|  |  |  |
| --- | --- | --- |
| Section:  Clinical Practices | Policy Name:  **Discharge Planning & Follow Up** | Policy Number:  **12.05** |
| Owner:  **Manager of UM & Call Center** | Reviewed By:  **Elizabeth Guisinger, LPC, CAADC**  **Joel Smith, LMSW** | Total Pages:  **3** |
| Required By:  **BBA**   **MDHHS**  **NCQA**  **Other (please specify):**  **Michigan Mental Health Code 330.1712** | Final Approval By: | Date Approved: |
| Application:  **SWMBH Staff/Ops**  **Participant CMHSPs**  **SUD Providers**  **MH/IDD Providers**  **Other (please specify):**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | Line of Business:  **Medicaid**  **Other (please specify):**  **Healthy Michigan**  **SUD Block Grant**  **SUD Medicaid**  **MI Health Link** | Effective Date:  **3/20/2014** |

**Policy:** It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) to provide/assure that Discharge Planning and follow up services meet the contractual and regulatory requirements of the Michigan Department of Health and Human Services (MDHHS) contract and Center for Medicare and Medicaid Services (CMS) Code of Federal Regulations (CFR) and the Public Health Code and advance the recovery and/or independence of SWMBH customers. This will be accomplished by establishing collaborative, planning relationships among Community Mental Health Service Providers (CMHSP), behavioral health, substance use disorder and medical health care providers.

**Purpose:** Discharge Planning is considered an integral part of treatment, particularly in higher/short-term levels of care. Consideration of the continuum of care and long-term recovery needs of the customer will be considered at every step of treatment planning. Discharge Planning and Follow Up intends to improve the quality of care, improve outcomes and control costs by assuring plan coordination in which primary and specialty mental health, substance use disorder and health providers inform each other regarding their treatment of an individual and collaboration regarding the needs of the patient/individual and acting together to develop an integrated health aftercare plan and implement ongoing aftercare in a manner that eliminates barriers to and duplication of services.

**Scope:** To describe a clear method for notifying 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.

**Responsibilities:** CMHSPs and SWMBH contracted providers will ensure appropriate discharge planning and that follow-up care is coordinated within appropriate timespans. If treatment is terminated prior to completion for any reason, providers will notify customers and coordinate SWMBH for authorization determinations, appeal/grievance rights, and/or other treatment referrals, if necessary.

SWMBH Utilization Management (UM) and Member Service staff will assure providers follow discharge procedures and all documentation and determinations have been followed and uploaded to the customer file.

**Definitions:** None

**Standards and Guidelines:**

1. Discharge Planning will occur according to identified Best Practice Guidelines, the Medicaid Provider Manual, SWMBH policy and participant CMHSP and provider organization’s admission and discharge criteria/policy.
2. SWMBH will review discharge plans of all customers receiving short term/long term Substance Use Disorder residential services and will ensure that appropriate follow-up care is arranged for customers being discharged from those services.
3. SWMBH contracted providers, CMHSP’s and their provider networks will ensure that all customers receiving mental health services and any substance use outpatient services are discharged appropriately from their care.
4. Aftercare services are incorporated into the treatment plan by the treating provider at the onset of treatment. Other identified needs (i.e. mental health, substance use, physical health, etc.) may be addressed concurrently or incorporated into discharge planning and referral process. With the customer’s approval, appointments will be scheduled for further treatment as it relates to these identified needs. Follow up substance abuse services will be obtained no more than 7 days after discharge from a detox/residential facility. For a person hospitalized for less than 7 days, a preliminary treatment plan will be developed prior to discharge.
5. To assure integrated health care planning, notification of a service discharge will be provided to all relevant participants of the Person-Centered /Treatment Planning process and the primary care physician as sharing of information is allowed. (Note: At minimum, this should include all service providers.)
6. Notification of service transition/discharge provided to customers will comply with the applicable SWMBH Grievance and Appeals policy and contractual and regulatory mandates.
7. SWMBH is concerned with customer satisfaction as it relates to services rendered by SWMBH and its contracted providers. SWMBH will elicit feedback via Member Services as well as satisfaction surveys as necessary.

**References:**

1. Michigan Mental Health Code
2. Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services
3. MDHHS/PIHP Managed Specialty Supports and Services Contract

**Attachments:** None

**Note:** This policy covers both Clinical Practices and Substance Abuse Treatment and Prevention

**Revision History**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Revision #** | **Revision Date** | **Revision Location** | **Revision Summary** | **Revisor** |
| Initial | 4/9/2019 | Responsibilities | Not in previous draft | E. Guisinger |
| 1 | 4/23/2020 | NA | Annual Review | E. Guisinger |
| 2 | 8/31/21 | NA | Annual Review | L. Mitchell |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |