

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. This service applies to children under age 17 for whom placement may not be available upon discharge from an acute care setting.

Refer to *Implementation Policy for Criterion 5 of the Continued Stay Rule* for information on implementation stages.

Initial Request:

1. Case Manager completes initial plan jointly with hospital. On the *Service Needs/Discharge Planning Status* form, check all services that are needed for patient in Section I: *Patient Services*; identify those that are not expected to be available. The “Decertification Date” is the date of the last bed day approved by ValueOptions.
2. *Service Needs/Discharge Planning Status* form is signed and dated by the representative from both the Area Program and the acute inpatient setting.
3. When Criterion 5 Transition Services is triggered, complete Section II: *Patient Status* and Section III: *Request for Authorization for Continued Stay Criterion 5 Transition Services*.
4. Contact ValueOptions Criterion 5 Clinical Care Manager by phone: 888 510 1150 ext 292621 or fax: 877 339 8760
5. ValueOptions staff will return the form by fax with the authorization portion of the form completed.

Reauthorization Requests:

1. Case Manager maintains status report at least weekly from Implementation Stage II for each child in consideration for Transition Services. (Note: some Area Programs may require more frequent updates).
2. Case Manager and hospital discharge planner confer about status of case; Case Manager documents information on *Section II: Patient Status* on the *Service Needs/Discharge Planning Status* form, signs and dates the form and obtains the weekly dated signature from the hospital discharge planner.
3. Fax *Service Needs/Discharge Planning Status* form at least weekly and when the patient is discharged.

Reminder:

The information on this form is confidential. Include information on your cover sheet to the effect: “If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copy of this telecopy is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone and return the original message to us.”