

INSTRUCTIONS: Completing an Inpatient Discharge Review in ProviderConnect

Needed to access ProviderConnect:

- Provider User ID
- Member MMIS or SSN
- Member Date of Birth
- Authorization Number – Please select the authorization that covers the last day that Member is in IP, AND, etc.

Discharge review questions:

- *Discharge date
- Is this a child or adolescent being discharged from AN, A1, A2 or RA status? Y/N
- *Primary Discharge Diagnosis
- *Discharge GAF
- *Discharge Condition – Improved/No Change/Worse
- Medication on Discharge

Treatment Involved	
Check all that apply	
<input type="checkbox"/> Adverse Incident	<input type="checkbox"/> Legal System
<input type="checkbox"/> Child Protection	<input type="checkbox"/> OP Provider
<input type="checkbox"/> EAP	<input type="checkbox"/> PCP
<input type="checkbox"/> Family	<input type="checkbox"/> None
<input type="checkbox"/> Other Support	

- *Current Risks: Risk to Self/Others
- *BPRS: Children/Adults
- *Current Impairments:
 - Mood Disturbance
 - Weight Change
 - Anxiety
 - Medical/Physical Conditions
 - Psychosis/hallucinations/delusions
 - Substance Abuse
 - Thinking/cognition/memory / concentration problems
 - Job/school performance
 - Impulsive/reckless/aggressive behavior
 - Social functioning/relationships
 - Activities of daily living
 - Legal issues
 - Homelessness

Key:

0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

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- Living Situation at Discharge
- Contact Name, Address, and Telephone Number – Please request current information to contact the Member.
- Primary Person Responsible for Member
- *Total # of Days/Sessions Used
- *Discharge plan in place – Y/N
- *Type of Discharge: AMA/Planned
- *Does the discharge plan involve Member, Guardian and/or Parent participation? Yes/No/Unknown
- Contact with the Primary Care Clinician (PCC)?
- *Actual discharge residence
- *Actual level of care discharged to
- Member/family name for follow-up/relationship/telephone number
- *Person to contact for follow-up
- *Relationship
- Telephone number – Please request current information of the person to contact for follow-up.

*Aftercare Behavioral Health Provider

<input checked="" type="radio"/> Arranged	<input type="radio"/> Not Arranged	<input type="radio"/> Do Not Know	<input type="radio"/> Member Refused
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Selecting **Arranged** will populate the fields listed below. Please complete the fields following the instructions.

- ***Provider Last Name/Other** – Please provide the name of the behavioral health agency, when applicable (such as: MSPCC, South Bay, Riverside) or the actual independent practitioners, when applicable (such as: Smith, Joe).
- ***Scheduled Appointment Date** – Please remember appointments are to be scheduled within seven days of discharge. Problems with access to Outpatient providers should be addressed with the MBHP regional network manager servicing your agency. If the provider is conducting services through an Open or Same Day Access schedule, please populate this field with the earliest date available to the Member. Please enter date in **MMDDYYYY** format (do not include slashes “/”).
- ***Scheduled Appointment Time** – If the provider is conducting services through an Open or Same Day Access schedule, please populate this field with the earliest time available to the Member. Please enter time in **HH:MM:SS** 24-hour format (e.g., 1:30 p.m. = 13:30:00).
- ***Type of Appointment** – Select the appropriate type from the three drop-down options.
 - Mental Health
 - Substance Abuse
 - Medication Management

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Examples of Aftercare Behavioral Health Appointment ARRANGED

Outpatient (OP)/ PCC/Medication Prescriber/ Methadone Clinic	PHP/SOAP	PACT	Group Home/ Residential/ Respite	Step-downs (EATS, CBAT, TCU, CSU, CSS, Alternative Specialty Unit/ Nursing Facility, or Medical Admission)
List the Provider name and appointment date and time following the instructions above.	<p><u>Name</u>: List the name of the program.</p> <p><u>Date</u>: List the first date the Member will start the program.</p> <p><u>Time</u>: List the time the program opens in the morning; typically 8:00 a.m. (08:00:00).</p>	<p><u>Name</u>: List the name of the PACT team.</p> <p><u>Date</u>: List the first date the PACT team will see the Member; typically the next consecutive day.</p> <p><u>Time</u>: List the time the PACT team will see the Member; the PACT office hours start at 8:00 a.m. (08:00:00).</p>	<p><u>Name</u>: Obtain the OP provider name from Group Home/ Residential/ Respite service.</p> <p><u>Date</u>: Obtain the Member's next OP appointment date from Group Home/ Residential/ Respite .</p> <p><u>Time</u>: Obtain the Member's next OP appointment time from Group Home/ Residential/ Respite .</p>	<p><u>Name</u>: If the Member is stepping down to an alternative level of acute care, list the name of the step- down provider.</p> <p><u>Date</u>: List the first date Member will attend the next level of treatment.</p> <p><u>Time</u>: Due to 24-hour level of care, please enter the time as 8:00 a.m. (08:00:00).</p>

Examples of Aftercare Appointment NOT ARRANGED

Only select the **Not Arranged** option if the Member left AMA (Against Medical Advice).

Examples of Aftercare Appointment REFUSED

Only select the **Member Refused** option if the Member actually stated he/she did not want aftercare services arranged.

*Aftercare Prescribing Physician

Arranged
 Not Arranged
 Do Not Know
 Member Refused

- Name
- Prescriber – PCC/Psychiatrist/Other
- Phone
- Appointment Date/Time

Medical Care Physician

- Name/phone
- Reason for medical involvement
- Appointment date/time

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****Required fields***