



Service Name and Description

Hospital Discharge Transition Service

This service includes face-to-face attendance at state and community psychiatric hospitals, facility-based crisis centers, detox centers and other 24-hour facilities for the purposes of discharge planning with assigned and unassigned members. Services are inclusive of face to face contacts with consumers and staff, attendance at treatment/discharge meetings, and contact/linkage with community resources identified in discharge plan. The objective is to facilitate discharge planning and when applicable, complete all documentation required to transfer consumers to another appropriate service with an LME contract provider. The Hospital Discharge Transition Service should be used briefly and only until consumers are attached to a provider for ongoing services. It should also be used to engage those consumers on outpatient commitment who are not attached to a provider until these consumers are attached to a provider for ongoing services.

Procedure Code:

YA346 1 unit = 15 minutes

Provider Organization Requirements

Must be nationally accredited by one of the accepted accrediting bodies and complies with all requirements of 10A NCAC 27G.

Staffing Requirements by Age/Disability

Hospital Transition staff are Licensed Professional and a Qualified Professional for children and adults.

Program and Staff Supervision

Clinical Supervision for the Qualified Professional is at minimum monthly by the Licensed Professional with consult as needed. Licensed Professionals are supervised as required by licensing board and all supervision is in compliance with all requirements of 10A NCAC 27G.

Service Type/Setting

This service is provided in state and local hospitals, facility-based crisis centers, detox facilities and other 24 hour inpatient facilities. The service also assists in warm transfer to treatment in an outpatient setting including providing transportation and attending with the member as needed.

Program Requirements

This is an individual service providing the following elements:

PRE-DISCHARGE SERVICES – STATE HOSPITAL, ADATC, OTHER 24-HOUR FACILITIES

- Face to face contact with member within 24 hours of notification from LME.
 - determine member treatment needs, preferences, and provider choice upon discharge
 - identify natural and community supports
 - identify how and where the member will return to community
 - identify housing needs

collaboration with inpatient facility treatment team and Crossroads' Hospital Liaison to develop discharge plan.

POST DISCHARGE SERVICES-STATE HOSPITAL, ADATC, OTHER 24-HOUR FACILITIES

- Face-to-face appointment with all members who do not qualify for Enhanced Services at their home the day of discharge or within 3 days.
- If member does not qualify for an Enhanced Service, transport member to the first appointment.
- If member is not able to attend first appointment provider will outreach member and schedule a second appt. within 4 days
- Provide all necessary support and services until member becomes active with a provider
- Schedule member with a minimum of one billed medication management appointment within 14 days post discharge.
- Begin working on (re)linking with Medicaid and/or disability benefits (if appropriate)

PRE-DISCHARGE SERVICES – LEVEL 3.7 & LEVEL 4 DETOX and FACILITY BASED CRISIS

- Face-to-face appointment with member within 3 days of admission
 - determine member treatment needs, preferences and provider choice upon discharge
 - identify natural and community supports
 - identify how and where the member will return to community
 - identify housing needs
- collaboration with inpatient facility treatment team and Crossroads' Hospital Liaison to develop discharge plan
- Complete necessary paperwork to make member active with a provider.
- Schedule an appointment for the day of discharge

POST DISCHARGE – LEVEL 3.7 & LEVEL 4 DETOX and FACILITY BASED CRISIS

- Provide transportation from the facility to the first appointment or Urgent Walk In Center on the day of discharge
- Transfer post discharge services to Provider or Urgent Walk In Center at that time.

Entrance Criteria & Eligibility Requirements

Members who are inpatient status at a State or private psychiatric facility or ADATC or any other 24-hour facility.

Continued Stay Criteria

Member has not had an intake/face to face with the Urgent Walk In Center or an outpatient provider.

Discharge Criteria

- Member will be discharged when active with outpatient provider
- Anticipated length of stay is less than one week
- Anticipated number of service units received from admission to discharge is 20
- Anticipated average cost per member for this service is \$351

Evaluation of Consumer Outcomes and Perception of Care

- Increased frequency of member follows through with outpatient care
- Member does not return to hospital or Detox within 30 days of discharge
- Findings from the NC TOPPS

Service Documentation Requirements

- Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.
- All contacts are documented with standard service note and filed in member chart
- An invoice, documenting units claimed, will be submitted to Alliance Health for payment

Service Exclusions

This code will not be authorized past first completed outpatient appointment

Service Limitations

8 hours a week maximum