


**POLICY AND PROCEDURE**

<b><u>POLICY TITLE:</u></b> EEU Inpatient Discharge UR	<b><u>POLICY #:</u></b> DSAMH036
<b><u>PREPARED BY:</u></b> EEU UR	<b><u>DATE ISSUED:</u></b> 06/06/2022
<b><u>RELATED POLICIES:</u></b> DSAMH003 Provider Appeals Policy DSAMH031 Involuntary Placement Policy DSAMH032 Voluntary Placement Policy DSAMH034 EEU Inpatient Initial UR DSAMH035 EEU Inpatient Concurrent UR DSAMH037 EEU Inpatient Retroactive UR	<b><u>REFERENCE:</u></b> NQCA, HEIDIS, CMS
<b><u>DATES REVIEWED:</u></b> 04/17/2023 03/27/2024	<b><u>DATES REVISED:</u></b> 03/08/2023 01/17/2024
<b><u>APPROVED BY:</u></b>  1B71C05196B24CA... <b><u>DATE SIGNED:</u></b> 4/8/2024   9:34 AM PDT	<b><u>NOTES:</u></b> <input type="checkbox"/> DSAMH Internal Policy <input type="checkbox"/> DSAMH Operated Program <input checked="" type="checkbox"/> DSAMH State Providers <input type="checkbox"/> Delaware Psychiatric Center <input type="checkbox"/> Targeted Use Policy (Defined in scope)

I. **PURPOSE:**

The purpose of this policy is to promote and maintain objective, consistent, impartial, and fair utilization management decisions. The policy shall describe the authorization review process for inpatient psychiatric treatment for Delaware residents eighteen (18) years of age or older who are uninsured or underinsured. These procedures pertain to all inpatient psychiatric treatment providers contracted to provide care for the State.

II. **POLICY STATEMENT:**

DSAMH shall conduct discharge reviews to ensure that clients receive discharge plans that reflect a continuity of care to the least restrictive level of care that is affordable, appropriate, feasible, and obtainable. The goal is that each patient has a discharge plan in place in order to promote best outcomes and prevent rapid readmission.

III. **DEFINITIONS:**

**“Authorization”** means the agreement from DSAMH that a patient meets medical necessity for inpatient psychiatric treatment.

**“Delaware resident”** means either:

1. An individual who is domiciled in Delaware for any part of the tax year or maintains an abode in Delaware and spends more than 183 days in the State.
2. A person who possesses a valid Delaware- issued identification card such as driver's license or non-driver identification card.

**"Discharge Plan"** means a plan developed to coordinate services of an individual to the next level of care. Discharge plans should include, but are not limited to, any information pertaining to appointments, medications, access to medication, transportation, housing, and any other identified health or social service needs.

**"Underinsured"** means a third-party payor exists, but the service is not a covered benefit under their active plan, the benefit was denied by the third-party payor, or their insurance benefits have been exhausted. The PM37 form must be used to determine underinsured eligibility and sliding scale fees (as of 12/13/23 PM37 currently only applies to IMD programs).

**"Uninsured"** means no third-party payer exists; the client is considered indigent.

**"Utilization Review" or "UR"** means the review of clinical information to determine authorization approval or denial.

- IV. **SCOPE**: This policy and procedure applies to all inpatient psychiatric treatment providers contracted with the State to provide inpatient psychiatric care for uninsured, underinsured, or Delaware Medicaid fee-for-service Delaware residents.

V. **PROCEDURES/RESPONSIBILITIES**

- A. Discharge documentation will only be accepted via the DSAMH UR email box [DSAMH\\_EEU\\_UR@delaware.gov](mailto:DSAMH_EEU_UR@delaware.gov) within one (1) business day after discharge with the word "discharge" in the subject line. The discharge instructions shall include:
1. Aftercare appointment with either a psychiatrist or therapist within seven (7) days of discharge,
  2. Aftercare appointment with a provider who accepts State pay or FFS payment,
  3. A list of medications and prescriptions with sufficient medication doses until the client's first appointment with a prescriber,
  4. Crisis safety plan,
  5. Housing plan,
  6. Community resources and emergency numbers, and
  7. Discharge diagnosis.
- B. Review of discharge documentation:
1. DSAMH UR will conduct a review of discharge documentation to provide determination of appropriateness of discharge plan.
  2. DSAMH UR will respond with the authorization or denial of request within two (2) business days of submission.
  3. The information obtained from the discharge documentation is utilized for the final authorization.
  4. Incomplete, inappropriate, or late discharge plans will result in denial of payment from the State.

- C. For any denials of authorization, reference DSAMH003 Provider Appeals Policy for next steps.
- D. Table of timeline:

Provider will:	Submit ALL discharge documentation via the DSAMH UR email box <a href="mailto:DSAMH_EEU_UR@delaware.gov">DSAMH_EEU_UR@delaware.gov</a> with the word “discharge” in the subject line.	within one (1) business day after discharge
DSAMH UR will:	conduct a review of discharge documentation to provide determination of appropriateness of discharge plan	within two (2) business days of submission
DSAMH UR will:	respond with the authorization or denial of request	within two (2) business days of submission

VI. **POLICY LIFESPAN:** Policy supersedes previous distributions of this policy as detailed in dates revised. This policy will be reviewed annually.

VII. **RESOURCES:** N/A