



Section: Clinical Practices	Procedure Name: Discharge Planning & Follow Up	Procedure #: P12.05.01
Overarching Policy: 12.05 Discharge Planning & Follow Up		
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC Joel Smith, LMSW	Total Pages: 4
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By: <u>Elizabeth Guisinger</u> <small>Elizabeth Guisinger (Apr 30, 2020)</small> <u>Joel A. Smith</u> <small>Joel A. Smith (Apr 30, 2020)</small>	Date Approved: Apr 30, 2020
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): _____ <input checked="" type="checkbox"/> Healthy Michigan <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 4/23/2020

Policy: 12.05 Discharge Planning & Follow Up

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 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.

Responsibilities: Community Mental Health Service Providers (CMHSP) 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 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

Procedure:

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's record.
 - b. The discharge letter shall either be the template (attachment P12.05.01.A) or contain the following language:
 - i. Because your substance use disorder benefits are managed by SWMBH, you may have treatment options or alternative 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.
3. Thru the SWMBH SmartCare 4.0, Provider will select and message Customer Services SWMBH of the member discharge.

B. SWMBH Responsibilities

1. SWMBH staff will review all messages related to discharge to determine risk.
2. If the information indicates continuation of the services are not medically necessary and the individual does not meet criteria or results in a reduction, suspension, termination or denial, Utilization Management (UM) staff shall:
 - a. Make a determination for services within scope of practice or consult with the senior practitioner, who will, within his/her scope of practice, review all pertinent and relevant documentation and render a service determination decision.
 - b. Assure that the Service Determination denial and notification letter are provided to the member and provider.
 - c. Clearly document and maintain all decisions along with justification in the electronic health record (HER)/managed care information system (MCIS) to be available to the individual at their request.
 - d. Notify the SWMBH Customer Services department to initiate any applicable Grievance and Appeals notification process.



3. If the information indicates continuation of the services are medically necessary and the individual continues to meet criteria or there is no reduction, suspension, termination or denial, UM staff contact to discuss continued eligibility and service/provider options.
- C. Sub-capped Substance Use Disorder Services.
1. CMHSP's providing SUD services to members with block grant (BG), Healthy Michigan Plan or Medicaid under a sub-cap shall follow SWMBH policy 6.4

Effectiveness Criteria: By ensuring the discharge process for substance use disorder services align 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. All treatment plans, discharge letters, service determination denial and notification letters, and all clinical documentation supporting discharge have been completed and uploaded to client file.

References:

- A. Michigan Mental Health Code
- B. Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services
- C. MDHHS/PIHP Managed Specialty Supports and Services Contract

Attachments: P12.05.01A Discharge Letter Template

Note: This procedure covers both Clinical Practices and Substance Abuse Treatment and Prevention.



Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	4/23/2020	Entire Procedure	Separated procedure from the policy, no other changes	E. Guisinger

P12.05.01 Discharge Planning Follow-Up

Final Audit Report

2020-04-30

Created:	2020-04-30
By:	Erin Peruchietti (erin.peruchietti@swmbh.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAvJlMn5Z6gMve1-uQz4hGarpCsgTn79t

"P12.05.01 Discharge Planning Follow-Up" History



Document created by Erin Peruchietti (erin.peruchietti@swmbh.org)

2020-04-30 - 5:07:44 PM GMT- IP address: 96.36.47.106



Document emailed to Elizabeth Guisinger (beth.guisinger@swmbh.org) for signature

2020-04-30 - 5:08:26 PM GMT



Email viewed by Elizabeth Guisinger (beth.guisinger@swmbh.org)

2020-04-30 - 5:34:08 PM GMT- IP address: 68.60.68.179



Document e-signed by Elizabeth Guisinger (beth.guisinger@swmbh.org)

Signature Date: 2020-04-30 - 5:34:29 PM GMT - Time Source: server- IP address: 68.60.68.179



Document emailed to Joel A. Smith (joel.smith@swmbh.org) for signature

2020-04-30 - 5:34:31 PM GMT



Email viewed by Joel A. Smith (joel.smith@swmbh.org)

2020-04-30 - 5:44:50 PM GMT- IP address: 99.39.111.16



Document e-signed by Joel A. Smith (joel.smith@swmbh.org)

Signature Date: 2020-04-30 - 5:45:46 PM GMT - Time Source: server- IP address: 99.39.111.16



Signed document emailed to Erin Peruchietti (erin.peruchietti@swmbh.org), Elizabeth Guisinger (beth.guisinger@swmbh.org) and Joel A. Smith (joel.smith@swmbh.org)

2020-04-30 - 5:45:46 PM GMT



Adobe Sign

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,