

Policy Title: Admission and Discharge Criteria

Policy Owner: CCO and COO Policy Originated by: Program	Date Written: 10/1/13
Applicable Programs: All Clinical Programs including Case Management	Date Reviewed and Approved: 3/11/14, 10/9/19, 6/21/23, 1/17/24, 11/24/25, 2/23/26
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Policy

It is the policy of St. David's Center to provide appropriate placement or services for each client. St. David's Center will not discriminate against clients on the basis of age, race, religion, sexual orientation, disability, or income. St. David's Center reserves the right to refuse admission or demit a current client from a program if it is determined that the individual cannot be adequately served through the organization's programs. Clients will be discharged in a timely manner when services are no longer an appropriate placement, clinically indicated, or medically necessary. Clients will be made aware of discharge planning at the onset of services and through periodic reviews of programming or treatment.

Definitions

- I. **"Eligibility criteria"**: means that a potential client meets the MN Statutory definition for services as defined in the relevant state or federal regulatory guidelines.
- II. **"Medically necessary"** or **"medical necessity"** according to Medicare: means a health service that is consistent with the recipient's diagnosis or condition and
 - A. Considered under accepted standards of medical practice to be a specific and effective treatment for the patient's condition.
 - B. The services shall be of such a level of complexity and sophistication, or the condition of the patient shall be such that the services required can be safely and effectively performed only by a therapist.

- C. While a beneficiary's particular medical condition is a valid factor in deciding if skilled therapy services are needed, a diagnosis or prognosis cannot be the sole factor in deciding that a service is skilled or not skilled. The key issue is whether the skills of a therapist are needed or if the service can be carried out by nonskilled personnel.
- D. Skilled intervention must be specific and effective for the client's condition according to accepted standards of clinical practice; and the amount, frequency, and duration of the services must be reasonable.
- E. If an individual's expected potential would be insignificant in relation to the extent and duration of therapy services required to achieve such potential, therapy would not be covered because it is not considered rehabilitative or reasonable and necessary.

Procedure

I. Admission Criteria

- A. Services may be recommended when the results of an evaluation suggest that there is reason to believe that treatment will:
 - i. Prevent the development of a disorder
 - ii. Lead to improved functional skills or abilities or prevent the decline of skills and abilities
 - iii. Will provide stability and decrease of symptoms associated with a disorder
- B. Services can only be recommended when the program enrollment criteria are met and when the available St. David's staffing expertise and programming options align with the needs of the client and goals of the parents/caregivers.
- C. Clients will be provided with the necessary data privacy notices, rights, and consents as part of the admissions process.

II. Discharge Planning and Communication

- A. Communication regarding discharge considerations and planning begins with review during initial treatment planning. Inform primary caregivers that services must be medically necessary:
 - i. Provide measurable benefit
 - ii. Require a skilled interventionist
 - iii. Aligns with best practices for type, frequency, and duration

- B. Primary caregivers are involved in the discharge planning process, partnering with staff to make decisions across the span of services with documentation occurring at key intervals which could include:
 - i. Review of treatment plan
 - ii. Informal assessment following significant changes that could influence progress
 - iii. While there is no specific deadline/timeline for communicating plans for discharge, ongoing discussions should occur with caregivers surrounding planning for ongoing therapy and eventual discharge. Discharge dates are determined by many dynamic variables, some that may be unexpected, but it is best practice to give families clear updates so they can plan for an ending of services and when appropriate transition to the next service.
- C. Includes consultation and referrals to other services as supportive and necessary
- D. Staff have a responsibility to understand and follow current best practices within their discipline related to admission and discharge criteria, including influences from:
 - i. Accrediting and regulatory agencies
 - ii. Third-party payers
- E. Factors for admission and prescriptive criteria for discharge are complex based on the diverse populations we serve and the wide range of practice settings that are available to our clients. Decision making is not straightforward and often requires consultation with peers and/or supervisors. Variables include:
 - i. Scope of practice for professionals across settings
 - ii. Developmental factors associated with serving a pediatric population
 - iii. Influences on outcomes from a wide range of social determinants of health

III. Discharge Criteria

Staff may discharge/demit a client with appropriate notice to relevant parties in the following circumstances:

- A. When the disorder being treated has been remedied.
- B. Client has sufficiently met goals as outlined in the treatment plan.
- C. When it is determined that a client has needs or behaviors requiring additional resources beyond those that normally can be provided within the limitations of space, staffing, and funding by St. David's.
- D. When it is determined that client no longer meets medical necessity for the service.

- E. If the client is unable to secure third-party payer coverage for their services and/or when given a sliding fee schedule and/or payment option is no longer able to make payment for private responsibility amounts in a timely manner.
- F. The parent/guardian withdraws the child from services.
 - i. If a client transfers services to another provider, efforts will be made to coordinate care.
- G. If progress is consistently limited or gains are not measurable. If progress is impacted by attendance, participation, medical or safety risks efforts will be made to address contributing factors prior to discharge.
 - i. Strategies will be reviewed with a supervisor and documented

IV. Discharge Considerations

- A. Ensure that meaningful and functional performance measures were collected and analyzed to monitor and evaluate progress
- B. Treatment planning reflected the needs and concerns of culturally diverse families
- C. Health, educational, and environmental supports were provided, including appropriate assistive technology
- D. Appropriate referrals and recommendations were made, documented and reviewed with client and/or caregivers, including:
 - i. Referrals to other providers when the current provider does not have the relevant expertise
 - ii. Transition planning to the next level of care post discharge
 - iii. Guidelines for returning to services as appropriate

V. Discharge Documentation

- A. A discharge summary will be written within 30 days of the final therapy session of ongoing therapy.
- B. The discharge summary will include –
 - i. The final service date
 - ii. Reason for discharge
 - iii. A brief summary of the status of the patient from the last report to the last date of treatment

- iv. Recommendations for home programming and supports
 - v. Where applicable, provision for referral of the patient to another source for continuing care or additional services
 - vi. Guidance for a return to services at St. David's when applicable
- C. The above items will be reviewed with the parent/guardian just prior to/upon discharge unless the client discontinues services without notice.

Violation of this Policy or Procedure

No or only partial adherence to this policy or procedure may result in noncompliance with current regulatory requirements and subsequent penalties to St. David's Center. Remediation for violators will include, but not be limited to, disciplinary action up to and including termination depending on the circumstances of the situation at the time.

Reference or Attachment:

Cancellation of Services by Client
Diagnostic Assessment
Pediatric Therapy Documentation