Instructional Guide: *Discharge Clinical Review Form*

Accurate and complete discharge reviews are needed to assess effectiveness and appropriateness of provider services delivered to the member and also substantiates continuity of care post-discharge. When a discharge review is completed and timely submitted by higher level of care providers it results in suitable information for Lucet to determine if services are in place for appropriate follow-up care for the member, and also reduces delays and impediments to the care transitions work. (that is, ensuring members connect to a community-based provider safely). Lucet is committed to members transitioning to a community-based provider safely. *Discharge Clinical Reviews* are relied on to identify and to track the FUH-7 (7-day post-discharge appointment) measure and identify information to provide support to members post discharge. *Discharge Clinical Reviews* also provide valuable information regarding the treatment the member received. Providers are able to complete the discharge review through the internet (webpass) or they can complete the discharge review telephonically by phone with a Lucet Utilization Staff member. In both instances, the same discharge form is utilized to collect discharge information.

The following are definitions and guidance for the completion of specific items in the *Discharge Clinical Review Form*:

Discharge Clinical Review Form Item Definition/Guidance

Admission Information:	1. Date of admission First day member attended specific level of care/admission (*Use only the admission being discharged from*) 2. Date of discharge Last day member attended specific level of care/admission (*Use only the admission being discharged from*) 3. Number of days in treatment Number of days (*inpatient or residential*) or sessions attended (*partial or intensive outpatient*) (*Use only the admission being discharged from*) *Please do not count day of discharge from Inpatient or Residential*
Depression Screening Questions:	1. Was a depression screening completed during this admission? (*Multiple Choice: Yes/No*) 2. Was screening positive for depression? (*Multiple Choice: Yes/No*) Depression is one of the commonly diagnosed mental health disorders and should be thoroughly screened in member treatment. A depression screening aims to detect symptoms in members admitted to a higher level of care and address them while in treatment. This aides in coordination of care thereafter. Lucet collects information on whether a depression screen was performed, and if the result was positive during admissions. If left unidentified and untreated, the depression can complicate and hinder providers' efforts to address the member's presenting problems. Depression places individuals at high risk for suicide and social and personal impairment. Select "yes" if member was screened and is positive for depression. Documentation should be present in member records, address if depression was diagnosed and any supports identified. No specific depression screening tool is required.
Substance Use Questions:	1. Was alcohol or opiates abuse/ dependence identified as a treatment concern? (*Multiple Choice: Yes/No*) 2. Did the treatment team/ prescriber provide the member information about Medication Assisted Treatment (MAT) as part of their informed consent? (*Multiple Choice: Yes/No*) 3. Please explain why MAT was not appropriate or the member was not provided with the information (*Multiple Choice: Patient medical condition/medication contra-indicated for MAT; Patient Refused; Not offered by program; Not available where member lives; LAI not covered; Financial barriers; Other*) 4. Explain contra-indications 5. Why did patient refuse? 6. Did the member agree to MAT? (*Multiple Choice: Yes/No*) 7. Was MAT initiated for AUD or OUD? (*Multiple Choice: MAT initiated for AUD; MAT initiated for OUD*) 8. What MAT agent is/was initiated? (*Multiple Choice: Buprenorphine/naloxone? (oral); Buprenorphine (oral); Buprenorphine (injectable); Sublocade; Buprenorphine implant; Naltrexone ER (injectable); Naltrexone oral (Revia, Vivitrol, Embeda); Sublocade*) 9. Was member discharged on MAT medication? (*Multiple Choice: Discharged on MAT for AUD; Discharge on MAT for OUD; No*) 10. What MAT agent was member discharged on? 11. Does member have a MAT follow-up appointment scheduled? (*Multiple Choice: Yes; No*) 12. Follow-up provider's name, phone number, appointment date, appointment time 13. Please select reason why appointment was not scheduled (*Multiple Choice: AMA; State Custody; Death of Patient; Jail; Juvenile Detention; Member Preference; Member Refused Follow-Up Care; Provider Preference; Transfer to Group Home; Transfer to Nursing Home; Transfer to another BH IP; Transfer to Medical IP; Transfer to Residential; Walk-In Clinic; No appointment available within 7 days; Facility did not complete D/C Plan*) Indicate if member has substance use identified as a treatment concern. Documentation should be present in member record that describes how substance use was addressed and any supports identified. Medication Assisted Treatment (MAT) has been identified as a highly effective treatment option (Surgeon General, 2016) for individuals with alcohol and opioid use disorder. For this reason, verification that it was offered as a treatment option (*if clinically appropriate*) is required and if it was not offered, the reason why is required. If the member has a medical condition or a medication

	contradiction for the use of MAT or if the member refuses or declines MAT, specific details are required so the documentation may be utilized for coordination of care. Information on discharge MAT and follow-up appointment information are required. Discharge appointments are required for members. If an appointment is not scheduled, information regarding why is required for any applicable cases.
Crisis/Safety/Relapse Prevention Planning Questions:	1. Was a crisis/safety/relapse prevention plan developed with the member to support them in being successful in the community? *(Multiple Choice: Yes/No)* 2. If Yes, please describe crisis/safety/relapse prevention plan 3. Please explain why there is no crisis/safety/relapse prevention plan A crisis/safety/relapse prevention plan is an important tool and is required. Crisis/safety/relapse prevention planning is important to ensure the member is prepared and has the tools to identify symptoms and take steps to address them. Specific individualized crisis/safety/relapse prevention plan information is required. If a crisis/safety/relapse prevention plan was not developed during treatment for a member, documentation regarding the reason why is required.
Medication Questions:	1. Discharge medication medical & psychiatric (name, dose, and frequency) Information on all medications the member was prescribed/taking at time of discharge, including name, dose and frequency is required. Medication management information is vital in coordinating care for the member post-discharge in order to prevent readmissions. An updated medication list is important for our care managers to assist in supporting safe transitions of care. Members should be able to teach back the discharge medications plans to vocalize and confirm knowledge of next steps in care. 2. Is the member being discharged on two or more antipsychotic medications? *(Multiple Choice: Yes/No)* 3. Please select at least one explanation for why the member is being discharged on two or more antipsychotic medications. *(Multiple Choice: History of a minimum of three failed multiple trials of monotherapy; Plan to taper to monotherapy due to previous use of multiple antipsychotic medications OR a cross-taper in progress at the time of discharge; Augmentation of Clozapine; Unable to determine justification; Other explanation)* 4. Please provide other explanation as to why the member is being discharges on two or more antipsychotic medications Antipsychotic polypharmacy may lead to great side effects with no notable improved clinical outcome. Data will help improve processes that impact member safety, member education, and provider adherence and develop interventions to drive performance on this measure.
Discharge Appointment Questions:	1. Discharge appointments, select all that apply: *(Multiple Choice: Residential / Sub-Acute; Partial Hospitalization; Intensive Outpatient; Outpatient;-member refused aftercare plans)* 2. Why the member refused aftercare plans *(Multiple Choice: Member wants to schedule own appointment; Referral to provider given; Copay; Transportation; Transfer to Medical; Other;)* 3. Please Explain Other Reason 4. For Outpatient, select all that apply: *(Multiple Choice: ECT; Visiting Nurse; In-Home; Psychiatrist; Therapist; Other)* 5. Provider's name, credentials, and phone number 6. Date of appointment 7. Appointment time 8. Was there a behavioral health appointment scheduled within 7 days of discharge. *(Multiple Choice: Yes/No)* 9. If No, please select reason why appointment was not scheduled within 7 days. *(Multiple Choice: AMA; State Custody; Death of Patient; Jail; Juvenile Detention; Member Preference; Member Refused Follow-Up Care; Provider Preference; Transfer to Group Home; Transfer to Nursing Home/SNF; Transfer to another BH IP; Transfer to Medical IP; Transfer to Residential; Walk-In Clinic; No appointment available within 7 days; Facility did not complete D/C Plan)* Post-discharge follow-up care is important for members to ensure that member is connected to lower levels of care after discharge and prevent re-admissions that would further impact quality of life for member. Research indicates that re-admissions can be prevented when members secure and attend discharge appointments within seven days of discharge. Members admitted with a primary mental health diagnosis must be secured a valid HEDIS qualified appointment. Valid services include medication management with psychiatrist or ARNP, outpatient behavioral health therapy, electroconvulsive therapy, IOP, PHP, MH or SUD assessments, wrap-around or mental health day treatment services. Visits that occur on the same date of discharge are not reportable as part of the quality measure. Scheduling follow up appointments between the first and seventh day *after* hospital discharge ensures meaningful, effective engagement. Information is required on the discharge clinical review form on the types of discharge appointment(s) secured, including the provider name, provider credentials, provider phone number, date of appointment and time of appointment. If the member refuses aftercare or if an aftercare appointment is not secured or secured within a specified timeline, information is required to document reasons why.
Medical Questions:	1. Does member have any medical conditions that need to be addressed in addition to behavioral health concerns? *(Multiple Choice: Yes/No/NA)* 2. If Yes, please list these appointments including provider name and specialty, phone number and date and time of appointment 3. Member's questions about their health care were addressed? *(Multiple Choice: Yes/No)* 4. Was education provided to member about how to keep their health problems from becoming worse? *(Multiple Choice: Yes/No)* Physical and mental health work in conjunction with each other and need integration. It is important the member receive support and linkage to any medical support needed as well as behavioral health support. Note any relevant medical issues and appointments to ensure that post-discharge follow-up and care can be coordinated.

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Discharge Planning Questions:	1. Condition at the time of discharge (*How was the presenting problem addressed?*)
	Please provide information on how presenting problem was addressed during treatment. Please also provide members presentation relating to the issue when they were discharged. Please include any safety concerns or follow-up items that would be helpful for coordination of care.
	
	2. Was the member/guardian actively involved in decisions about their discharge plans? *(Multiple Choice: Yes/No)*
	3. Were aftercare goals were reviewed with the member/guardian? *(Multiple Choice: Yes/No)*
	4. Member/guardian was given a number to call if there were any problems with discharge plans? *(Multiple Choice: Yes/No)*
	5. Education provided to member/guardian about what symptoms to watch for and who to call if they notice any? *(Multiple Choice: Yes/No)*
	6. Member/guardian was instructed to keep list of non-urgent questions/concerns to address with provider at their next appointment? *(Multiple Choice: Yes/No)*
	7. Did member/guardian verbalize a clear understanding of discharge plans? *(Multiple Choice: Yes/No)*
	In order to improve the likelihood and impact of care received during treatment, the member should be actively involved in decision making regarding treatment, including their discharge plans. Outcomes improve when a member takes an active role in treatment, and this includes follow-through with post-discharge care. Goals should be actively identified and reviewed with member. Member should be provided with contact information to address any questions. As part of discharge planning, member should review crisis/safety planning and review any symptoms that may identify need for follow-up. Member should be able to teach back the discharge plans to vocalize and confirm knowledge of next steps in care. It is important that all members with guardians and support systems are involved in the discharge planning process.
	
	8. Social Determinants of Health *(Multiple Choice: Z Codes)*
	Identifying and addressing social determinants of health is important for improving health and reducing longstanding disparities in health and health care. Social determinants of health include factors like socioeconomic status, education, neighborhood and physical environment, transportation, language, employment, and social support networks, as well as access to health care. It is important to make sure that any identified barriers for follow-up are addressed and resolved prior to discharge (ex. appts are accessible to member). Some examples include:
	    • **Transportation**: it is important to secure available community supports or virtual options to assist member in participating in supports.
	    • **Housing**: it is important to secure available community supports.
	    • **Financial**: it is important to secure available community resources, such as sliding scale clinics, food stamps, etc.