

Bulletin ID: 122

Bulletin Title: DATA WITS Discharge Definitions and Expectations

- 1. <u>Purpose</u>. Providers shall record substance use disorder (SUD) discharge data in the District Automated Treatment Accounting System (DATA WITS) to support the Department's ability to track and analyze system data and outcomes. The Department expects providers to complete discharge information in DATA WITS within seven (7) days of discharge/transfer. This bulletin provides additional guidance and expectations around processing discharges that will help increase provider compliance in this area and allow for system discharge data and outcome analysis. It also includes instructions on how to discharge a client, without closing the case, in order to continue to enter encounters and release to billing.
- 2. **Applicability**. All SUD providers in the District using DATA WITS
- 3. **Contact Person**. Terri Spencer, LPC, Specialty Care Director
- 4. **Definitions**.
 - (1) <u>Admission</u>: Initial entry into an SUD treatment or recovery support services (RSS) program after completion of an initial diagnostic assessment and a determination that an individual is eligible for the program.
 - (2) <u>Completion of Treatment</u>: Completion of all planned substance use treatment for the current treatment episode. If the client completes treatment and is discharged from the agency, Treatment Episode Data Set (TEDS) and National Outcomes Measures (NOMS) are reported prior to closing out the episode. If the client completes treatment and is stepped down to another level of care within the same agency, then TEDS and NOMS data need not be reported until the client is discharged **and** the episode is closed out (Exhibit 1).
 - (3) Discharge: The time when a client's active involvement with a provider is terminated.
 - (4) <u>Discharge Reason</u>: The explanation for an individual leaving treatment (Table 1). Discharge reasons are reported to SAMHSA via TEDS and NOMS.
 - (5) <u>Disenrollment</u>: Exit from a specific program or level of care. A client can have multiple disenrollments that reflect transitions between levels of care.
 - (6) <u>Episode</u>: The span from admission to discharge, including step ups and step downs at the same provider.

- (7) <u>Enrollment</u>: Entrance to a specific level of care/program. A client can have multiple enrollments that reflect transitions between levels of care.
- (8) <u>Program</u>: An SUD treatment or RSS program certified by the Department at a specific level of care to provide SUD treatment or RSS.
- (9) <u>Provider</u>: An entity certified by the Department to provide either SUD treatment or RSS or both. A single provider may operate multiple programs.

Table 1. Discharge Reasons, Definitions, and Codes

Discharge Reason	Definition	Code
Client completed	Client has completed their comprehensive treatment or	01
treatment. No	recovery plan or program. No additional treatment or	
additional SUD	recovery services recommended.	
services needed.		
Client completed	Client who has completed the program but declined	01
treatment. Declined	further recommended treatment or recovery services.	
referrals.		
Client dropped out of	Client chose not to complete treatment program, with	02
treatment	or without specific advice to continue treatment.	
	Includes clients who drop out of treatment for	
	unknown reasons, clients with whom contact is lost,	
	clients who fail to return from leave ("AWOL"), and	
	clients who have not received treatment for ninety	
	(90) days and are discharged for administrative	
	purposes.	
Program decision to	When a client's services are terminated by the provider	03
discharge client for	due to violation of federal, local and/or program rules	
non-compliance with	(for example, assault, harassment, or possession of	
program rules	weapons) prior to completion of treatment.	
Client is referred for	Client may or may not have completed level of care, but	04
continued SUD	is referred for continued substance use disorder services.	
services		
Client is incarcerated	Client can no longer continue treatment because of	05
	incarceration.	
Client died	Client can no longer continue treatment because of	06
	death.	

5. **Bulletin**.

DBH Discharge Expectations

District of Columbia Municipal Regulations (DCMR) Title 22, Health, Subtitle A, Mental Health, Chapter 63: "Certification Standards for Substance Use Disorder Treatment and

Recovery Providers," requires providers to document client discharges. Specifically, "all client records shall include...Discharge summary and aftercare plan."

Discharges, transfers, and appropriate referrals are a vital part of the District's service delivery system and it is the Department's expectation that these happen timely and as clinically appropriate. The Department expects all providers to make clinically appropriate referrals, transfers, and discharges necessary to support clients in their treatment and recovery processes. The Department expects that clients are referred to outside providers as clinically appropriate and the referrals and recommendations should be documented in the clinical record, even if the client may choose not to accept the referral at that time. The Department expects providers to identify an appropriate discharge reason for every referral/transfer and choose the option that best fits the client's situation.

The Department expects providers to complete discharge information in DATA WITS within seven (7) days of discharge/transfer.

Billing Post-Discharge

If the provider has outstanding billing, the discharge can be completed per the step by step instructions provided in Exhibit 1. The provider should select "no" when the screen pops up prompting "Discharge" and close the episode. This will discharge the client but leave the episode open, allow TEDS/NOMS to be reported in a timely manner, and allow billing to still be released as long as there is an active authorization in place. Once the billing is complete, then the episode should be closed.

6. <u>Related Bulletins/Policies/Regulations</u>. DCMR Title 22, Health, Subtitle A, Mental Health, Chapter 63: Certification Standards for Substance Use Disorder Treatment and Recovery Providers

7. Exhibits.

Exhibit 1: How to Discharge a Client and Leave the Case Open

Approved By:

Barbara J. Bazron, Ph.D. Director, DBH

(Signature)

(Date)

Exhibit 1. How to Discharge a Client and Leave the Case Open

Purpose: To discharge a client without closing the case in order to continue to enter encounters and release to billing.

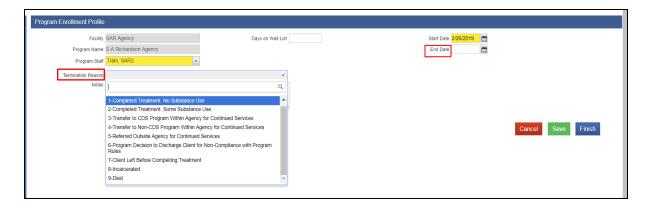
1. Select Discharge from the Menu.



2. The Program Enrollment screen will display. You must dis-enroll your client from the current program.



- Step 1: Click the Action icon and select Review.
- Step 2: Select the correct termination reason from the drop down list.
- Step 3: Enter the end date.
- Step 4: Select Save and Finish.
- *Note: Make sure the Start Date is consistent with the Admission date.



Your client is now dis-enrolled from the program.



3. Click on Discharge to be taken to the Discharge Profile.



- Step 1: The Discharge date will default to the current date.
- Step 2: Select the Discharge Staff from the drop down box.
- Step 3: Enter the Date of Last Contact.
- Step 4: Enter the discharge Reason from the discharge drop down.
- Step 5: Enter the number of times the client has attended a self-help program.

4. Complete the ASAM Criteria.

ASAM Criteria			
Dimension	Level of Ris	k Level of Care	Comments
1 - Acute Intoxication and/or	Withdrawal Potential At Intake 1	54.0	
A	t Discharge	¥	a.
2 - Biomedical Conditions an	d Complications At Intake 1		
A	t Discharge 💮 🔻	¥	
3 - Emotional, Behavioral, or	Cognitive Conditions and Complic At Intake 1	ations	
A	t Discharge	▼	di .
4 - Readiness to Change	At Intake 1		
A	t Discharge	¥	
5 - Relapse, Continued Use,	or Continued Problem Potential At Intake 1	1.0	
A	t Discharge 💮 🔻	¥	
6 - Recovery / Living Environ	ment At Intake 1	1.0	
A	t Discharge	₩	
Cancel	Finish		

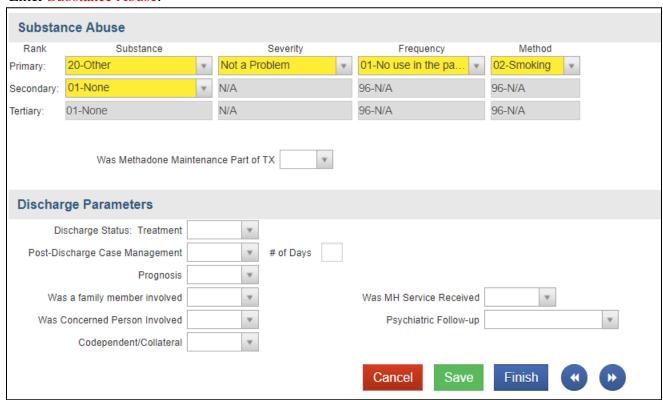
5. Enter Legal History.



6. Enter Status Changes Since Admission.



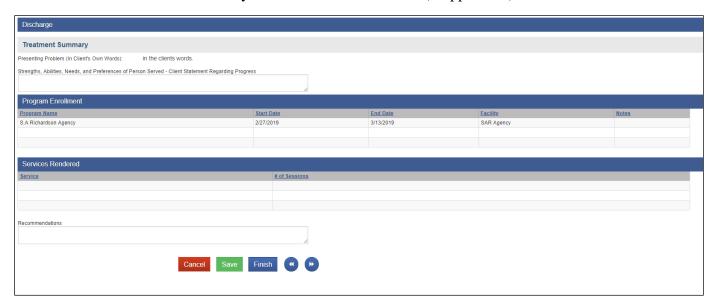
7. Enter Substance Abuse.



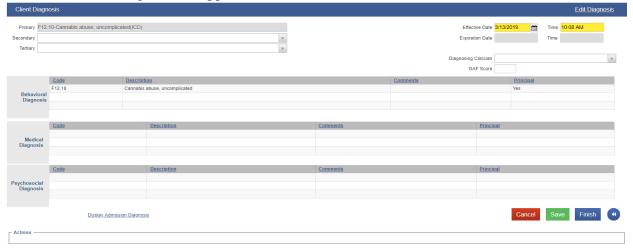
8. Enter Tobacco/Nicotine.



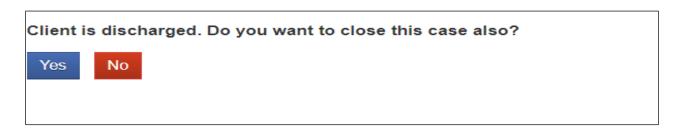
9. Review the Treatment Summary and add Recommendation (if applicable).



10. Enter additional Diagnosis (if applicable). Select Finish.



11. You will receive the below question. Select "No" (If you select "Yes," you will discharge your client).



- 12. Once you have completed entering encounters and billing, you will need to close the case.
 - Step 1: Select the Client Activity List from the menu under Client Profile.
 - Step 2: Select Intake Transaction



Step 3: On the Intake Case Information, enter the Date Closed and Click Save & Close the Case.

Intake Case Inf	formation						
Intake Facility	SAR Agency	w	Case #	1			
Intake Staff	Train, SAR10	w	Case Status	Open Active		₩.	
Initial Contact	Other	w	Initial Contact Date	<u></u>			
Residence	DC Ward 5	w	Intake Date	2/26/2019			
Source of Referral	Individual (includes family,friend or self	w	Pregnant	Not Applicable	Due Date		
Referral			Prenatal Treatment				
Contact	d Collateral Contact		HIV Positive	No	-		
			Injection Drug User		Ψ.		
			injection Drug Oser	140	¥		
			Problem Area			w	
			Presenting Problem (In Client's Own Words)	n the clients words			
							le le
pecial Initiative			Special Initiative Sele	-1			
Acquired Brain Dis		>	Special initiative Sele	cted			
Adult with Organic Adult with Severe	Disorder w/o SED and Persistent Mental Illness						
	Emotional Disturbance	<				~	
D-1- 011 00	3/13/2019	1	_				
Date Closed 03	3/13/2019 <u>Save & Close the Case</u>						
		_	Cancel	Save	inish		
					<u></u>		

***Once the case is closed, the screen will grey out. Select Finish and your client is now fully discharged.

Intake Case Information Intake Facility SAR Agency						
Initial Contact Other Residence DC Ward 5 Source of Referral Individual (includes family, friend or self-referral Contact Referral Not Applicable Due Date Prenatal Treatment HIV Positive No Problem Area Presenting Problem (in Client's Own Words) In the clients words. Special Initiative Acquired Brain Disorders Adult with Organic Disorder Wo SED Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance The Contact Date Initial C	Intake Case Int	formation				
Initial Contact Other Residence DC Ward 5 Source of Referral Contact Contact Referral Contact Conta	Intake Facility	SAR Agency	Case #	1		
Residence DC Ward 5 Source of Referral Individual (includes family, friend or self-referra Pregnant Not Applicable Due Date Referral Contact Prenatal Treatment HIV Positive No Injection Drug User No Problem Area Presenting Problem (in Client's Own Words) in the clients words. Special Initiative Acquired Brain Disorders Adult with Organic Disorder W/o SED Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Table 2/26/2019 Pregnant Not Applicable Due Date Prenatal Treatment HIV Positive No Injection Drug User No Problem Area Presenting Problem (in Client's Own Words) in the clients words.			Case Status	Closed		
Source of Referral Individual (includes family, friend or self-referral Pregnant Not Applicable Due Date Referral Contact	Initial Contact	Other	Initial Contact Date			
Referral Contact Prenatal Treatment HIV Positive No Injection Drug User No Problem Area Presenting Problem In the clients words. Proceial Initiative Acquired Brain Disorders Adult with Organic Disorder W/o SED Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Date Closed 3/13/2019 Re-Open Case	Residence	DC Ward 5	Intake Date	2/26/2019		
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Problem Area Presenting Problem (In Client's Own Words) Special Initiative Acquired Brain Disorders Adult with Organic Disorder Wo SED Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Date Closed 3/13/2019 Re-Open Case			HIV Positive	No		
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Special Initiative Acquired Brain Disorders Adult with Organic Disorder w/o SED Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Date Closed 3/13/2019 Re-Open Case			Problem Area			
Special Initiative Acquired Brain Disorders Adult with Organic Disorder W/o SED Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Date Closed 3/13//2019 Re-Open Case			Presenting Problem	n the clients words.		
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Adult with Organic Disorders Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Date Closed 3/13/2019 Re-Open Case						
Adult with Organic Disorders Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Date Closed 3/13/2019 Re-Open Case						
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Adult with Organic Disorder W/o SED Adult with Severe and Persistent Mental Illness Adult with Severe Emotional Disturbance Date Closed 3/13/2019 Re-Open Case	Special Initiative		Special Initiative Sele	cted		
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Adult with Severe Emotional Disturbance Date Closed 3/13/2019 Re-Open Case	Adult with Severe	and Persistent Mental Illness				
						-
Finish	Date Closed 3/	13/2019 Re-Open Case				
Finish						
				Finish	h	