

Rehabilitative Behavioral Health Services Clinical Standards – Discharge/Transition Plan

Division of Behavioral Health
Quality Assurance Team
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Disclaimer

- Materials presented today are not comprehensive. This training does not take the place of reading the provider policy and procedure manual. Prior to treatment, all beneficiaries must meet criteria for medical necessity for that service. All information in this presentation pertains to South Carolina Department of Health and Human Services Healthy Connections (SCDHHS) Medicaid beneficiaries.

Purpose of the Orientation

- To act as a guide for Rehabilitative Behavioral Health Services (RBHS) providers who are learning about South Carolina Medicaid policy and procedures prior to rendering RBHS.
 - While this presentation is designed to enhance understanding of the Medicaid standards regarding the RBHS Policy Manual, all aspects and policy are not covered in this presentation. Please review the RBHS Manual and the Administrative and Billing Manual.
- To help providers avoid potential Medicaid recoupment.

Discharge/Transition Plan

- The discharge/transition plan must be present in the record upon the beneficiary's discharge.

Discharge Criteria

Beneficiaries should be considered for discharge from treatment or transferred to another level when they meet any of the following criteria:

- The beneficiary's level of functioning has significantly improved.
- The beneficiary has made limited or no progress with respect to the goals outlined in the Individualized Plan of Care (IPOC).
- Achieved the goals as outlined in the IPOC or reached maximum benefit.
- Developed the skills and resources needed to transition to a lower level of care.
- The beneficiary requested to be discharge from treatment (and is not an imminent danger to self or others).
- The beneficiary requires a higher level of care (e.g., more intensive outpatient treatment, Psychiatric Residential Treatment Facility [PRTF], or inpatient treatment).
- The beneficiary displays the inability to actively participate in the program or no longer is working or participating toward their goals.

Discharge Summary Components

Discharge summary must include:

- Date of discharge from program.
- Each RBHS service(s) the beneficiary received.
- Start and end date of each service.
- Presenting concerns/condition and diagnosis(es) at time of admission.
- Description of the progress, or lack of progress, in achieving planned goals and objectives in the IPOC.
- Rationale for discharge from service(s).
- Summary of the beneficiary's status/presentation at last contact.
- Recommendations for possible services and supports needed after discharge for continuity of care (e.g., medical care, personal care, self-help groups, peer connections, etc.).
- Medications prescribed or administered, if applicable.
- Attempts to contact beneficiary/family, if discharge is unplanned.

