## **Recommendations for Best Practice Discharge Management Plans & Discharge Summaries**

### **A Discharge Management Plan (the document given to Member at time of discharge) should include:**

* Planning was completed collaboratively with the Member
* Level of care Member is being discharged to
* Member’s diagnoses (includes Substance Use diagnoses, Mental Health diagnoses, and Physical Health diagnoses)
* Reason for discharge
  + - If AMA noted- notes why Member is leaving AMA; explains attempts made to engage Member in discharge planning
    - If successful in treatment, identifies goals completed, those still being worked on
* Member was given a copy of Plan. If no, explain why not.
* Clearly identifies new, changed or stopped medications (addresses all medications from admission medication reconciliation)
* Medical needs are being met- referral to PCP as appropriate
* Addresses Relapse Prevention Supports:
  + AA/NA groups
  + Certified Recovery Specialist
  + Housing
  + Employment
  + Volunteer
  + Supporters of Member’s recovery in his or her natural environment
  + Other supports as appropriate given Member’s needs (gambling, transportation, etc.)
* Addresses Mental Health Needs:
  + Mental Health diagnoses listed
  + Specifically, addresses trauma diagnoses and trauma related needs
* Aftercare:
  + Evidence that aftercare appointments were set up for SUD, including MAT
  + Evidence that aftercare appointments were set up for MH
  + Evidence that aftercare appointments were set up specific to trauma, if needed
  + Evidence that aftercare appointments were set up to address medical needs (e.g. metabolic needs for antipsychotic medications)
  + Appointments are arranged at a time/location that Member finds agreeable, and addresses any transportation needs that exist.

### **A discharge summary (licensing requirement/clinical document for provider’s purposes) should include all of above and the following:**

* + Explanation for AMA or administrative discharge and reasons, which explain attempts to engage Member in discharge planning
  + ASAM level of care determination for next level of care recommendations (and explanation if not followed/scheduled)
  + Explanation for not scheduling appointments that are recommended
  + MAT being discussed and offered (when applicable), along with explanation if not part of aftercare.
  + Trauma-specific treatments being discussed and offered (when applicable), along with explanation if not part of the aftercare.
  + Verification that Evidence Based Treatments such as MAT were considered and offered if diagnosis warranted- If Evidence Based Treatments were not considered and offered, explain why. Indicate if Member agreed or disagreed and reasons.