MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**106**	
Subject:	**Discharge Planning**	
Section:	**Care Management**	
Initial Effective Date:	**05/01/1998**	
Revision Effective Date(s):	**07/18, 07/19, 07/20, 07/21, 07/22, 7/23, 07/24**	
Historical Revision Date(s):	**08/00, 10/00, 09/01, 09/02, 04/03, 10/03, 09/04, 10/05, 12/06, 10/07, 09/08, 11/09, 09/10, 09/11, 10/12, 04/13, 10/13, 10/14, 10/15, 07/17**	
Review Effective Date(s):	**07/25, 07/26**	
Historical Review Date(s):	**10/16**	
Responsible Parties:	**AVP of Clinical Operations, Manager of Case Management, Manager of Utilization Management**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**Maryland EQRO Systems Performance Review: Standards 8.3, 8.4**	
Approved:	**AVP Clinical Operations**	**Chief Medical Officer**

Purpose: **To assure effective Case Management through the health care continuum via discharge planning services.**

Scope: **MedStar Family Choice, Maryland**

Policy: **Utilization Management (UM) RN will participate in discharge planning by encouraging early assessment by hospital case managers and by recommending care options and providers.**

Procedure:

1. The UM RN will request that the hospital provide early assessment of the medical/psycho/social situation to develop a thorough and effective discharge plan. UM RN will request a discharge plan when appropriate based on severity of illness and the assessment of the medical/psycho/social situation prior to discharge.
2. The UM RN will update the Case Managers of the admission status of members in a Case Management program. Information pertinent to developing the discharge plan will be shared with the facility case manager as needed. Examples would include:
    a. Previous home health/DME agencies utilized,

b. Previous success/failure of a treatment plan,
c. Psycho-social barriers that influence the success of a plan, i.e., lack of a caregiver, decreased understanding of a disease process, homelessness, etc.

3. The facility case manager is directed to the appropriate preauthorization or post-acute care contacts to obtain authorization for post discharge services such as home health, DME, etc.
4. In-Network Providers will be recommended. If an in-network provider is not available to provide a service, an out-of-network provider may be authorized.
5. The MedStar Family Choice Case Manager will collaborate with primary care practitioners, specialists, behavioral health and substance abuse practitioners, Local Health Department's Administrative Care Coordination Unit (ACCU), Medical Assistance Transportation, the State's Ombudsman Program, school-based health centers and other community base organizations (CBO's), to ensure enrollee services are coordinated. Other CBOs might include Chase Brexton for HIV/AIDS specialized services, domestic violence shelters, etc. Collaboration will also occur with departments internal to MFC such as Quality and Outreach.
6. MedStar Family Choice monitors discharges from inpatient settings to post-acute facilities, behavioral health treatment centers, home, and other alternative housing within the community to anticipate discharge planning needs. Discharges from post-acute facilities to the community are monitored to anticipate need for referral to case management.

Summary of Changes:	**07/26:** • No changes **07/25:** • No changes **07/24:** • Responsible Parties removed names and added titles only. • Approved section removed names and just have titles. 07/23: • Responsible Parties removed Theresa Bittle and added Carol Attia. • Approved section removed Theresa Bittle and Patryce Toye and added Carol Attia and Dr. Karyn Wills**.** **07/22:** • Removed Nitza Larbie from Responsible Parties and added Teresa Boileau. **07/21:** • Changed Case Management to Clinical Operations in Responsible Departments. • Added "Maryland" to scope. • #6 added verbiage to include monitoring of discharges from post-acute facilities. **07/20:** • Revised wording for Procedure, #5.

	• Revised wording for Procedure, #6 to include post-acute setting, behavioral health treatment centers and other alternative housing within the community. **07/19:** • Removal of "Maryland" from scope. • Responsible Parties removed Priscilla Thomas and added Nitza Larbie. • # 1 language clarified to be line with current process for determining the discharge plan. **07/18:** • Removed Sharon Henry and Irene Lee from responsible parties. • Removed the District of Columbia contract from the regulatory references. • Changed Delmarva to Maryland EQRO in regulatory references. • Removed MedStar Family Choice District of Columbia Healthy Families and Alliance from the Scope. • #5 removed Mamatoto Village and added ACCU/Ombudsman, and transportation. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • Update responsible parties to include Blaine Willis Changed Approved from Carol Attia to Theresa Bittle and updated Dr. Toye's title from Senior Medical Director to Chief Medical Officer. • Revised how the Case Managers will be notified of the admission status for any of their members. • Revised who the facility case managers should contact to process post discharge service requests. • Changed Acute Care Case Manager and/or Utilization Review Case Manager to Utilization Management RN Case Manager. **10/16:** • No changes. **10/15:** • Clarification regarding coordination of care for discharge planning (#5.6).