



Section: <b>Clinical Practices</b>	Procedure Name: <b>Discharge Planning &amp; Follow-Up</b>	Procedure #: <b>P12.05.01</b>
Overarching Policy: <b>12.05 Discharge Planning &amp; Follow Up</b>		
Owner: <b>Manager of UM &amp; Call Center</b>	Reviewed By: <b>Elizabeth Guisinger, LPC, CAADC Joel Smith, LMSW</b>	Total Pages: <b>4</b>
Required By: <input type="checkbox"/> BBA <input type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input type="checkbox"/> Other (please specify): _____	Final Approval By:  <small>Beth Guisinger (Jan 6, 2022 09:02 EST)</small>  <small>Joel A Smith, LMSW (Jan 24, 2022 09:30 EST)</small>	Date Approved: <b>Jan 6, 2022</b>
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: <b>1/15/2016</b>

**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 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 Southwest Michigan Behavioral Health (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.
    - b. The discharge letter should include the reason for closure and the date of closure.
3. The provider will mail a closure letter to the member and upload a copy to the SWMBH SmartCare 4.0 member's record 14 or more days before the set closure date.
4. The provider will also send a message through the SWMBH SmartCare 4.0 system to notify SWMBH that a closure letter has been uploaded.
  - a. Provider will message "Customer Services, SWMBH" with this information.

**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 resulting 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 Adverse Benefit Determination is provided to the member and provider with applicable Appeal rights.
  - 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.



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.
  4. If the information indicates that the customer is being closed due to lack of attendance/participation in treatment, SWMBH staff will send the Adverse Benefit Determination (ABD) and indicate that the customer should contact SWMBH if they would like to resume services in the future.
- 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
2	5/26/2020	Procedure A and B	Update to include administrative closure process for lack of participation.	H. Woods J. Smith E. Guisinger
3	8/31/21	NA	Annual Review	L. Mitchell
4	1/4/2022	Updated effective date	Procedure effective date was updated as it was previously entered incorrectly.	E.Guisinger









# P12.05.01 Discharge Planning & Follow-Up - draft

Final Audit Report

2022-01-24

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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,