



Bulletin Title: Step-Down and Discharge Process for SUD Providers

Bulletin ID: 122-UPDATED

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1. Purpose.

The Department of Behavioral Health (DBH or the Department) published [Bulletin 122](#) on March 16, 2020 to establish guidance, expectations and procedures for Substance Use Disorder (SUD) treatment and recovery providers processing client discharges. Since Bulletin 122's publication, DBH has begun to utilize Comagine Health, a third-party Quality Improvement Organization, to oversee the authorization process for inpatient SUD treatment. Recently, providers requested guidance about the procedure to record SUD transfers and discharges in the DATA WITS system following the adoption of Comagine Health. Providers should continue to follow Bulletin 122 to process and record SUD client transfers, discharges and referrals. However, the Department is updating Bulletin 122 to amend DATA WITS Discharge Code 4 to include referrals to providers outside the Adult Substance Use Rehabilitation Services (ASURS) network.

ASURS providers must always ensure clients are receiving the appropriate American Society of Addiction Medicine (ASAM) level of care and are timely stepped down to lower levels of care in accordance with ASAM criteria. To facilitate quality data tracking and outcome analysis, ASURS providers must update a client's discharge information in DATA WITS within seven (7) business days of the discharge/transfer following the process outlined below.

2. Applicability.

All SUD providers in the District using DATA WITS.

3. Contact Person.

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4. Bulletin.

DBH Discharge Expectations

District of Columbia Municipal Regulations (DCMR) require providers to document client referrals and discharges. Specifically, "all client records shall include...[d]ocumentation of all

referrals to other agencies, and the outcome of such referrals,” and a “[d]ischarge summary and aftercare plan.” See Title 22-A DCMR §§ 6324.1(n), (r).

Discharges, transfer, and appropriate referrals are a vital part of the SUD service delivery system. All providers must make clinically appropriate referrals, transfers, and discharges to support clients in their treatment and recovery. Providers must refer clients to outside providers as clinically appropriate and document the referrals in the client’s clinical record, even if the client chooses not to accept the referral. Providers must also identify an appropriate discharge reason for every referral/transfer and choose the option from Table 1 that best fits the client’s situation.

Table 1. Discharge Reasons, Definitions, and Codes

Discharge Reason	Definition	Code
Client completed treatment. No additional SUD services needed.	Client has completed their comprehensive treatment or recovery plan or program. No additional treatment or recovery services recommended.	01
Client completed treatment. Declined referrals,	Client has completed the program but declined further recommended treatment or recovery services.	01
Client dropped out of treatment.	Client chose not to complete treatment program, with 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, and clients who have not received treatment for ninety (90) calendar days and are administratively discharged.	02
Program decision to discharge client for non-compliance with program rules.	Client’s services are terminated by the provider due to violation of federal, local, and/or program rules (for example, assault, harassment, or possession of weapons) prior to completion of treatment.	03
Client is referred for continued SUD services to another ASURS provider.	Client may or may not have completed level of care, but is referred for continued SUD services to another ASURS provider.	04
Client is referred for continued SUD services to a non-ASURS provider.	Client may or may not have completed level of care, but is referred for continued SUD services to another SUD provider outside the ASURS network.	04
Client is incarcerated.	Client can no longer continue treatment because of incarceration.	05
Client died.	Client can no longer continue treatment because of death.	06

Billing Post-Discharge

Providers should utilize the procedure outlined in Exhibit 1 to process discharges with remaining outstanding billing.

5. Related Bulletins/Policies/Regulations.


Title 22-A DCMR Chapter 63: Certification Standards for Substance Use Disorder Treatment and Recovery Providers.

6. Exhibits.

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

Approved By:

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(Signature) (Date)