Patient Discharge Policy and Procedure

Policy
Client discharge from (insert practice name here) may occur when, in a care provider’s professional judgment, the patient/provider therapeutic relationship no longer can effectively exist, a client’s behavior is a safety concern and/or the client is non-compliant with (insert practice name here) “Patient Rights and Responsibilities” as stated in the Patient Guide. In general, client discharge is a measure of last resort.

(insert practice name here) may not disenroll a patient due to an adverse change in the patient’s health status, or because of the patient’s utilization of medical services, diminished mental capacity, or uncooperative or disruptive behavior resulting from his/her special needs (except when continued enrollment seriously impairs the providers ability to furnish services to either this or other patients). CFR 438.56 Disenrollment: Requirements and limitations.

Procedures
1. Behaviors which may indicate discharge may include, but are not limited to:
   a. Habitual non-compliance with (insert practice name here) practice guidelines and/or a treatment plan
   b. Abusive, threatening, hostile or destructive behavior in person or on the phone that may impact the delivery of care to this or other patients
   c. Documented altering or forgery of prescriptions
   d. Narcotics abuse, violation of narcotic contract, drug seeking behavior
   e. Theft or fraud
   f. Other behavior which has caused or creates the potential to cause a breakdown in the provider/patient relationship
   g. The patient moves out of the designated service area

2. As an intermediate step before discharge, a Patient Warning Letter (attached) may be issued to the client. This is not a required step in the discharge process. The Chief Medical Officer shall authorize this step and the Patient Advocate will prepare and send the letter with copies issued to the client’s medical record and the Patient Advocates files.

3. All proposed discharges must be reviewed and approved by a Chief Medical Officer prior to any discharge action. The client’s PCP will complete a Client Discharge Form (attached) to initiate a discharge. If it is approved, the original will be maintained in the client’s medical record and copy with the Patient Advocate.

4. The PCP is responsible for assembling and documenting the necessary information to substantiate a discharge. A discharge will not proceed without adequate documentation for the basis for the discharge.

5. The Patient Advocate is responsible for issuing the Discharge Letter (attached) to the client and notifying appropriate personnel within the practice, ICHP and the appropriate BHO.
   a. As requires by State law, patients with Medicaid coverage will be given a forty-five (45) day notice period.
   b. The letter will be delivered certified mail with delivery confirmation requested.
c. Copies of the letter will be placed in the client’s medical record and with the Patient Advocate. Copy of the letter to be forwarded to Integrated Community Health Partners (ICHP) Member Services

d. Care Coordination with the appropriate BHO will occur to assist the patient to identify and enroll the patient with a new PCMP.

6. Regardless of which provider or department initiated the discharge, the client is discharged from the entire practice.

7. Discharged clients may submit a written appeal to the Patient Advocate if they feel there are facts or conditions that were not known at the time the discharge decision was made. The Patient Advocate will route the appeal (and all documentation) to the Chief Medical Office for review. The client will be notified, in writing, of the review decision, which is final. Discharged Clients may submit a written appeal to ICHP Member Services in addition to that submitted to the Chief Medical Officer.