

## SmartCare Discharge Reasons

| # | Discharge Reason                     | Definition   | Examples and Documentation Guidance  |
|---|--------------------------------------|--|--|
| 1 | Administrative Discharge             | Provider makes the decision to terminate services due to lack of participation post enrollment.<br><i>(Formerly: Reason Not Available).</i>  | Due to unknown reasons, Member stopped engaging in services and as a result, was administratively discharged from the program. Member did not return phone calls or voicemails, Member did not engage in scheduling return or follow up appointment. <b>Provider</b> is making decision to Discharge Member based on lack of participation/engagement that took place post enrollment.<br><b>Program must document engagement attempts according to contract requirements.</b> |
| 2 | Member not appropriate for treatment | LPHA/LPHA Waived staff determines the member does not meet the criteria for medical necessity or level of care and would be better served by non-mental health/SUPT Provider. Provider would complete a NOABD.<br><i>(New)</i>               | LPHA/LPHA Waived staff completed the assessments (CaAIM, CA ASAM, CANS, ANSA, etc.) which demonstrated Member did not meet medical necessity for SMHS or DMC-ODS BHS-SAC and Walk-in entry points will primarily see this, all providers should document.  |
| 3 | Deceased                             | Member is deceased.<br><i>(Same)</i>   | Document date of death (if known) and finalize any documentation prior to discharge.   |
| 4 | Discharge against medical advice     | Member refusing/leaving services against the advice of medical staff. This would only apply to Inpatient (IP), Mental Health Urgent Care Center (MHUCC), Crisis Residential Program (CRP), or Withdrawal Management Services<br><i>(New)</i> | If your program is not Inpatient (IP), Mental Health Urgent Care Center (MHUCC), Crisis Residential Program (CRP), or Withdrawal Management Services this selection would not apply.   |
| 5 | Disengaged from services             | After engaging in services, Member chose not to complete the treatment program, with or without specific advice to continue treatment.<br><i>(Formerly: Member refused/declined services)</i>  | After engaging in services, Member voluntarily declines or refuses treatment. Program made contact with Member and engaged in a discussion which resulted in the Member's decision to discontinue treatment. <b>Member</b> is making decision to terminate treatment.<br><b>Program must document engagement attempts</b>  |

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|    |                           |  | <b>according to contract requirements.</b>  |
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| 6  | Incarcerated              | Member becomes incarcerated while receiving services resulting in a discharge.<br><i>(Formerly: Crisis services used "Other" to capture this scenario.)</i>  | Member was discharged during services as a result of incarceration, <u>according to contract requirements</u> (i.e., jail, Youth Detention Facility (YDF), prison, etc.)  |
| 7  | Involuntary Discharge     | Member refused to adhere with agency policies and procedures, regulations, participated in unsafe behaviors that put other members at risk.<br><i>(New) Provider would complete a NOABD.</i>   | This requires a documented discussion with your supervisor to make this type of determination. Example: Member displayed violence onsite toward staff, which interfered with another Member's treatment.  |
| 8  | Moved out of area         | Member moved out of Sacramento County and is no longer receiving services through a Sacramento County Mental Health or Substance Use Plan provider.<br><i>(Formerly: Member moved out of Sacramento County)</i>  | Member was a Sacramento County resident but now lives in another county. (e.g., Member was living in Sacramento but, moved to San Francisco).   |
| 9  | Never engaged in services | Member was referred and opened to provider as a result of an inquiry/services requested but member did not present for or enroll in services of any kind.<br><i>(Formerly: Reason Not Available).</i>  | Member did not respond to provider's attempt to start services. Provider never received call back or confirmation from Member for initial appointment. Member never moved from <i>Requested</i> to <i>Enrolled</i> .<br><b>Program must document engagement attempts according to contract requirements.</b>  |
| 10 | Services no longer needed | Member's level of need does not meet threshold for Behavioral Health Services (BHS) (Mental Health "MH" and Substance Use Prevention and Treatment "SUPT"). May still meet criteria for Non-Specialty Mental Health Services, Other Non-Drug Medi-Cal Organized Delivery System (DMC-ODS) Substance Use Provider or self-pay private provider. Member no longer meets criteria for Specialty Mental Health Services.<br><i>(*Mental Health Plan (MHP)- use the DHCS Transition of Care Tool to step down to the MCP as appropriate).</i> | Member no longer meets criteria for specialty BHS services and transitioned to Managed Care Plan (MCP) (i.e., Kaiser, Molina, Health Net, Anthem Blue Cross, etc.) for continued support. Provider will complete the Department of Health Care Services (DHCS) Transition of Care Tool to step Member down to the MCP. Member may still need Medication Management (or other service) which can be provided by the MCP. |

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| 11 | Successful Completion              | Member has met treatment goals as defined in the Problem List/Care Plan.  | Member met their treatment goals/completed treatment.<br>Document that Member successfully completed/graduated from program and no further treatment is needed at this time.   |
| 12 | Transfer to higher level of care   | Member requires mental health or substance use services that are at a higher level of intensity and/or frequency which may include crisis level services. Services can be provided by either a public or private entity.<br><i>(Formerly: Member is receiving services elsewhere - step up)</i>   | <u>MH Example:</u> Member transferred from CORE/FIT to FSP.<br><u>SUPT Example:</u> Member transferred from Intensive Outpatient to Residential Treatment Services.  |
| 13 | Transfer to lower level of care    | Member no longer requires an intensive level of mental health or substance use services and can be served in a lower service level. Services can be provided by either another County Mental Health provider or Substance Use Prevention provider.<br><i>(Formerly: Member is receiving services elsewhere - step down)</i>   | <u>MH Example:</u> Member transferred from FSP to CORE/FIT program.<br><u>SUPT Example:</u> Member transferred from Residential Treatment Services to Intensive Outpatient Services.   |
| 14 | Transferred to a different program | Member does not require a change in level of services but is receiving services from another Sacramento County Mental Health or Substance Use Prevention or Care Plan provider, self-pay private provider, Federally Qualified Health Center (FQHC), California Department of Corrections and Rehabilitation (CDCR) and Parole.<br><i>(Formerly: Member is receiving services elsewhere – transfer)</i> | This would be considered a “lateral” transfer, for same level of service.<br><u>MH Example:</u> Member transfer from one CORE program to another CORE program or from a FIT program to another FIT program.<br><u>SUPT Example:</u> Member transfer from one Outpatient provider to another Outpatient provider. |

*\*Please note that Providers should not select the following Discharge Reason in SmartCare: “Unknown/Not Reported.” If you have questions regarding which Discharge Reason may be most applicable based on a Member’s circumstance, please reach out to your Contract Monitor.*