





Promise Health Plan

<b>Policy Title:</b> Discharge Planning		<b>POLICY #: 10.2.33</b>	
		<b>Line of business: Medi-Cal</b>	
<b>Department Name:</b> Utilization Management	<b>Original Date</b> 12/97	<b>Effective Date</b> 11/22	<b>Revision Date</b> 6/24
<b>VP Approval:</b> Tracy Alvarez, VP, Medical Care Solutions 			<b>Date of Approval:</b> 06/11/2024
<b>Medical Services/P&amp;T Committee: (If Applicable)</b> PHP CMO Jennifer Nuovo, MD 			<b>Date of Committee Review:</b> 06/11/2024

**A. PURPOSE**

To define the policy and procedure and provide guidance on how Blue Shield Promise Health Plan (BSCPHP) will identify, evaluate, coordinate, and implement discharge planning needs by the Utilization Management (UM) Department for BSCPHP Members when hospitalized.

**B. DEFINITIONS**

1. "Concurrent Review" is a medical necessity review for the extension of an ongoing course of inpatient or outpatient treatment that was previously authorized. The concurrent review process is initiated by a request from a provider/facility and reviewed by the clinical team and is used to evaluate whether the member's condition continues to meet the medical necessity criteria for the level of care they are currently assigned. Concurrent review is a member-focused process that includes 1) medical necessity review, 2) discharge planning, 3) coordination of care. The goal is to optimize the health outcomes of the member during the inpatient event.
2. "Discharge Planning" begins at time of admission to ensure that necessary services and supports are in place in the community before the individual leaves the hospital or institution in order to reduce re-admission risks, improve member and family participation, enhance member satisfaction, assure post-discharge follow-up, increase medication safety, and to support a safe transition.
3. "Medical Necessity" or "medically necessary" is the term that includes all covered services that are reasonable and necessary to protect life; prevent illness or disability; alleviate severe pain through the diagnosis or treatment of disease, illness or injury; achieve age-appropriate growth and development, and attain, maintain, or regain functional capacity per Title 22, California Code of Regulations (CCR) §51303(a) and Title 42, Code of Federal Regulations (CFR) §438.210(a)(5).



## C. POLICY

- I. The BSCPHP Utilization Management (UM) team performs concurrent review for all scheduled and non-scheduled inpatient admissions. The review process includes chart review, data collection, and discharge planning.
- II. Discharge planning will begin on the day of admission for inpatient stays. For elective inpatient stays, discharge needs may be identified prior to the hospitalization and coordinated through the Prior Authorization process. The UM team will follow members through the continuum of levels of care until the member is returned to his/her previous living condition prior to hospitalization when possible.
  - a. Discharge planning includes:
    - i. Evidence of an evaluation by discharge planning/social services note should be on the member's chart within 24 hours. If not, a call will be placed requesting it.
    - ii. Identification of short-term or long-term discharge needs
    - iii. Determination of member's disposition (e.g., are they going home? Is there a need for home safety check?)
    - iv. Assessing need for additional resources (linked services, delivery of meals, transportation to physician appointments)
    - v. Assessing need for necessary durable medical equipment (DME) supplies
    - vi. If home health care services are needed, authorization may be provided prior to discharge.
    - vii. Transportation and placement arrangements will be made utilizing contracted providers when possible.
- III. If the primary care physician (PCP) was not the member's attending physician while hospitalized, the UM clinician will fax the dictated hospital discharge summary to the PCP if/when available prior to case closure.

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## D. PROCEDURE

- I. During the discharge planning process, the BSCPHP UM clinician will do the following:
  - a. Implement a standardized discharge risk assessment that is to be completed prior to discharge to assess a member's risk of re-institutionalization, re-hospitalization, and risk of mental health and/or substance use disorder (SUD) relapse;
  - b. Obtain permission from the member, member's parents, legal guardians, or authorized representative(s), as appropriate, to share information with providers to facilitate transitions, in accordance with federal and state privacy laws and regulations;
  - c. Prevent delayed discharges of a member from a hospital, institution, or facility due to circumstances such as, but not limited to, BSCPHP's authorization procedures or transitions to a lower level of care, by determining and addressing the root causes of why delays occur;
  - d. Ensure each member is evaluated for all care settings appropriate to the

member's condition, needs, preferences, and circumstances. Members must not be discharged to a setting that does not meet their medical and/or long-term services and supports (LTSS) needs; and

- e. Ensure members with SUD and mental health needs receive treatment for those conditions upon discharge.

II. When notified of discharge, the UM clinician will ensure:

- a. All medically necessary covered services are provided in a timely manner upon discharge;
- b. All prior authorizations required for the member's discharge needs are processed within timeframes consistent with the urgency of the member's condition (not to exceed five working days for routine authorizations or 72 hours for expedited authorizations; this includes prior authorizations for therapy, home care, medical supplies, prescription medications for which BSCPHP is responsible, and DME that are processed in accordance with 42 CFR §438.210 and H&S Code §1367.01. See UM policy 10.2.38 Prior Authorization for additional information);
- c. The member will transition to the most appropriate level of facility- or community-based care based on the member's medical and social needs; and
- d. The discharge/disposition is mutually agreed upon with member's provider and BSCPHP.

III. Nursing Facility Transitions

- a. When transitioning members to and from Skilled Nursing Facilities, the BSCPHP UM clinician will ensure timely member transitions that do not delay or interrupt any medically necessary services or care by meeting the following requirements, at a minimum:
  - i. Coordinate with facility discharge planners, care or case managers, or social workers to provide case management and transitional care services during all transitions;
  - ii. Assist the member being discharged or the member’s parents, legal guardians, or authorized representatives by evaluating all medical needs and care settings available including, but not limited to, discharge to a home or community setting, and referrals and coordination with in-home supports and services (IHSS), community supports, LTSS, and other home and community based services (HCBS);
  - iii. Maintain contractual requirements for Skilled Nursing Facilities to share Minimum Data Set (MDS) Section Q, have appropriate systems to import and store MDS Section Q data and incorporate MDS Section Q data into transition assessments;
  - iv. Verify with facilities that members arrive safely at the agreed upon care setting and have their medical needs met; and

E. MONITORING:

N/A

F. REPORTING:

N/A

G. REFERENCES & ATTACHMENTS:

- 1. 42 CFR §438.210
- 2. 22 CCR §51303(a)
- 3. 42 USC §1396d(r)
- 4. H&S Code §1367.01
- 5. Clinical Access Programs P&P 70.29.5.1 Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Program
- 6. UM P&P 10.2.38 Prior Authorization
- 7. W&I Code §14132

H. REVISION HISTORY:

Date	Modification (Reviewed and/or revised)	E-Filing Number
6/2024	Annual Review <ul style="list-style-type: none"><li>• Formatting/grammatical updates</li><li>• Review of current UM discharge planning</li></ul>	

	process	
9/2023	Updated Discharge requirements for SPD Mbrs	
2/2023	Updated Regulatory Requirements DHCS	