DISCHARGE PLANNING FOR CAL MEDICONNECT
(DPL 16-003)

This is an advisory notification to inform our Molina Healthcare of California (MHC) network providers of the responsibilities when writing discharge plans and transitioning members to receiving care, which may include long-term services and supports (LTSS), while living in the community.

This notification is based on DPL 16-003, which can be found in full on the DHCS website at http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDDualsPlanLetters.aspx

REQUIREMENTS

A member must have all necessary supports and services arranged upon discharge from a hospital or institution, such as Skilled Nursing Facility (SNF), to living in the community. MHC and network providers are responsible for ensuring the provision of a member’s medical needs, supports, and services are completed throughout the post-discharge and transition to community-based care period. The minimum criteria for discharge planning include:

- Documentation of pre-admission or baseline status;
- Initial set up of services needed after discharge, including but not limited to medical care, medication, durable medical equipment, identification and integration of community-based LTSS programs;
- Initial coordination of care, as appropriate with the member’s caregiver, other agencies and knowledgeable personnel, as well as ensuring the member’s care coordinator contact information is readily available for hospitals; and
- Provision of information for making follow-up appointments.

MHC and network providers are responsible for ensuring that all medically necessary services are provided in a timely manner upon discharge, and that a member’s transition to the most appropriate level of care and community-based care occurs, from the hospital or institution, that meets the member’s medical and social needs. MHC and network providers must ensure that members have access to the full spectrum of Medicare and Medi-Cal covered benefits across all levels of care, including inpatient rehabilitation facilities, long-term care hospitals, the partial hospitalization program, nursing facilities, and the full range of home and community-based services and supports.

MHC and network providers will authorize utilization of nursing facility services or subacute facility services for their members when medically necessary. MHC and network providers must maintain the standards for determining levels of care and authorization of services for both Medicare and Medi-Cal that are consistent with policies established by CMS and the criteria for authorization of Medi-Cal services. MHC must provide members and providers with a written Integrated Denial Notice of any decision to deny a service authorization request, or to authorize a service in an amount, duration, or scope that is less than requested.

If you are not contracted with Molina and wish to opt out of the Just the Fax, call (855) 322-4075, ext. 127413
Please leave provider name and fax number and you will be removed within 30 days.
MHC and network providers must demonstrate their ability to place a patient in a SNF within 72 hours from the request. Should placement exceed 72 hours, MHC or their delegated entities to which their members are assigned, must coordinate with hospitals to facilitate discharge as soon as possible to the most appropriate level of care based on medical necessity, and incorporate a member's preferences when medically appropriate. The member or his or her representative has the opportunity to provide input on discharge planning and receive counseling on the final discharge plan. MHC and network providers may place members at a SNF appropriate for their needs located in the service area. If a SNF bed in the service area is not available, MHC and network providers may contract with SNFs outside the service area in order to place the member in a SNF.

Please note that MHC is subject to State regulatory audits and is responsible for ensuring downstream compliance with State program initiatives and requirements. As such, PCPs and Independent Physician Associations (IPAs) must ensure that internal operations are consistent and compliant with these requirements. MHC may conduct periodic audits and request copies of applicable policies and procedures and/or documentation that demonstrates compliance within your organization. Failure to submit any requested documents may result in a Corrective Action Plan.

**QUESTIONS**
If you have any questions regarding the notification, please contact your Molina Provider Services Representative at (855) 322-4075.