

Instructions for use of *Service Needs/Discharge Planning Status Form*

The Service Needs/Discharge Planning Status form is for use with Criterion 5 Transition Services. When a recipient age 17 and under meets discharge criteria but services are not available in the community, the recipient's treating clinician/service provider at the acute care facility must request continuation of service under Criterion 5.

The service provider at the acute care facility must submit the Criterion 5 Services Needs/Discharge Planning Status Form with a copy of the hospital discharge plan attached to the form to the appropriate UR vendor in order to request additional time in the hospital in anticipation of discharging to community services.

General Instructions:

Initial Request:

1. The case manager at the acute care facility completes Section I of the *Service Needs/Discharge Planning Status* form jointly with the LME.
2. The *Service Needs/Discharge Planning Status* form is signed and dated by a representative from the LME and a representative from the acute inpatient setting.
3. The case manager at the acute care facility should submit the *Service Needs/Discharge Planning Status Form* and the hospital discharge plan to the appropriate UR Vendor via secured fax line.

Reauthorization Requests:

1. The case manager and the LME update *The Service Needs/Discharge Planning Status form* at least weekly for each recipient in consideration for transition services.
2. The case manager documents information on *Section II: Patient Status* on the *Service Needs/Discharge Planning Status* form and obtains weekly dated signatures from the LME and hospital representative.
3. The case manager must fax the updated *Service Needs/Discharge Planning Status* form at least weekly to obtain additional authorization and when the recipient is discharged

Completion Instructions:

Identifying Data

Please fill in name, date of birth, age, and Medicaid number of the recipient. The "Admission Date" is the date of recipient's admission into current facility. The "Decertification Date" is the date of the last bed day approved by the UR vendor. The "Type of Residence" refers to the recipient's location when admitted to the hospital (e.g. Family Home, Level III Group Home, Therapeutic Foster Care), while the "County of Residence" refers to the county in which the recipient's Medicaid is active.

Section I

For an initial request, check all services that are needed for recipient; identify those that are not expected to be available and indicate anticipated date of availability if known.

Section II

The date should reflect the date of the weekly progress update, and the recipient status should reflect a recipient status for each service indicated in Section I. For instance, if it is indicated in Section I that the client requires Day Treatment, Section II should indicate the status of the application for that service, such as the client being on a waiting list. "Steps Taken to Obtain Necessary Service" should indicate QP/case manager efforts such as contacting the LME to locate providers and dates appropriate providers were contacted as well as when the client referral was sent. "Anticipated Date of Availability" should be an update of the date indicated in Section I under each identified service need.

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As a reminder, the *Service Needs/Discharge Planning Status Form* is signed and dated by a representative from both the LME (i.e. SOC, LME Hospital Liaison, Area Director) and the acute inpatient setting (i.e. Discharge Planner, Hospital Social Worker, Case Manager).