1. **PURPOSE:**
Regional Behavioral Health Authority (RBHA) enrolled persons receiving inpatient services must have proactive discharge planning that identifies and assesses post-discharge clinical and social needs in order to arrange necessary services and resources for appropriate and timely discharge from a facility.

The intent of this policy is to outline requirements for improving the coordination of post discharge services, reducing unnecessary stays, increasing the management of inpatient admissions and decreasing unplanned or emergency readmissions within 30 days of discharge.

2. **TERMS:**
The following terms are referenced in this section:

- Durable Medical Equipment (DME)
- Health Care Professional
- Inpatient Services
- Nursing Facility
- Primary Care Physician
- Title XIX Eligible Person
- Title XXI Eligible Person

3. **PROCEDURES:**
a. The RBHA must develop and implement a discharge planning process to address the post-discharge clinical and social needs of the member upon discharge. The process shall be initiated by a qualified health care professional as soon as possible before, upon or immediately after admission and updated periodically during the inpatient admission to ensure accurately determined continuing care needs. The discharge plan must be appropriately documented in the person’s medical record and must be completed before discharge occurs. The RBHA must ensure that its subcontracted providers have a process that includes:
   i. Proactive discharge assessment by qualified healthcare professionals identifying and assessing the specific post discharge bio-psychosocial and medical needs of the eligible person prior to discharge. This process shall include the involvement and participation of the eligible person and representative(s), as applicable. The person and representative(s), as applicable, must be provided with the written discharge plan with instructions and recommendations identifying resources, referrals and possible interventions to meet the person’s assessed and anticipated needs after discharge.
**The coordination and management of the care that the eligible person receives following discharge from an acute setting. This may include:**

1. Providing appropriate post discharge community referrals and resources or scheduling follow up appointments with the person’s primary care provider and/or other outpatient healthcare providers within 7 days or sooner of discharge;

2. Coordination of care involving effective communication of the eligible person’s treatment plan and medical history across the various outpatient providers to ensure that the member receives medically-necessary services that are both timely and safe after discharge. This includes access to nursing services and therapies;

3. Coordination with the member’s outpatient clinical team to explore interventions to address the member’s needs such as case management, disease management, placement options, and community support services.

4. Access to prescribed discharge medications;

5. Coordination of care with the acute care plan when applicable; and

6. Post discharge follow up contact to assess the progress of the discharge plan according to the member’s assessed clinical (physical health care) and social needs.

**b. Access to Durable Medical Equipment (DME):**

1. Individuals who are discharged from the Arizona State Hospital (AzSH) must be provided with the same brand and model of glucometer and supplies the individual was trained on while in the hospital.

**c. A discharge plan that is documented in the member’s medical record:**

**d. Reporting:**

1. The RBHAs must develop a process to audit discharge plans that includes determining and applying a minimum performance score for compliance with this policy. RBHAs are expected to report as a standing agenda item within the appropriate committee, the outcomes of such audits with plans for corrections when discharge planning standards as set forth by the RBHA are not met. RBHA discharge plan audits will be subject to monitoring and oversight by the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS).

**REFERENCES:**

[AHCCCS/ADHS Contract](#)

[ADHS/RBHA Contracts](#)

[AHCCCS Medical and Policy Manual (AMPM) Chapter 1000, Policy 1020, Section C](#)
4. REFERENCES:
   AHCCCS/ADHS Contract
   ADHS/RBHA Contracts
   AHCCCS Medical and Policy Manual (AMPM) Chapter 1000, Policy 1020, Section C

5. APPROVED BY:

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   Date: 3/26/14

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   Date: 3/26/14