

**SWMBH Procedure 12.5.1**

<b>Subject:</b> Discharge and Follow Up		<b>Accountability:</b> Utilization Management	<b>Effective Date:</b> <b>1/15/16</b>	Pages: 2
<b>Associated Policy:</b> SWMBH Policy 12.5 Discharge, Planning and Follow Up.		Last Reviewed Date: 2/16/16	Past Reviewed Dates:	
<b>LINE OF BUSINESS:</b> <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> I Waiver <input checked="" type="checkbox"/> Healthy Michigan Plan <input checked="" type="checkbox"/> SUD Medicaid <input checked="" type="checkbox"/> SUD CA Block Grant <input type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		<b>APPLICATION:</b> <input checked="" type="checkbox"/> SWMBH Staff and Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH / DD providers <input checked="" type="checkbox"/> DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 2/16/16	Past Revised Dates:
Approved: <u><i>Kim J. [Signature]</i></u> 2/22/16 Date: <u><i>2/22/16</i></u>		<b>Required Reviewer:</b> Director of UM and Member Engagement Director of Substance Abuse Prevention and Treatment		

**I. Purpose**

To ensure the discharge process for substance use disorder services aligns with the eligibility determination and grievance and appeals standards while supporting and enhancing the overall goal of improving care under the standards of best practice and adhering to regulatory requirements and contractual obligations.

**II. Scope**

To describe a clear method for notifying Southwest Michigan Behavioral Health (SWMBH) of and implementing member discharges from Substance Use Disorder (SUD) providers and assuring proper eligibility determination and due process notification is provided to the member as applicable by appropriate staff.

**III. Procedural Steps**

**A. Provider responsibilities:**

1. Any change to amount, scope, or duration requires a treatment plan amendment with proper notice.
2. Any discharge that occurs outside of completion of the treatment plan as written requires a discharge letter from the provider to the member.
  - a. The discharge letter should be mailed to the member and uploaded to the SWMBH Smartcare 4.0 member record.
  - b. The discharge letter shall either be the template (attachment 12.5.1.A) or contain the following language:



Date

Customer address

Dear (insert member name),

Due to (insert reason for discharge), it was determined you will no longer be able to receive (insert list of services) with (insert agency name). When you entered services, you signed an agreement acknowledging that (insert the type of behavior) could lead to discharge from services. Due to (insert dates of incidents), you will now be discharged from (insert agency name). Your discharge is effective on (insert date).

Because your substance use disorder benefits are managed by Southwest Michigan Behavioral Health (SWMBH), you may have treatment options or alternative providers available to you. If you would like to discuss continuation of services, alternative services or provider options, please contact SWMBH at 1-800-781-0353. SWMBH will talk with you about what benefits you may qualify for at this time and assist you with connecting with those services. Please contact SWMBH Customer Service at 1-800-890-3712 if you have any questions or concerns.

Thank you,

