

Best Practices for Discharge Planning

Amanda Walter, LPC, Senior Care Manager

Sarah Mosser, LSW, Clinical Care Services Manager

May 11, 2020

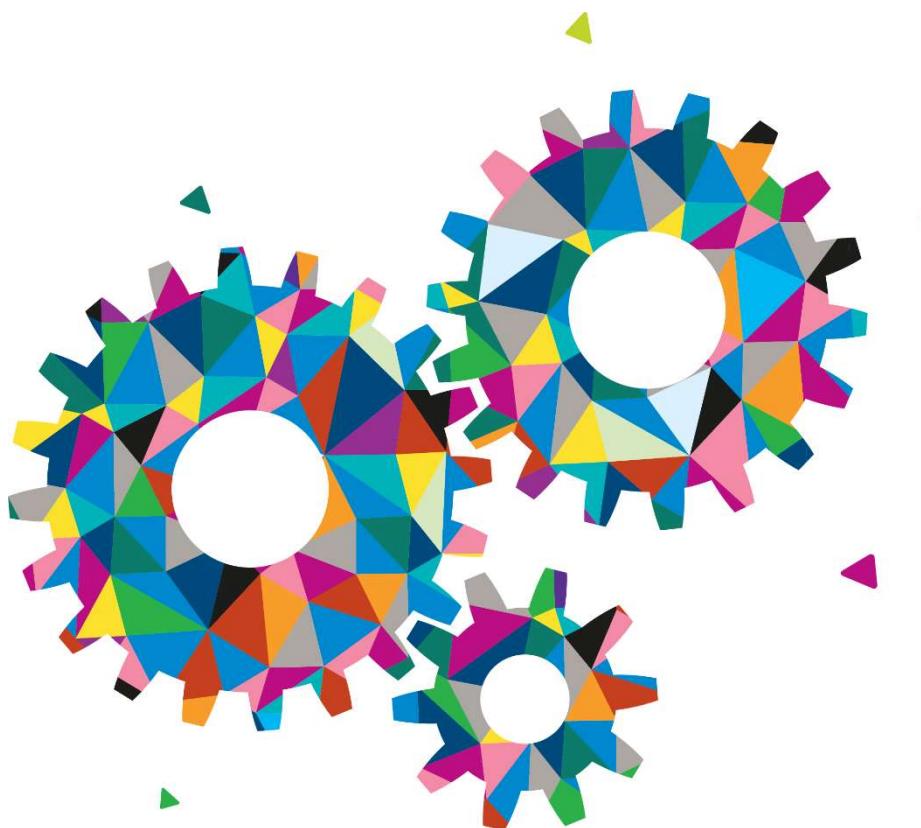
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What are the Best Practices for Discharge Planning?

- Start Discharge planning immediately
- Give families voice and choice and think outside the box
- Understand language preferences
- Consider Social Determinants of Health
- Clear information about medications; develop a plan to obtain them
- Make sure Medical Necessity Criteria is met for the level of care you are referring the family to
- Collaboration with providers
- Revisit the crisis plan
- Create a calendar
- Provide a typed discharge plan



A Closer look at the Best Practices

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A Discharge Summary is not a Discharge Plan

Discharge **summaries** examine clinical aspects of the Family Based Treatment.

Discharge summaries are intended for providers.

Discharge **plans** are for the individual.

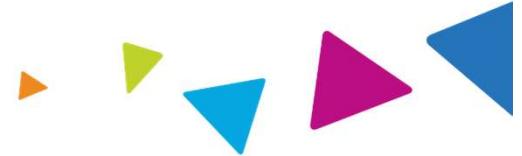
Discharge plans provide information needed for the days/weeks/months following the ending of Family Based Treatment.

Discharge plans are easily understood, even for individuals with limited health literacy.

Discharge plans are printed out and given to the family at/before the final session.



Components of a Discharge Plan



- Cover page (individual's name, discharge date, home address, phone number, emergency contact person).
- Agency contact including phone number.
- Aftercare appointments.
- Appointments for follow-up (medical, lab work, specialist).
- Medication information including drug name, dose schedule and reason for the medication.
- Community Connections.
- Crisis Plan.
- Language assistance needs.



Discharge Planning

- Discharge planning should begin immediately and continue throughout the Family Based authorization.
- Thorough discharge planning prepares individuals and their families for discharge success.
- Discharge planning should address the needs of all family members.
- The Family Based team collaborates with the individual and family about their specific aftercare needs.
- Use creativity to identify informal/natural supports.
- Talk about barriers that people could experience after discharge.



Language Preference

Discover the individual and family's preferred language.

Inquire about oral communication, phone communication and written communication.

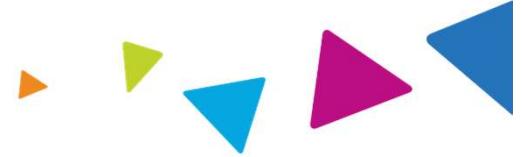
Obtain language assistance for the individual/family to ensure full participation in treatment and planning.

Provide the discharge plan in the individual/family's preferred language.

Schedule aftercare services with providers who have appropriate linguistic and cultural competence.



Social Determinants of Health



There are seven primary social need domains to consider when developing a discharge plan.

Have open dialogue with the patient and ask questions about **Social Determinants of Health**.



1. Food Insecurity: Limited or uncertain access to adequate and nutritious food.
2. Housing Instability: Homelessness, frequent housing disruptions, eviction.
3. Utility Needs: shut off notices.
4. Financial Resource Strain: financial literacy, medication under-use due to cost.
5. Transportation: Difficulty accessing or affording transportation.
6. Exposure to Violence: Intimate partner violence, community violence.
7. Socio-Demographic Information.

Medications

- List all medications prescribed with drug name, dosage, dosing schedule and reason for the medication.
- Include information about the individual's pharmacy, including name, address and telephone number.
- Include information about the individual's next medication management appointment, including provider's name, address, and telephone number.
- If the individual will need to transition to a new psychiatrist, support the individual with accessing this service. Create a plan with the current prescriber if there are barriers to connecting to a new provider.





Aftercare Planning

- Consider the needs of all family members, not just the individual
- Make sure MNC is met for the level of care you are referring the individual/family to
<https://www.magellanofpa.com/for-providers/provider-resources/medical-necessity-criteria/>
- Make timely referrals
- Consider community-based supports including Case Management, Certified Peer Support, HiFi Wraparound and others.
- Think outside the box

Things **not** to do when Discharge Planning

- Ask for an extension because you ran out of time with planning
- Only refer to your own agency
- Only consider BHRS or Outpatient
- Place the family on a waiting list
- Ignore a family's culture or language preference





Collaboration

Services can overlap for up to 30 days prior to Family Based discharge

Have at least four sessions with the new provider

Ask the individual/family “is this therapist a good fit for you?”

Collaborate with the aftercare services, including providing them with a discharge summary

Aftercare providers need to know about important clinical information and ongoing treatment issues.



Revisiting the Crisis Plan

A **Crisis Plan** is an important part of the discharge plan.

Revisit the previous plan – are the components still relevant for the individual/family?

Revise as needed to reflect new coping skills and supports.

List the names and phone numbers of people that the individual/family can call for help.

Include information about local crisis services and toll-free hotlines in the written Discharge Plan.



Create a Calendar

Develop a calendar for the first month after discharge.

Print out the calendar and include with the Discharge Plan.

Include dates/times of all appointments as well as special dates for the individual/family.

This activity is very helpful to assist individuals/families to visualize and prepare for the time immediately following discharge from FBS.



Questions and Comments

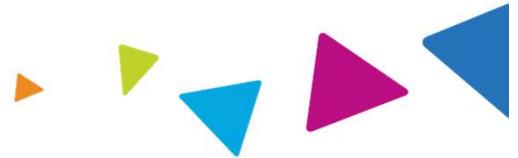
Amanda Walter, LPC, Senior Care Manager Magellan Behavioral Health of Pennsylvania

215-504-3900 x63843 ajwalter@magellanhealth.com

Sarah Mosser, LSW, Clinical Care Services Manager
Magellan Behavioral Health of Pennsylvania

215-504-3900 x63827 sjmosser@magellanhealth.com

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