



Discharge and Follow-Up Planning

Presented by the Clinical and Quality
Team



After today's training you will be able to:

- Identify and summarize important information about discharge planning
- Have adequate knowledge about the statistics related to readmission rates and ambulatory follow-up and how these statistics are directly related to member success with appropriate discharge planning
- Demonstrate a better understanding of the discharge process with Magellan Healthcare
- Summarize discharge planning expectations for all providers

Why is discharge planning important?

- Crucial element to decrease readmission rates for inpatient hospitalization with our members
- Key driver within the treatment planning process for the member and starts at admission
- Promotes member centered treatment, which empowers the member to make choices about the mental health care
- Helps member appropriately step down from higher levels of care to a lower level of care
- Important element within care coordination to ensure that the member's stability remains consistent

What drives hospital readmission rates?

- Barriers following discharge
- Mental Health diagnosis
- Active Substance use
- Limited social support
- Numerous conditions and/or medications prescribed

*Source www.ahrq.gov

What are the current inpatient hospital readmission rates for our members?

Goals for Inpatient Hospital Readmission Rates for our members

- 30 day: equal to or less than 14%
- 60 day: equal to or less than 25%
- 90 day: equal to or less than 35%

For 2015, readmission rates for 30 day were only met 10 out of the 12 months.

For 2015, readmission rates for 60 day and 90 day met all 12 months.

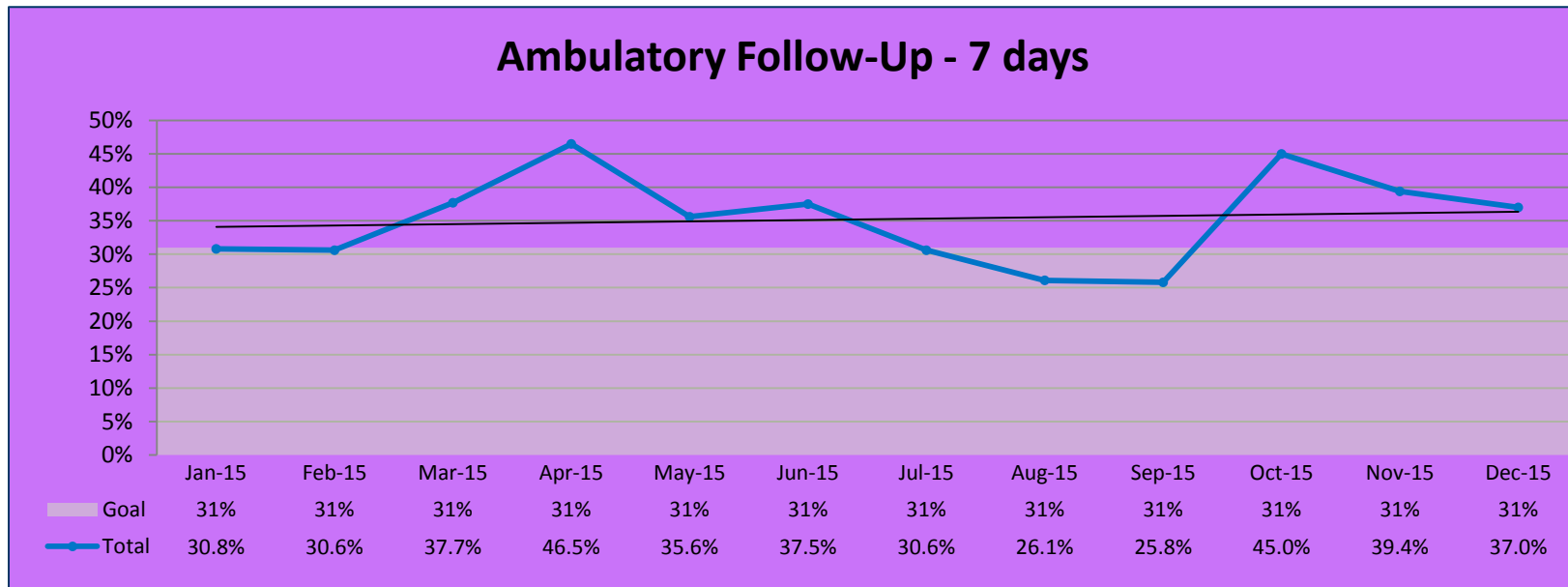
What are the current goals for Ambulatory Follow-Up?

What is ambulatory follow-up?

- Once a member is discharged from an acute level of care, an appointment with a mental health provider should be given within **7 days** of discharge
- Risks for returning to inpatient care are the greatest in the immediate period following discharge (Appleby, Desai, Luchins, Gibbons, & Hedeker 1993; Schoenbaum, Cookson, & Stelovich, 1995).

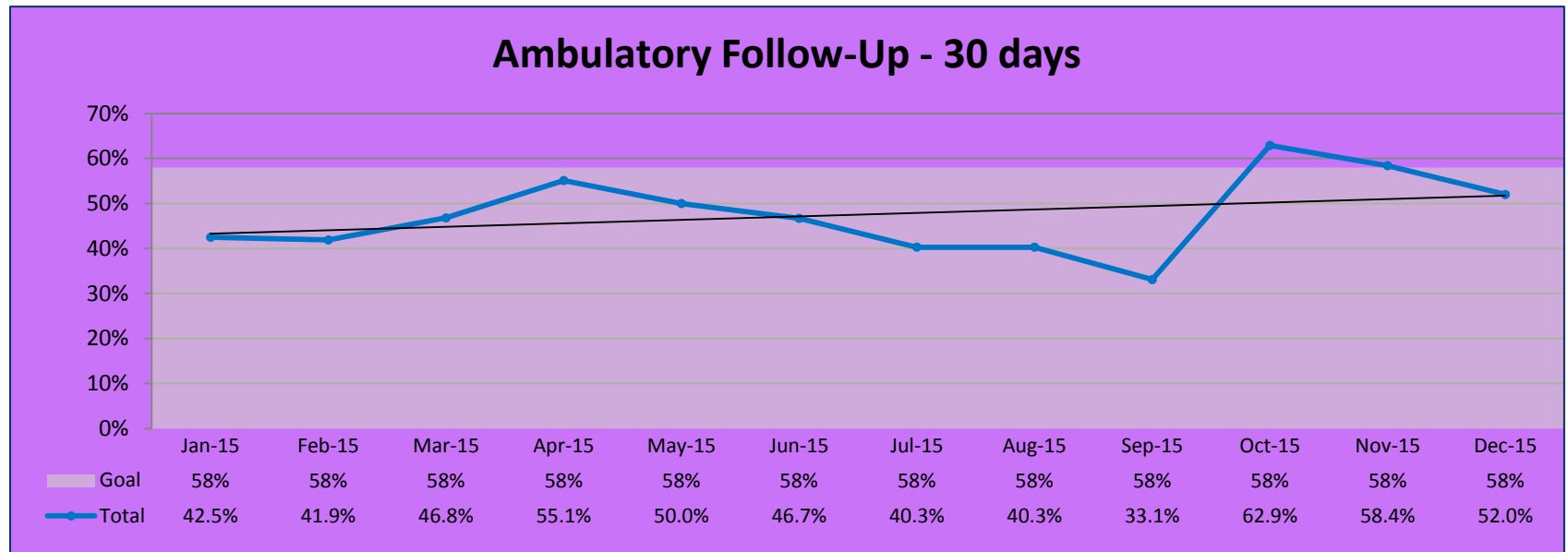
Goals for ambulatory follow-up after hospitalization

- 7 day follow-up: greater than or equal to 31%
- In 2015, ambulatory follow-up for 7 days was met 7 out of 12 months.



Goals for ambulatory follow-up after hospitalization

- 30 day follow-up: greater than or equal to 58%
- In 2015, ambulatory follow-up for 30 days was met 2 out of 12 months.



As a provider, what can I do to help with the discharge planning process after hospitalization?

- Ensure that the member and/or guardian is in agreement with aftercare plan
- After hospitalization ensure that member has obtained an appointment within 7 days of being discharged
 - If needed call the member to remind them to go
 - STRESS the importance of this first appointment
- If possible, involve a family member or close friend to provide additional support in the aftercare planning
- Monitor the member to ensure medication is taken as prescribed
- Discuss with the member who they can contact if/when there are side effects noted

As a provider, what can I do to help with the discharge planning process with other levels of care?

- Ensure that the member (guardian as appropriate) agrees with the discharge plan
- Educate the member (guardian as appropriate) about the importance of the discharge plan
- Provide information about transportation if needed to help members access lower levels of care (i.e. outpatient therapy)
- Encourage members to involve family member for support in the discharge planning process

Please notify Magellan of a discharge:

- If there is a lapse in services that is greater than 31 consecutive calendar days
- If a member/guardian determines that they would like to discontinue services or change providers
- If a member is currently meeting discharge criteria (please reference the Community Mental Health Rehabilitative Services manual Chapter 4)
- If the member has achieved maximal benefit from this level of care

Why is it so important to immediately notify Magellan of a discharge?

- It can prevent or delay a member from accessing other services
- If Magellan isn't informed of inpatient and residential discharges, a member may not be placed back in their MCO on the correct date



How can I submit a discharge to Magellan?

- Call Magellan Customer Service Associates at 1-800-424-4046
- Submit online, and please allow for a 3 business day turn around time
- Please note that any discharges submitted by fax will NOT be reviewed

What information should I expect to give Magellan when discharging a member?

Inpatient and Residential Services:

- Discharge date
- Date of the 1st appointment following discharge
- Follow-up provider and/or facility name
- Facility phone number
- Guardian/parent's name (if member is a minor)
- Guardian/parent's phone number

*All other services please be prepared to discuss with the Care Manager why the member is discharging from this level of care.

What information does the member need to know about discharge planning and Magellan?

- Please inform the member that a Follow-up Specialist will be reaching out to them
- A Follow-Up Specialist can assist with the following (for Inpatient/Acute Care and Residential Services):
 - Set or change times for the member to see their provider
 - Plan ways to solve problems that might prevent the member from seeing their provider
 - Plan how the member will get to their appointment
 - Make sure that the provider takes the member's insurance
- Additional levels of care can utilize a Follow-up Specialist as clinically appropriate

I am a residential provider and I have a member ready for discharge, what should I do?

• **Complete a Magellan discharge form**

- Include the discharge support plan
- List the types of services that the member has been referred to
- Provide the name of the person or agency that will be providing services to the member
- Provide the new provider's address and phone number

• **Inform a care manager about the exact discharge date**

- If a date is not obtained an outreach call to the residential provider will be made
- If no response is received from the provider the case will be administratively discharged
- Submit timely to assist with care coordination for our member

Follow-up Specialist with Magellan

Please inform a member that a Follow-up Specialist will call them and ask for the following information:

- First and last name
- Date of birth
- Address
- Medicaid ID or Social Security number

The Follow-up Specialist will ask the member to verify this information in order to ensure they are speaking directly to the member.

- This process is primarily for inpatient/acute care and residential services

Individualized Service Plan (ISP): discharge plan

- Each member should have discharge goals on the ISP
- Estimated timetable for goals and objectives should be included
- Discharge plans should be member specific
- ISP goals and discharge plans should be reviewed throughout treatment, and should be adjusted as needed to meet the member's needs
- Discharge plan must describe the methods that will be used to facilitate a successful transition from one service to another

Keys to discharge planning

- All member's discharge plans must be in the ISP
- The member must agree with the discharge plan and participate in the development of the plan
- Ensure appropriate step-down care is implemented
- Ensure the member has community supports in place
- Explore family supports with the member
- At discharge from the service, a specific provider name and contact should be given to the member and agreed upon by the member

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Thank you

