

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
 - o If AMA noted- notes why Member is leaving AMA; explains attempts made to engage Member in discharge planning
 - o 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:
 - o AA/NA groups
 - o Certified Recovery Specialist
 - o Housing
 - o Employment
 - o Volunteer
 - o Supporters of Member's recovery in his or her natural environment
 - o Other supports as appropriate given Member's needs (gambling, transportation, etc.)

- Addresses Mental Health Needs:
 - o Mental Health diagnoses listed
 - o Specifically, addresses trauma diagnoses and trauma related needs

- Aftercare:
 - o Evidence that aftercare appointments were set up for SUD, including MAT
 - o Evidence that aftercare appointments were set up for MH
 - o Evidence that aftercare appointments were set up specific to trauma, if needed
 - o Evidence that aftercare appointments were set up to address medical needs (e.g. metabolic needs for antipsychotic medications)
 - o 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.