

PerformCARE [®]		Policy and Procedure
Name of Policy:	Discharge Planning from FBMHS	
Policy Number:	CM-CAS-040	
Contracts:	<input checked="" type="checkbox"/> All counties <input type="checkbox"/> Capital Area <input type="checkbox"/> Franklin / Fulton	
Primary Stakeholder:	Clinical Department	
Related Stakeholder(s):	None	
Applies to:	Providers	
Original Effective Date:	01/01/06	
Last Revision Date:	08/14/24	
Last Review Date:	08/14/24	
OMHSAS Approval Date:	N/A	
Next Review Date:	08/01/25	

Policy: To clarify discharge planning expectations for FBMHS providers.

Purpose: To ensure that discharge planning occurs for Members receiving FBMHS.

Definitions: **TCM:** Targeted Case Manager (Blended Case Manager, Intensive Case Manager, and Resource Coordinator).
Out of Home Treatment: Services funded by PerformCare that include Residential Treatment Facilities and Community Residential Rehabilitation Host Home.

Acronyms: **CCM:** Clinical Care Manager
FBMHS: Family Based Mental Health Services
ISPT: Interagency Service Planning Team
IBHS: Intensive Behavioral Health Services

Procedure:

1. Discharge planning and aftercare referrals must be completed in collaboration with the entire Treatment team including the assigned PerformCare CCM.
2. Discharge planning should begin by the end of the first month of treatment and this plan should be reflected in the FBMHS treatment plan. The discharge plan will be reviewed and updated at each FBMHS treatment plan review meeting. The Treatment team, in a routine discharge, should decide on options and outcomes for follow-up services 60 days before the end of treatment. The 170-day treatment team meeting will be utilized for discharge planning.

3. Unique discharge criteria must be established by the Treatment team for the identified Member so that each team member will be aware of when the identified Member will be ready to transition to a different level of care.
4. Referrals or requests for different levels of care should be completed and submitted 45 days before a planned discharge to the appropriate agency or funding source.
5. The FBMHS team is responsible to coordinate and schedule any IBHS Order or Evaluations with Member/Family/Guardian for aftercare services. This may require the FBMHS team to coordinate a referral to an IBHS provider or participate in an ISPT meeting for out of home treatment and collaborate with PerformCare Care Manager, TCM, Schools, and other child serving systems, which need to meet to discuss the initiation of out of home treatment being requested by the FBMHS team as part of the discharge plan/ aftercare services.
6. Unplanned discharges do occur at times. A Treatment team discharge-planning meeting needs to occur to offer the family services even if the discharge is unplanned. If the family does not agree to attend, then the meeting will occur with the other team to coordinate care and follow up via the involved systems.
7. A plan to refer the family members for the identified services will be standard procedure to ensure a smooth transition of services regardless if the discharge was planned or unplanned.
8. The FBMHS team is responsible for coordinating discharge planning with the PerformCare CCM and the entire Treatment team.
9. Discharge planning must include recommendations for involvement with natural and community supports.
10. A copy of the discharge Summary must be sent to PerformCare within fourteen (14) calendar days of discharge of the service.

Related Policies: *CM-013 Approval/Denial Process and Notification*
CM-CAS-034 Family Based Mental Health Services Provider Transfer Process
CM-CAS-035 Family Based Mental Health Services Provider Transition Process for Families Moving Between County Funding and PerformCare
CM-CAS-038 Family Based Mental Health Services in Conjunction with Targeted Case Management
CM-CAS-042 Initial & Re-Authorization Requirements for Individual Intensive Behavioral Health Services (IBHS) – BC/MT/BHT & ABA Services

*CM-CAS-043 Initial & Re-Authorization Requirements for
Intensive Behavioral Health Services (IBHS) – Group/Evidenced-
Based Therapy/Other Individual Services
CM-CAS-051 Procedure for Prior Authorization for Family
Based Mental Health Services (FBMHS)
CM-CAS-053 CRR-HH Initial and Re-authorization Process
CM-CAS-054 RTF Initial and Re-authorization Process
CM-CAS-056 Children’s Service Team Meeting & ISPT planning
QI-044 Grievance*

Related Reports: None

**Source Documents
and References:** None

**Superseded Policies
and/or Procedures:** None

Attachments: None

Approved by:



Primary Stakeholder