

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> Designation of "Inactive/Discharge Status" for Child/Youth Consumers who are not in Active Treatment in a Core Services Agency		
<b>POLICY NUMBER</b> DMH 525.1	<b>DATE</b> DEC 20 2004	<b>TL#</b> 61

**Purpose.** To set forth the procedures a core services agency (CSA) must follow to obtain Department of Mental Health (DMH) approval to place a DMH enrolled child/youth in "inactive status" and/or discharge the child/youth from a CSA's enrollment when the consumer is not participating in active treatment. A CSA may not discharge a consumer from its rolls unless and until it can demonstrate efforts to engage the consumer.

**Applicability.** Applies to all DMH-certified CSAs who serve children and youth, enrolled children/youth, and mental health staff providing direct mental health services to enrolled children/youth. This policy is not applicable to children/youth in Residential Treatment Facilities (RTCs).

**Policy Clearance.** Reviewed by affected responsible staff and cleared through appropriate MHA offices.

**Implementation Plans.** A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.*

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH and DMH contractors must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the DMH Policy and Procedures Manual, and contractors must ensure that this policy is maintained in accordance with their internal procedures.

\*If any CMHS or DMH policies are referenced in this policy, copies may be obtained from the DMH Policy Support Division by calling (202) 673-7757.

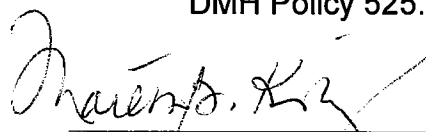
**ACTION**


**REMOVE AND DESTROY**

None

**INSERT**

DMH Policy 525.1

  
\_\_\_\_\_  
Martha B. Knisley  
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  DEPARTMENT OF MENTAL HEALTH	<b>Policy No.</b> 525.1	<b>Date</b> DEC 20 2004	Page 1
	<b>Supersedes:</b> None		

**Subject: Designation of "Inactive/Discharge Status" for Child/Youth Consumers who are not in Active Treatment in a Core Services Agency**

1. **Purpose.** It is the policy of the District of Columbia Department of Mental Health (DMH) to ensure that all consumers assigned to a core services agency (CSA) are engaged in active treatment and that the CSA has taken steps to provide that treatment. A CSA may not discharge a consumer from its rolls unless and until it can demonstrate that efforts to engage the consumer have failed.

This policy sets forth the procedures a CSA must follow to obtain DMH approval to place a DMH enrolled child/youth in "inactive status" and/or discharge the child/youth from a CSA's enrollment when the consumer is not participating in active treatment.

2. **Applicability.** These procedures are applicable to all DMH-certified CSAs who serve children/youth, enrolled children/youth, and mental health staff providing direct mental health services to enrolled children/youth. This policy is not applicable to children/youth in Residential Treatment Facilities (RTCs). Also see Section 6a(2) below.

3. **Authority.** Mental Health Service Delivery Reform Act of 2001.

4. **Definitions.**

4a. **Child(ren)/Youth** - Children or youth with mental health problems includes persons under 18 years of age, or persons under 22 years of age and receiving special education, youth or child welfare services, who:

(1) Have, or are at risk of having, a diagnosable mental, behavioral, or emotional disorder (including those of biological etiology) which substantially impairs the mental health of the person or is of sufficient duration to meet diagnostic criteria specified within the DSM-IV or the ICD-9-CM equivalent (and subsequent revisions), with the exception of substance abuse disorders, mental retardation, and other developmental disorders, or seizure disorders, unless those exceptions co-occur with another diagnosable serious emotional disturbance; and

(2) Demonstrate either functional impairments or symptoms that significantly disrupt their academic or developmental progress or family and interpersonal relationships; or

(3) Have an emotional disturbance causing problems so severe as to require significant mental health intervention.

4b. **Active Child/Youth** - A consumer who is enrolled with a CSA who is receiving treatment and services in accordance with his/her agreed upon Individualized Plan of Care (IPC) as identified in that active IPC.

4c. Inactive Child/Youth - An enrolled consumer who is not engaged in active mental health treatment with a CSA as set forth in Section 6a herein.

4d. Outreach Services - *For children/youth*, a series of activities undertaken by the CSA to locate the child/youth or family/guardian when the child/youth has not appeared for treatment services consistent with his/her IPC. The CSA performs these outreach services in the community in search of the consumer and makes contact(s) with a variety of programs, individuals, and agencies in order to locate and re-engage the consumer in active treatment. The CSA is required to document all outreach service activities as provided in Section 7b herein, and is required to send that documentation to the DMH Division of Care Coordination for review.

4e. CSA Discharge - Termination of the clinical services provided to a consumer as approved by DMH.

5. **Guideline.** All DMH children/youth shall be enrolled in a CSA. All participating parents, families/or guardians shall be notified of discharge planning.

6. **Policy.**

6a. **Inactive Status.**

(1) Children/youth who reside in the community who are enrolled in a CSA (except those enrolled in Assertive Community Treatment [ACT] or Community Based Intervention [CBI] or who reside in RTCs) may be placed in "inactive status" when they are incarcerated more than ninety (90) days.

(2) Children/youth residing in RTCs must be linked to a CSA; however, this policy does not apply to children/youth until they no longer reside in a RTC.

**Note: Consumers currently enrolled in ACT or CBI may never be placed in an inactive status, but may be discharged under limited circumstances set forth in Section 6b(2) below.**

6b. **Discharge Status.**

(1) DMH may approve a CSA discharge action request when a child/youth:

- Has relocated out of state more than ninety (90) days except for children/youth relocated to RTCs out of the District of Columbia or children/youth in the foster care system.
- Is deceased.
- Has refused all mental health services from the CSA and the child/youth's (and/or his/her legal guardian's) refusal and the CSA's efforts to explain the benefits of services have been documented in the consumer's clinical record.
- Has failed to participate in their planned and agreed upon IPC for ninety (90) days.
- Does not have a mental health diagnosis or does not have current symptoms that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning, as verified in writing by a child psychiatrist.

- Has not been located for ninety (90) days following numerous documented outreach efforts to locate the consumer.

(2) A child/youth assigned to Assertive Community Treatment (ACT) or Community Based Intervention (CBI) may only be discharged when the consumer:

- Is deceased.
- Has permanently relocated out of the District of Columbia.
- Cannot be located for one-hundred eighty (180) days, and the CSA has documented its efforts to locate the consumer.
- Is incarcerated more than six (6) months.
- Is no longer in need of services as verified in writing by a child psychiatrist.

The CSA may submit documentation from the ACT or CBI team affiliated with the CSA that provided the services. If the CSA, ACT or CBI team serves as the representative payee for the consumer to be discharged, the CSA must include as part of the documentation, its plan to terminate this relationship. The plan must include steps the CSA will take to return all fund balances, if any, to the child/youth, or where indicated to assist the child/youth in obtaining another representative payee. If funds are from the Social Security Administration, those guidelines shall be followed.

(3) For children/youth in the Foster Care System, Youth Forensics System or children/youth with Special Needs (D.C. Public School System):

- Final consent to discharge will be directed in writing via mail or fax to the DMH Division of Care Coordination by the referring agency.
- In cases where the child/youth has been identified as being eligible for services from Health Services for Children with Special Needs (HSCSN) or from a managed care organization (MCO), the child/youth should be discharged from the CSA at the point of enrollment with HSCSN or MCO, in collaboration with the DMH Division of Care Coordination.
- For children/youth in the D.C. Foster Care System, once the CSA has notified the Behavioral Services Unit (BSU) of the planned discharge from the CSA, the BSU will notify DMH Division of Care Coordination within ten (10) working days if the discharge is to move forward.

(4) For children/youth receiving Court Ordered Services.

- The CSA shall also notify the court when the child/youth has met the requirements for discharge.

7. **Procedures.** The following actions must be taken in order for a CSA to obtain DMH approval to discharge the consumer:

7a. Outreach Activities. The CSA shall undertake outreach activities for ninety (90) days for consumers who reside in the community as set forth below. The ninety (90) day period of time begins from the date of the first missed appointment.

(1) For new children/youth who have never been seen by the CSA.

- Telephone call to parent, family, or guardian, and/or referring agency (Child and Family Services Administration, Youth Services Administration, D.C. public schools) after the first missed appointment.
- Home visit if unable to locate with a telephone call or rescheduled appointment is missed.
- If no contact is made, certified letter (return receipt requested) to parent, family, or guardian and notification to the referring agency.
- If no response is received, recommendation to the referring agency to discharge the child/youth from DMH/CSA.

(2) For children/youth previously in active treatment not enrolled in ACT or CBI.

- Telephone call or home visit within seventy-two (72) hours after the first missed appointment.
- Notification to referring agency after second missed appointment or inability to locate child/youth and/or family or guardian.
- Weekly visits to home or any known day treatment program for thirty (30) days.
- If no contact is made, certified letter (return receipt requested) to parent, family, or guardian and notification to the referring agency.
- If no response is received, recommendation to the referring agency to discharge the child/youth from DMH/CSA.

(3) For children/youth who are Homeless.

- Attempt to locate a child/youth by contacting or calling relatives/guardian or acquaintances and/or visiting shelters or frequented locations after the first missed appointment.

7b. Documentation/Notification. For children/youth who reside in the community, the CSA shall document the following in the clinical record, and provide a copy of the documentation to the DMH Division of Care Coordination when seeking approval to discharge or place the consumer in inactive status:

- Date of last appointment, if applicable.
- Date, time, and summary/results of outreach efforts, to include persons contacted.
- If the consumer or legal guardian is located and refuses treatment, the reasons given and the CSA's response to engage the consumer.
- All required MHRS documentation including a summary progress note and discharge summary.

7c. The CSA's request to place a child/youth in inactive status or discharge must be initiated by a qualified practitioner and must be approved in writing by a child psychiatrist before being submitted to the DMH Division of Care Coordination for DMH approval.

7d. The DMH Division of Care Coordination, Access Help Line (AHL) shall review the CSA inactive status/discharge request, request additional information if necessary, and notify the

CSA in writing of approval/denial within ten (10) business days of receipt of required documentation.

**8. Designation of Inactive or Discharge (Dis-enrollment) in eCura.**

8a. If Access Help Line (AHL) approves the inactive status/discharge request, AHL will complete the dis-enrollment event screen in eCura.

8b. AHL will remove the consumer's name from the CSA's assignment in eCura, and set the end date of the MHRS insurance span to the date of dis-enrollment.

9. **Failure to Follow this Policy.** If DMH determines that a CSA has discharged a child/youth without DMH approval or has not followed the procedures outlined in this policy, DMH shall require the CSA to engage in the outreach activities set forth herein, and shall impose any and all other remedial action it deems necessary.

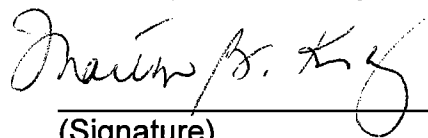
10. **Inquiries.** Any questions regarding this policy may be addressed to the Director, Division of Provider Relations at (202) 671-2900 or the Director, Division of Care Coordination at (202) 671-3070.

**11. Related References.**

DMH Policy 340.2, Designation of "Inactive/Discharge Status" for Adult Consumers who are not in Active Treatment in a Core Services Agency

Approved By:

Martha B. Knisley  
Director, DMH



(Signature)

December 20, 2004

(Date)