clinical review shall be conducted to determine why there has been no documented billable activity and to take appropriate follow-up actions. Managers and Unit

Chiefs should also use the report as a management tool to look for patterns and trends that may signal the need for further leadership actions, such as staff development or policy/process changes. This review can serve as a follow-up review for cases that were kept open at 120 days but still do not have billable services at 180 days.

C. Managers and Unit Chiefs at all sites are expected to run their own 180 day reports from Avatar on a monthly basis. The following are guidelines for the review and follow up of inactive cases:

Unit Chief/Manager Review Process:

1. Determine the reason for no activity. If the case meets the criteria for closure as indicated in the guidelines for the 120 day inactive cases report, proceed with closure process.
2. Determine if there are administrative reasons the case has not been closed, such as no process established for MD or case manager to close case, worker left and case not reassigned, no supervisory oversight to caseload, etc. and address underlying reason.
3. Determine if client requires a higher level of outreach in order to remain medication compliant or engaged in treatment. Ensure that a referral to appropriate services is made.
4. Determine if the case needs to remain open for such purposes as maintaining rep payee, permanent supportive housing, supported employment, etc. If such a rationale exists, check that the client is still active in the other service and make an appropriate referral for ongoing case management.
5. Determine whether all documentation is complete. If not, supervisor should address documentation issues with employee.
6. Compare current month to previous month(s) to determine if planned actions have occurred and have been documented and to look for patterns or trends of broader personnel or systems issues.
7. If case is to remain open, worker will document the reason with supervisory approval.

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