

Discharge Planning

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Project RED Background

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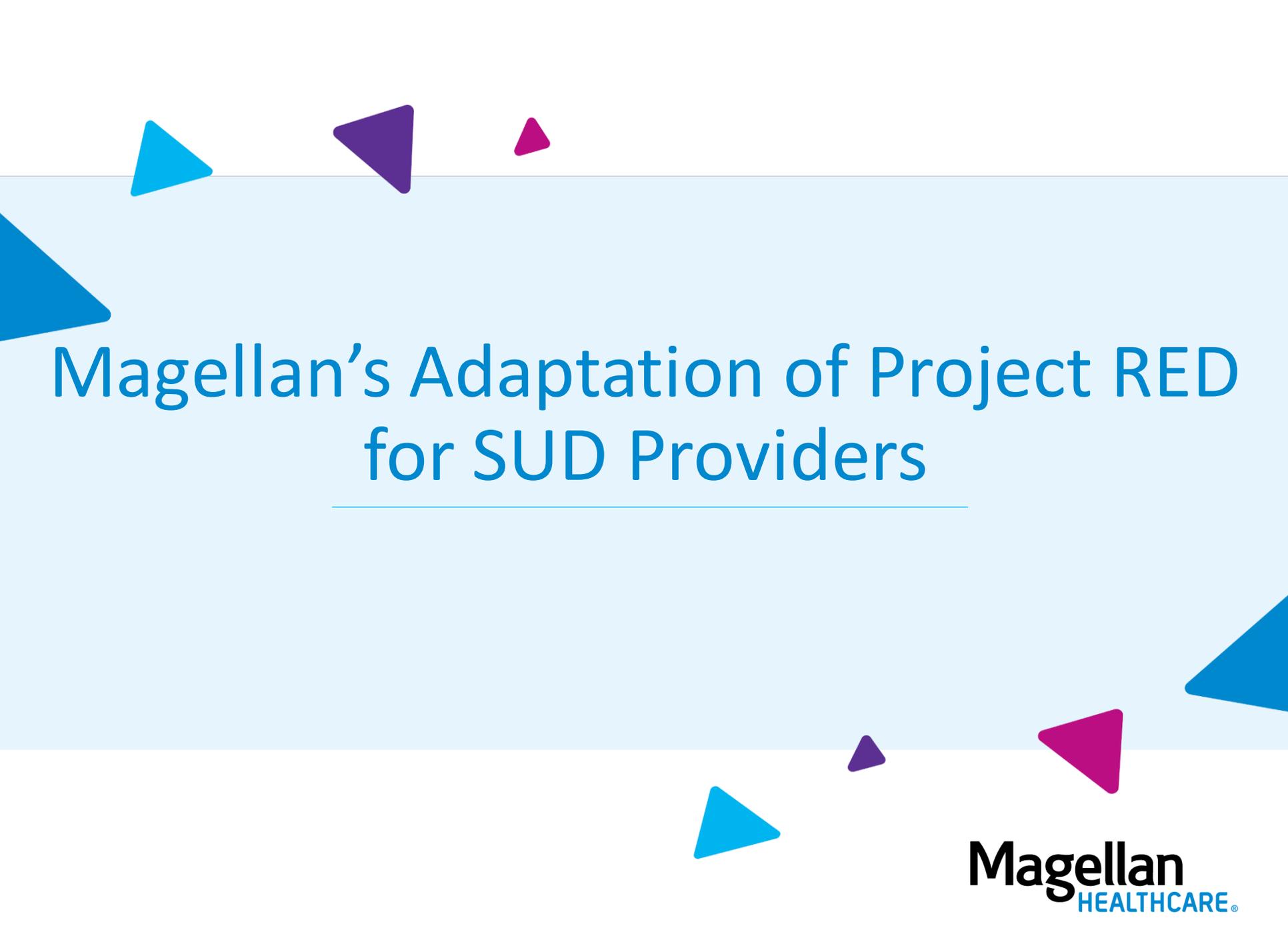
What is Project RED?!

- Project RED (Re-Engineered Discharge) is a research group at Boston University, funded by the Agency for Healthcare Research and Quality (AHRQ) and the National Institutes of Health (NIH).
- Project RED identified several discharge best practices that have been found to be associated with lower hospital readmission rates. Magellan also encourages the use of Project RED informed discharge planning for substance use rehab facilities.

Project RED

A discharge plan can be developed in any user-friendly format, but a useful Project-RED informed template can be found here:

<https://www.ahrq.gov/sites/default/files/publications/files/goinghomeguide.pdf>



Magellan's Adaptation of Project RED for SUD Providers

Discharge Plan vs Discharge Summary



• DISCHARGE PLAN

- Intended for the individual and provides information that may be needed for the days following the hospitalization or stay in a residential rehabilitation facility
- The discharge plan should be easily understood, even for individuals with limited health literacy. Development of the discharge plan should be with the input of the member and others involved in the individual's care.
- The member should be involved in all aspects of the planning process.

• DISCHARGE SUMMARY

- A summary of the clinical aspects of the hospital or rehab stay
- Intended for the aftercare providers.



Best Practices for SUD Discharge Planning

Full-time discharge planner and discharge planning groups



- Clinicians are treatment experts
- Discharge planners are resource experts
- Resource experts devote their time to overcoming barriers to follow up care whereas Clinicians are focused on presenting treatment issues of the member
- Acute care facilities have long made use of the discharge planner as its own entity because they recognize the importance of this charge

Medication education and planning to continue medications



- Discharge planning should include clear, easy-to-understand, written information about **medications** prescribed to the individual, including Medication-Assisted Treatment (MAT)
- The discharge plan should also include information about medications that were prescribed prior to admission, as well as a clear explanation about what medications were discontinued and why.
- The discharge plan should provide a list of all medications prescribed, including the drug name, dosage, schedule for taking these medications, and reason for the medication.
- The discharge plan should also include information about prescriptions that are sent electronically to the pharmacy and includes the name of the pharmacy, address, and telephone number.
- The discharge plan must also include the plan to obtain the medications— does the member have transportation to the pharmacy? Will the pharmacy deliver? Have any prior authorization requirements been addressed?

Collaboration with providers



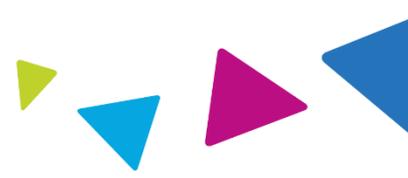
- Another important component of best practices for discharge planning is to ensure that clinical information from the stay in 24-hour care is sent to the provider agency or clinician responsible for ongoing behavioral health treatment after discharge.
- When the clinical information is not shared, the receiving providers are unaware of important clinical information and needs for proper ongoing care.
- **Collaboration** between the 24-hour provider and outpatient or “step down” providers is an important part of discharge planning.
- It is important to explain the value of sharing information with follow-up providers, and encourage the person to sign an authorization to release information to allow this communication. If the individual refuses this at first, don’t give up.



Releases Of Information

- Releases of Information (ROI) allow the sharing of past treatment histories.
- This can help provide a more thorough case conceptualization.
- Allows providers to work more effectively with our members.
- Allows for the inclusion of natural supports into the current treatment episode.
- An online ROI can be found on the Magellan of PA website:
- <https://www.magellanofpa.com/for-members/member-resources/getting-care/>

Developing a **crisis plan and relapse prevention plan**



- Whether a person is living with mental health symptoms, a substance use disorder, or both, having an individualized crisis plan can help prevent future crises, relapses, and readmissions.
- An effective crisis plan includes how to respond to early warning signs and triggers, in order to prevent the situation from getting to the “crisis” stage.
- The crisis plan should also include how to identify later warning signs, triggers, coping skills, and supports.
- The relapse prevention plan should include stressors or triggers identified by the member, and what should happen if those stressors or triggers occur
- The plan should include what the individual and any involved support system can do in the event of a full-blown crisis.
- The member should be actively involved in developing their Crisis Plan and their Relapse Prevention Plan

Language preference



- The discharge planner must identify the member's preferred language for oral communication, phone communication and written communication.
- If language assistance is needed, the discharge planner should obtain this help so that the individual can participate fully in the services and in the planning process in their preferred language.
- The written discharge plan needs to be provided in the member's preferred language. The discharge planner must also share information about language preference with the providers of aftercare services.
- Magellan Care Managers will ask about the member's language preference to help ensure that the discharge planning team is taking this into account.
- Arrangements must be made for members who cannot read in any language

Addressing Social Determinants of Health



- Effective discharge planning considers the individual's needs in the areas of Social Determinants of Health (SDoH). These are domains of need or stress in a person's life that can impact their physical health, their mental health, their recovery, or their ability to participate in necessary services. Important domains to consider when helping an individual develop a discharge plan include:
 - **Food Insecurity:** Limited or uncertain access to adequate nutritious food
 - **Housing Instability:** Homelessness, risk of homelessness, unsafe housing, eviction
 - **Utility Needs:** Difficulty paying utility bills, shut off notices, need for a discounted phone
 - **Financial Strain:** No benefits or insufficient benefits, unemployment, financial literacy
 - **Transportation:** Difficulty accessing/affording transportation (medical or public)
 - **Exposure to Violence:** Partner violence, elder abuse, community violence

Follow-up Care



- Follow up with behavioral health care after a hospitalization or a stay in residential rehab is essential to supporting stability and leads to improved community tenure.
- Re-admission to a 24-hour setting is especially prevalent in behavioral health, and this is the reason why the first 30 days after discharge are so important for individuals.
- It is important to keep in mind that people discharged from a behavioral health hospital can also have an elevated risk of suicide immediately following a hospitalization.
- Having an aftercare appointment within 7 days of discharge from a 24-hour level of care is the “gold standard.” This standard is something that state regulatory agencies, funding sources, and accreditation entities review closely.
- It is important to obtain a clear date and time for the behavioral health follow-up appointment, and to ensure the date and time are acceptable for the individual, **prior to discharge.**

Considerations for Follow Up Care



- Discharge planners should also consider referring Magellan members to case management services prior to discharge.
- Consider other community-based supports as well including Certified Peer Support, Certified Recovery Support, Certified Family Recovery Specialist, HiFi Wraparound, and others.
- The following levels of care for further consideration have embedded crisis services-
 - Assertive Community Treatment (ACT),
 - Case Management,
 - Family Based Services, and
 - Dual Diagnosis Treatment Teams.

A large blue triangle on the left side of the slide contains several smaller, colorful triangles: a large orange one, a smaller lime green one, and a purple one. On the right side, there are a small purple triangle, a cyan triangle, and a magenta triangle.

Optimum Discharge Planning



Magellan UM Prompts

Pre-Service Review - D & A INITIAL REVIEW

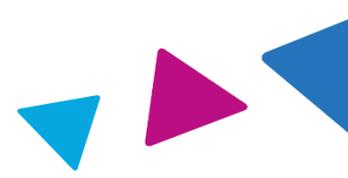
- ******INTAKE:** : [?CALLER CRED/FCLTY/ADM DATE/VOL?INVOL/MD/AGE/SP POP/PRIM LANG]
- ******JAIL DIVERSION:** : [?YES/NO, IF YES WAS NUANCE IN IP COMPLETED?]
- ******READMIT/TX HX:** : [?30 DAY READM/TX HX/SOBR TIME{
- ******PRESENTING PROBLEM:** : WHY NOW/REASON FOR SEEKING TX}
- ******ASAM DIM 1:** : [?WITHDRAWAL MNGT/POTENTIAL/USAGE/TOBACCO/CESSATION?]
- ******ASAM DIM 2:** : [?BIOMEDICAL CONDITION & COMPLICATIONS/MEDICAL MEDS]
- ******ASAM DIM 3:** : [?MENTAL HEALTH/SI/HI/COMPLICATIONS/DX/MEDS/MAT/COD/TRAUMA]
- ******ASAM DIM 4:** : [?READINESS TO CHANGE]
- ******ASAM DIM 5:** : [?RELAPSE/CONT'D USE/CONT'D PROBLEM POTENTIAL]
- ******ASAM DIM 6:** : [?SUPPORTS/RECOVERY ENVIRONMENT/SDOH/PSYCHOSOC]
- ******RECOVERY SUPPORT PLAN:** : [?DC SUPPORTS/COMM. REINTEGRATION PLAN/REFERRALS]
- ******MNC/ASAM CRITERIA:** : [?CRITERIA MET/NOT MET]
- ******CM ACTIONS:** : [?RATIONALE FR ADMIN/CM RECOMMENDATIONS/BARRIERS TO LLOC]
- ******ASC:** : [? ASC NOTED & ACTED UPON]

Discharge - D & A STEP DOWN REVIEW



- ******CALLER/FACILITY INFO:** : [?CALLER DEMOS/DATE OF STEPDOWN/LOC]
******RECOVERY:** : [?PROGRESS AT STEPDOWN]
******COLLABORATION:** : [?ICM/FAMILY/NATURAL SUPP/CYS/JPO/OUTCOME/NEXT STEPS]
******ASAM DIM 1:** : [?ACUTE INTOXICATION/WITHDRAWAL/POTENTIAL]
******ASAM DIM 2:** : [?BIOMEDICAL CONDITION & COMPLICATIONS/MEDICAL MEDS]
******ASAM DIM 3:** : [?MENTAL HEALTH/COMPLICATIONS/DX/MEDS/MAT]
- ******ASAM DIM 4:** : [?READINESS TO CHANGE]
******ASAM DIM 5:** : [?RELAPSE/CONT'D USE/CONT'D PROBLEM POTENTIAL]
******ASAM DIM 6:** : [?SUPPORT SYS/RECOVERY ENVIRONMENT & PLAN/SDOH/PSYCHOSOC]
******MNC/ASAM CRITERIA:** : [?CRITERIA MET/NOT MET]
******CM ACTIONS:** : [?CM RECOMMENDATIONS/COLLOB W/ NEXT LLOC]
- ******ASC:** : [? ASC NOTED & ACTED UPON]

Concurrent Review - D & A CONCURRENT REVIEW



- ******CALLER/FACILITY INFO:** : [?CALLER DEMOS/ADMIT DATE/ELIG?/THERAPIST/MD]
******FOLLOW UP:** : [?FOLLOW UP ITEMS FROM LAST REVIEW]
******ASAM DIM 1:** : [?ACUTE INTOXICATION/WITHDRAWAL/POTENTIAL]
******ASAM DIM 2:** : [?BIOMEDICAL CONDITION & COMPLICATIONS/MEDICAL MEDS]
******ASAM DIM 3:** : [?EMOTIONAL/BEH/COGNITION/COMPLICATIONS/DX/MEDS]
******ASAM DIM 4:** : [?READINESS TO CHANGE/PROGRESS]
******ASAM DIM 5:** : [?RELAPSE/CONT'D USE/CONT'D PROBLEM POTENTIAL]
******ASAM DIM 6:** : [?SUPPORT SYS/RECOVERY ENVIRONMENT/COC/SDOH/PSYCHOSOC]
******RECOVERY MGMT:** : [?COMM. REINTEGRATION PLAN/CRISIS PLAN-CURRENT & AT D/C]
******MNC/ASAM CRITERIA:** : [?CRITERIA MET/NOT MET]
******CM ACTIONS:** : [?CM FORMULATION/CM RECOMMENDATIONS/ITEMS FOR NEXT REVIEW]
******AUD COMPLETED:** : [?MBR SIGNED AUD FOR MBH TO RELEASE CLINICAL HX/TX?]
- ******ASC:** : [? ASC NOTED & ACTED UPON]

Discharge - D & A ROUTINE DISCHARGE REVIEW



- ******CALLER/FACILITY INFO:** : [?CALLER DEMOS/DC DATE/ELIG?/ PRIM LANG]
- ******DX/SI OR HI:** : [?DSM-5 DIAGNOSIS & EDUCATION ON DX/SI/HI?]
- ******MAT:** : [?MAT & PRESCRIBER/PLAN TO OBTAIN MAT/RATIONALE MAT NOT PRSCRIBED?]
- ******NON-MAT MEDS:** : [?PH/BH MEDS AND PLAN TO OBTAIN]
- ******RECOVERY:** : [?PROGRESS AT DISCHARGE]
- ******SDOH:** : [?HOUSING/FOOD/TRANSPORT/EMPLOY/CONNECTIONS ETC]
- ******DC PLAN:** : [?MBREDC ABT DC PLAN & UNDERSTANDING ASSESSED/CRISIS PLAN]
- ******MH/DA AFTERCARE APPTS:** : [?NEXT APT DATE,TIME/BEST DAY,TIME FOR MEM?]
- ******DISCHARGE SUMMARY:** : [?WAS SUMMARY SENT TO PROVIDERS?]
- ******PH AFTERCARE APPTS:** : [?POST DC LABS/TESTNG/MEDICAL APT MADE? IF NOT, WHY?]
- ******COLLABORATION:** : [?ICM/FAMILY/NATURAL SUPP/CYS/JPO/OUTCOME/NEXT STEPS]
- ******ASC:** : [? ASC NOTED & ACTED UPON]

Discharge - D & A NON-ROUTINE DISCHARGE REVIEW



- ******CALLER/FACILITY INFO:** : [?CALLER DEMOS, DC DATE, 24/48 HR NOTIFICATION?]
- ******TYPE OF DISCHARGE:** : [?AWOL, AMA, ADMINISTRATIVE, OTHER-SPECIFY]
- ******DISCHARGE INFO:** : [?DC INFO/STEPS & INTERVENTIONS ATTEMPTED TO ENGAGE MBR]
- ******PROVIDER'S RISK ASSESSMENT:** : [?RISK ASSESSMENT/MSE AT TIME OF DISCHARGE]
- ******SDOH:** : [?HOUSING/FOOD/TRANSPORT/EMPLOY/CONNECTIONS ETC]
- ******COLLABORATION:** : [?ICM/PO/CYS/FAMILY/NATURAL SUPPORTS]
- ******AFTERCARE:** : [?APPOINTMENT/RESOURCES/REFERRALS]
- ******MEMBER'S CONTACT INFO:** : [?ADDRESS/PHONE NUMBER]
- ******CM ACTIONS:** : [?REFERRED FOR FOLLOW-UP CALL, REFERRED FOR D&A CCM/OTHER]
- ******ASC:** : [? ASC NOTED & ACTED UPON]

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