**WHY?**

The purpose of the 7-day follow-up is to ensure that the member has an appropriate plan and supports following a MH or SUD hospital discharge.

During the first 7 days post-discharge, the patient is at greater risk for re-hospitalization.

**HOW?**

Follow-up appointment should be made:

1. before the patient leaves the hospital
2. between 1-7 days after discharge
3. with a MH/SUD provider at your organization

**WHAT COUNTS?**

Common services counting toward follow-up:

- Outpatient
- ACT
- CST
- MST
- Peer Support
- BH Urgent Care
- BH Day Treatment
- Partial Hospitalization
- Assertive Engagement
- PRTF
- Psychosocial Rehabilitation
- Intensive In-Home
- MH or Diagnostic Assessment
- Crisis Evaluation and Observation
- SAIOP, SACOT, Opioid Treatment, SA Non-Medical Residential Treatment
- and others*

**REMINDE**

Ages 3-64

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.

Follow-up visits must be shown by a paid claim in order to count toward the measure.

State and Medicaid members are part of the 7-day challenge.

Follow-up visits do not count if they occur at an inpatient hospital, inpatient psych facility, or hospital ED.

ED discharges are not part of the measure (inpatient discharge must be from a State Hospital, Community Hospital, FBC, ADATC, Psych Hospital, Detox).

*For questions or concerns about other services allowed and/or those in your provider contract, please contact your Provider Networks 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.