

Discharge Planning Quick Reference Sheet

AmeriHealth Caritas District of Columbia (AMH Caritas DC) has produced this Discharge Planning Quick Reference Sheet to provide procedural steps and documents needed to request discharge planning services for patients who need Durable Medical Equipment (DME), Homecare Services and Placement into a facility for Rehabilitation services such as Skilled Nursing, Sub-Acute, Long Term Acute Care and Acute Care). Authorization requests, including all applicable information can be submitted via fax to 1-855-355-0700. For additional assistance, contact AmeriHealth Caritas District of Columbia Utilization Review Department at 202-408-4823. Detailed information is available by logging onto the website address at <http://www.amerhealthcaritasdc.com/>.

FOLLOW THE DISCHARGE PLANNING STEPS LISTED.

Step 1. Obtain a signed Physician's order. A signed Physician's order or treatment plan must be included with a request to initiate a referral for patient placement into a facility for Rehabilitation services and to request Homecare Services or Durable Medical Equipment. Without the signed Physician's order the processing of these requests will be delayed.

Step 2. The treatment plan should contain the information listed below.

1. Specific measurable long and short term goals
2. A reasonable estimate of the goals will be reached
3. The specific modalities and/or therapeutic procedures to be used during the treatment
4. The frequency and duration of treatment

Step 3. Clinical Review Process. Upon receipt of all requested information the request will be reviewed for medical necessity and a determination whether to approve the request will be made within 24 to 48 hours. Requesters will be notified if required information is missing. Requesters then will have 24 hours after receiving notifications to provide the requested clinical information. If the requested information is not received, this will delay the processing of requests.

Step 4: Notification. The Clinical Care Reviewer notifies providers by fax and phone of the approval or denial of transfer requests, the reason(s) for denials, advises providers of information missing from the request and documents provider notifications into AMH Caritas DC's system. When requests are approved, verbal or fax notifications will be provided. If requests are not approved, upon notification of a denial, requesters have the right to request Peer- to-Peer reviews at 1-877-759-6274.

Other Important Information:

1. Patients must have been hospitalized as inpatients for at least three days (not including day of discharge) and, in most cases, must be admitted to a SNF within 30 days after being discharged from a hospital.
2. A physician must certify the prescribed treatment plan requires skilled care.
3. The member must require "skilled nursing or skilled rehabilitation services, or both, on a daily basis." Skilled nursing and skilled rehabilitation services are those which require the skills of technical or professional personnel such as registered nurses, licensed practical nurses, physical therapists, and occupational therapists. Services are deemed skilled when the service is of a complex nature that only can be safely and effectively performed by or under professional or technical the supervision.

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CHECKLISTS—*The information included in the checklists is to be faxed.**

Checklist for Transfer Requests to Rehabilitation Facility

- Signed Physician's Order with a Prescribed Treatment Plan
- Member Demographic Information or Face Sheet
- Contact Information for person who submitted the request (phone and fax numbers)
- Clinical Therapy Notes (from Intravenous Antibiotic, Occupational, Physical or Speech Therapies)
- Discharge Summary
- Diagnostic Test Results
- Laboratory Results
- Medicine List(s)
- Patient History
- Name(s) of Facility and Point-of Contact where the Request was faxed

Checklist for Transfer Requests for Services Provided by a Homecare Agency

- Signed Physician's Order
- Member Demographic Information or Face Sheet
- Contact Information for person who submitted the request (phone and fax numbers)
- Address of the location where the patient will be staying upon discharge.
- Contact the Discharge Planning Coordinator at AmeriHealth (AMH) Caritas DC to request assistance
- Confirm the AMH Caritas DC Discharge Planning Coordinator provided you/your organization with the name of the staffing Agency, contact information and tentative start of care date for transfer patients.
- Name(s) of Facility and Point-of Contact where the Request was faxed

Checklist for Durable Medical Equipment (DME) Requests

- Signed Physician's Order
- Member Demographic Information or Face Sheet
- Contact Information for person who submitted the request (phone and fax numbers)
- Address of the location where equipment is to be shipped.
- Notify AMH Caritas DC of the DME company used or the name of the DME company you will be using for authorization of DME services
- Name(s) of Facility and Point-of Contact where the Request was faxed

*Referrals are to be made to participating facilities, providers or Durable Medical Equipment Companies. If the provider is non-par, contact AMH Caritas DC at (202)408-4823 for further assistance.