

CALOMS TX DATA COLLECTION GUIDE NNA CONTRACT: DOCUMENT 3J – SECTION 8 DISCHARGE DATA COLLECTION EXCERPT

8.1 Protocols for Discharging Clients

The following protocols clarify business rules for discharging clients from treatment in CalOMS Tx.

1. A CalOMS Tx discharge record must be submitted for every client for whom a CalOMS Tx admission record has been submitted.
2. SUD treatment providers must schedule and **attempt to** conduct a discharge interview with every client. A discharge interview is either face-to-face **or via telehealth**¹. This interview includes, but is not limited to, asking each of the required CalOMS Tx standard discharge questions and documenting the responses. Treatment providers are advised to include in each client's treatment plan a date to conduct a discharge interview. This date may be scheduled for some time prior to or on the client's planned last date of service but may not be more than two weeks prior to the client's planned date of last service.
3. Providers should make every effort to ensure the discharge interview is face-to-face. However, some clients may be unable to appear for the scheduled discharge interview, despite having made satisfactory progress. In these situations, programs are encouraged to contact the client ~~by phone~~ **or via telehealth appointment** to collect the CalOMS Tx standard discharge data **via telehealth**.
4. **When a discharge interview is scheduled, but the client experiences a life circumstance that prevents them from completing the discharge interview and/or last treatment service, SUD treatment programs may complete the standard discharge questions when all of the following conditions are met:**
 - **The client made satisfactory progress in their treatment service,**
 - **discharge planning has commenced**²,

¹ The term "telehealth" is used throughout this guide to describe both synchronous audio-only (telephone) and synchronous video interactions.

² Cal. Code Regs. Tit. 22, § 51341.1(h)(6).

- the client left the program due to a life circumstance and notified the program and,
- the treatment program has sufficient client file documentation needed to accurately complete the discharge questions without guessing the responses.

Treatment providers will use their understanding of the client's life circumstance and make a client-centered decision to determine when a standard discharge without a face-to-face or telehealth discharge interview is appropriate. Examples of life circumstances include, but are not limited to relocation, family illness/emergency, or securing employment. Programs do not need to obtain DHCS approval of a client's life circumstance to proceed with a standard discharge. It is the responsibility of the treatment programs to maintain sufficient client file documentation including the method used to obtain the responses to the standard discharge questions.

Efforts to conduct the discharge interview and an explanation of the client's absence from the discharge interview and/or final treatment service must be documented in the client's file. Programs should never guess client responses when completing discharge questions.

5. Administrative discharges should only be reported in the event the client cannot be located, either in person, or via telehealth ~~or by telephone,~~ to answer the **discharge** questions. Such attempts to contact a client for a discharge interview must be documented in the client's file. ~~Providers~~ **Programs** should never guess the responses on behalf of an absent client who left the program without leave or notification for the required discharge questions.
6. For long term clients such as those in NTP/OTP, ~~when discharging a SACPA client~~ ~~The~~ ~~the~~ discharge should be reported **is** based on when the client has completed the treatment program as planned, or when the client leaves the program under other circumstances (e.g. did not complete, passed away, etc.). ~~SACPA clients~~ **Clients** should ~~NOT~~ **not** be discharged if the only change that has occurred ~~for~~ the client is the funding source (i.e. SACPA funds) that provides treatment services for the client. Discharge the client following the discharge protocols identified in section ~~or ADP Bulletin 08-08 and 10-08.~~ **8.1 and 8.3 of this manual.**
7. **Withdrawal management (WM)**/~~detoxification~~ does not constitute complete treatment. A successful detoxification/**WM** service is measured in part by the engagement of the client in further treatment (e.g. residential or outpatient

services). Providers are expected to make every effort to refer and connect clients to another level of treatment once they have completed detoxification/WM. For clients who have gone through detoxification/WM, as planned by the program, and who are being referred for additional treatment services, providers must use discharge code 3 – Left Before Completion with Satisfactory Progress – Referred. Neither discharge code 1 nor discharge code 2 can be used for detoxification/WM discharges.

8.3 Discharge Status Definitions and Sample Scenarios (DIS-2)

The definitions of the CalOMS Tx discharge status codes and sample scenarios for their use are provided below.

Completed Treatment/Recovery Plan & Goals – Referred/Standard (all questions)

(status 1): This is a standard discharge status and is considered a treatment completion status. This status should be used when a client completes an SUD treatment service and is being referred to another SUD treatment service (this includes clients referred to further SUD treatment that do not accept the referral). ~~The client is available to complete the discharge interview either in person as planned, or by contacting the client by telephone.~~

Status 1 is used when the client is either:

- **Available to complete the discharge interview either in person or via telehealth, or**
- **Has made satisfactory progress in their treatment service; discharge planning has commenced; left the program due to a life circumstance, notified the program was not available to complete the discharge interview and/or their last treatment service; and the treatment program has the information and client file documentation necessary to accurately complete the discharge questions without having to guess the responses.**

Example 1: Jane was in a residential treatment service and has accomplished the recovery **treatment** plan goals for residential treatment. Jane will be referred to an outpatient drug-free treatment program to continue treatment. When Jane was admitted to residential treatment, the treatment counselor scheduled a date for the discharge interview to take place three days before Jane's last treatment service. Jane's treatment counselor uses the last service date for the discharge date because it is the

last date Jane will be seen by the counselor. The counselor then asks Jane all the required discharge questions. The treatment counselor records Jane's responses and completes a discharge record for submission to the county which the program has a contract with to provide SUD treatment.

Within 30 days, Jane is admitted to the outpatient ~~drug-free~~ program the residential provider referred **them** to. The outpatient treatment counselor indicates Jane's admission is a "transfer or change in service" and asks Jane the remaining admission questions.

Example 2: Jake is in a residential treatment service and has made satisfactory progress with the treatment plan goals. Jake will be referred to an outpatient treatment program to continue treatment. When Jake was admitted to residential treatment, their treatment counselor scheduled a date for the discharge interview to take place three days before Jake's last treatment service. The last week of Jake's residential treatment service, Jake accepts a job and cannot attend the discharge interview and/or the final treatment service and declines their referral to outpatient treatment. The counselor documents in the client file that Jake secured employment with a shift that prevents Jake from completing the discharge interview. The treatment counselor uses the last contact with the client as the discharge date and utilizes their clinical knowledge, interaction with the treatment client, and client file documentation to answer the standard discharge questions without having to guess the responses.

Completed Treatment/Recovery Plan & Goals – Not Referred/Standard (all questions) (status 2): This is a standard discharge status and is considered a treatment completion status. This status should be used when a client completes a SUD treatment service, who is not being referred to another SUD treatment service and for a client who is finishing the last treatment service in a treatment episode (a series of planned consecutive admissions and discharges from various treatment programs). ~~The client is available to complete the discharge interview either in person as planned, or by contacting the client by telephone.~~

Status 2 is used when the client is either:

- **Available to complete the discharge interview in person or via telehealth, or**
- **Has made satisfactory progress in their treatment service; discharge planning has commenced; left the program due to a life circumstance,**

notified the program was not available to complete the discharge interview and/or their last treatment service; and the treatment program has the information and client file documentation necessary to accurately complete the discharge questions without having the guess the responses.

Example 1: Joe appears for an appointment at an outpatient program that the residential treatment counselor arranged. Joe and the treatment counselor discuss Joe's history in treatment during the past months and develop a treatment plan. The treatment counselor wants Joe **decides** to attend Intensive Outpatient group counseling sessions every week and attend twelve-step meetings at least once a week. The treatment counselor explains to Joe that treatment will last for at least 90 days. The treatment counselor collects Joe's admission data and enters "Transfer/Change in Service" in the "Admission Transaction Type" field.

Three months after Joe's admission to outpatient, the treatment counselor schedules a discharge interview with Joe. During the discharge interview, Joe reports that he has not used methamphetamine in the prior 30 days and that he has attended twelve-step meetings every day in the prior thirty days. The treatment counselor recommends Joe continue attending the twelve-step meetings. Joe is discharged using the discharge status "Completed Treatment/Recovery Plan/ **&** Goals –Not Referred."

Example 2: Jill appears for an appointment at an outpatient program. Jill and the treatment counselor discuss Jill's history in treatment during the past months and collaboratively develop a treatment plan. Jill plans to attend intensive outpatient group counseling sessions every week and attend twelve-step meetings at least once a week.

Three months after Jill's admission to outpatient treatment, the treatment counselor schedules a discharge interview. Jill experiences a sudden family illness/emergency that prevents Jill from completing the discharge interview and final treatment service. The counselor documents in the client file that Jill could not complete the discharge interview due to a family emergency and utilizes their clinical experience, knowledge, interaction with the treatment client, and client file documentation to answer the standard discharge questions without having to guess any responses. Jill is discharged using the discharge status "Completed Treatment Plan & Goals - Not Referred."

Left Before Completion with Satisfactory Progress – Referred / Standard (all questions) (status 3): This is a standard discharge status, and a full data set should be

collected. This status should be used for a client who is referred to another treatment program to complete either the service they have been receiving or to begin a different level of treatment. ~~The client is available to complete the discharge interview either in person as planned, or by contacting the client by phone.~~

Status 3 is used when the client is either:

- **Available to complete the discharge interview either in person or via telehealth, or**
- **Has made satisfactory progress in their treatment service; discharge planning has commenced; left the program due to a life circumstance, notified the program and was not available to complete the discharge interview and/or last treatment service; and the treatment program has the information and client file documentation necessary to accurately complete the discharge questions without having to guess the responses.**

Example 1: John is enrolled in a 30-day residential treatment program and has been actively participating in the program for two weeks. However, John really wants to get back to work and tells his counselor he'd like to leave the residential program. John's treatment counselor advises that John finish out the remainder of his 30 days in the residential program since he has been making good progress in his treatment.

Though the counselor advised he continue in the residential program, John wishes to leave the program. So, John's counselor refers him to an outpatient program and schedules a time to ask John all the required CalOMS Tx standard discharge questions prior to discharging him. The counselor uses the date of John's interview as the standard discharge date, enters their discharge code for "left before completion with satisfactory progress, referred," and asks John all the CalOMS Tx questions.

Example 2: Will started a treatment episode in a detoxification/WM program, which he completed as planned. **Will's elderly family member is in an accident and must take care of their family member and will not be able to continue in the program or complete the discharge interview. The counselor encourages Will to continue treatment in an outpatient setting. Will's unsure that will be possible. The counselor documents in the client file that Will could not complete the discharge interview to take care of a family member and utilizes their clinical experience, interaction with Will , and client file documentation to answer the standard discharge questions without having to guess any responses. Will is discharged**

using the discharge status "Left before Completion with Satisfactory Progress - Referred".

8.4 Standard Discharge

For standard discharges, providers are required to complete a full CalOMS Tx discharge record. A standard discharge is reported when ~~the client is available to be interviewed and~~ one of these circumstances takes place:

1. The client has completed the treatment episode and is interviewed for the CalOMS Tx discharge either via telehealth or in person.
2. The client has completed a single treatment service and is interviewed for the CalOMS Tx discharge either via telehealth or in person.
3. The client has made either satisfactory or unsatisfactory progress in treatment, will be referred to another SUD treatment service or program, and is interviewed for the CalOMS Tx discharge either via telehealth or in person.
4. **The client has made satisfactory progress in their treatment but experiences a life circumstance that prevents them from completing the discharge interview and/or last treatment service and notifies the program; discharge planning has commenced; and the treatment program has the information and client file documentation necessary to accurately complete the discharge questions without having to guess the responses.**

The date for a standard discharge is the date on which the client completes the CalOMS Tx discharge interview or the date of last treatment service, whichever is later.

A standard discharge is used to measure treatment outcomes for reporting purposes at the county, state, and federal levels. It is very important to ~~ask the client~~ **collect a response to** every standard discharge question and report ~~the client's response~~ **them** in the discharge record. This is because the outcome measures collected for a client's admission and standard discharge for CalOMS Tx are used to measure whether the client reduced or abstained from drug use, obtained employment, remained out of the criminal justice system, etc. It is critical that counties and treatment providers collect accurate and complete client outcome data at discharge so client outcomes can be measured and reported to public funding agencies to demonstrate the benefits and efficacy of treatment services.

The four discharge statuses (1, 2, 3, and 5) requiring discharge data collection on all discharge data elements (standard discharge) are:

Completed treatment/recovery plan, plan & goals/referred/standard (status 1).

This occurs when a program participant **client** completes their treatment/recovery plan and is being referred to another treatment/recovery program. For example, the individual is moving from one modality or type of service to another within a treatment episode. **This status is also used when the client has made satisfactory progress in their treatment but, discharge planning has commenced, experiences a life circumstance that prevents them from completing the discharge interview and/or last treatment service, notified the program, and the treatment program has the information and client file documentation necessary to accurately complete the discharge questions without having to guess the responses.**

Completed treatment/recovery plan & goals/not referred/standard (status 2). This occurs when a program participant **client** completes their treatment/recovery plan and is not referred. For example, the participant has successfully completed a treatment episode and therefore is not referred for further services. **This status is also used when the client has made satisfactory progress in their treatment, discharge planning has commenced, experiences a life circumstance that prevents them from completing the discharge interview and/or last treatment service, notified the program, and the treatment program has the information and client file documentation necessary to accurately complete the discharge questions without having to guess the responses.**

Left before completion with satisfactory progress – referred / standard (status 3). This occurs when a participant **client** has made satisfactory progress in a program and was referred to a different program to continue with the services or to receive different services in a different program in the state. **This status is also used when the client has made satisfactory progress in their treatment, discharge planning has commenced, experiences a life circumstance that prevents them from completing the discharge interview and/or last treatment service, and the treatment program has the information and client file documentation necessary to complete the discharge questions without having to guess the responses.**

8.5 Program Participants Clients Administratively Discharged, Deceased, or Incarcerated

An administrative discharge occurs under one of these circumstances:

1. The client has stopped appearing for treatment services without leave from or notification to the SUD treatment program and the client cannot be located to be discharged and complete the discharge interview. Depending on the client's progress (as determined from the client's file or the counselor's interactions with the client while they were in the program) prior to leaving the program, the ~~provider~~ **program** should report either "did not complete, made satisfactory progress, not referred" (status 4), or "did not complete, made unsatisfactory progress, not referred" (status 6).
2. The client has died (status 7) prior to completing all of their planned SUD treatment services and thus cannot be interviewed for discharge data collection.
3. The client has become incarcerated (status 8) prior to completing all of their planned SUD treatment services and thus cannot be interviewed for discharge data collection.

An administrative discharge will only be reported to CalOMS Tx when one of the above circumstances takes place. Because the client has left the program and cannot be interviewed, the administrative discharge requires the program to determine the last date they saw the client, which is called the administrative discharge date. For example, if a client is enrolled in outpatient treatment services and has not appeared for their planned services within the last 30 days **but no later than 60 consecutive** days, then the discharge date should be the date the treatment counselor last saw the client. The program can then use the data from the **client file documentation to** complete the administrative discharge record.

An administrative discharge is structured this way to ensure data quality; programs administratively determine the discharge date and complete a limited set of information to prevent programs from having to guess the responses to the required discharge questions. An administrative discharge will be submitted when a client cannot be located to complete the discharge interview. In these situations, accurate data on the client's condition at the time of discharge cannot be collected to enable measurement of treatment outcomes, e.g., whether a client reduced or abstained from SUD use, became employed, etc. Discharges inappropriately recorded as administrative discharges hinder DHCS, county, and treatment ~~provider~~ **program**'s ability to report the benefits of SUD treatment services to stakeholders and decision makers.

This also drives the discharge date. Below are definitions for when administrative discharge occurs according to modality.

Non-residential/outpatient programs: report an administrative discharge if the participant has not had at least one face-to-face or telehealth visit with a treatment counselor in no sooner than 30 but no later than 60 consecutive days. Treatment programs will use their knowledge of the client, program capacity, and other clinical, treatment, or financial factors to determine when the non-residential outpatient client is discharged for lack of participation.

Residential or day-program: report an administrative discharge when the participant has been **absent from the program without leave** (from the program or treatment counselor) for seven consecutive days. If leave has been granted and the individual does not return by the date they are expected, begin counting from the day they were due back to the program.

Methadone detoxification/WM: report an administrative discharge when the participant has **missed their appointments for three or more consecutive days** without notifying the program.

Methadone maintenance: report an administrative discharge if a participant has **missed appointments for two consecutive weeks** or more without notifying the program.

In the event a participant is unavailable to be interviewed for CalOMS Tx discharge reporting due to administrative discharge, death, or incarceration, a minimum amount of information must be reported. The minimum information required under the aforementioned circumstances is identified in the following sections.