



Community Behavioral Health: Provider Notification Administrative Discharges from Residential Drug and Alcohol Treatment Settings June 20, 2019

CBH expects providers to adopt a therapeutic, clinically-based approach to CBH member behaviors that do not comply with program policies, including possession of prohibited items (e.g., illicit substances, paraphernalia) and substance use recurrence, including tobacco use in treatment settings.

CBH discourages the use of administrative discharge as a response to the aforementioned behaviors; administrative discharge instead should be an action of last resort, when other interventions have been exhausted and/or violations of the provider policies pose safety threats.

Providers are expected to undertake a clinical assessment focusing on understanding why a certain behavior occurred and develop interventions accordingly. Such occurrences and recurrences reflect the natural history of a substance use disorder and should be considered opportunities for engagement between the member and the treatment team. At a minimum, providers should assess for possible environmental triggers, undermedication of cravings/withdrawal symptoms, or untreated behavioral health symptoms. Appropriate interventions in these instances may include identifying alternative coping skills, dose adjustment for medication, and/or behavioral health consultation. In some instances, behaviors are best addressed with a behavioral plan. Interventions should be tailored to the individual's needs and should fit the recovery environment.

When a provider determines that, despite intervention, the member's behavior threatens the recovery environment and an administrative discharge is indicated, reasons for discharge should be clearly communicated to the member. The provider must explore alternative treatment options and supports for the member and must ensure continuity of care prior to discharge—a warm hand-off is optimal.

The provider's decision to discharge, reasoning, interventions attempted to address the member's behavior, and continuity of care-planning efforts must be documented in the member's medical record.

Similar documentation must be completed for CBH members who request to leave the program against medical advice (AMA), consistent with [CBH Provider Bulletin #18-13](#) and the PA [Department of Drug and Alcohol Programs Information \(DDAP\) Bulletin 01-19](#).