



The purpose of the seven-day follow-up is to ensure that the member has an appropriate plan and supports following a hospital discharge.

- During the first seven days post-discharge, the patient is at greater risk for re-hospitalization. Within the first three weeks post-discharge, the risk of self-harm is high.
- The follow-up appointment should be made with a mental health/substance abuse provider at your organization before the patient leaves the hospital and should be scheduled between one to seven days after discharge.
- Follow-up visits must be shown by a paid claim in order to count toward the measure.

Services counting toward follow-up:

- Outpatient
- ACT
- CST
- MST
- Psychosocial rehab
- Peer support
- Intensive in-home
- SAIOP/SACOT/opiod treatment/SA non-medical community residential treatment
- MH or Diagnostic assessment
- Targeted case management
- BH day treatment

Seven-Day Challenge Reminders

- If your organization is actively serving a member, you are responsible for the follow-up.
- Services on the day of discharge do not count toward the measure.
- ED discharges are not part of the measure (inpatient discharge must be from a state hospital, community hospital, FBC, ADATC, psych hospital, detox).
- State and Medicaid members are part of the seven-day challenge.
- The seven-day challenge applies to members ages 3-64.
- Follow-up visits do not count if they occur at an inpatient hospital, inpatient psych facility, or hospital ED.

For questions or concerns, please contact your provider network specialist.

The information presented by Alliance Health above is for informational purposes only. It is not intended for use in lieu of state guidelines or service definitions nor is it to be used to guide individualized treatment. Please refer to your Medicaid contract for additional details.