## **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.