



Discharge Planning Checklist

Fax Completed Forms to 1-844-206-0435

Our goal at Molina Healthcare of Mississippi is to facilitate an effective and comprehensive discharge for all of our members discharging from an inpatient hospitalization. **Please assist with this process by completing the following information and returning this form to our Case Management department.**

CARE COORDINATION:

The Molina Physical and Behavioral Health Transition of Care team is dedicated to coordinating care for members and ensuring a successful discharge. Prior to discharge, we reach out to our members and their inpatient providers to:

- 1) Review discharge instructions, including follow -up appointments and medications
- 2) Provide members with their TOC/CM contact information for post discharge follow-up
- 3) Answer any questions about benefit coverage

Molina covers transportation to and from doctor appointments and the pharmacy. Transportation requests must be scheduled in advance. Molina Healthcare’s non-emergency transportation vendor is MTM.

Members wishing to schedule transportation must call 1-(888) 597-1206, Member transportation should be scheduled 72 hours in advance.

For same-day urgent trips or hospital discharges, MTM is available for urgent care trips 24 hours a day, 7 days a week. Members who are hearing impaired may call Molina Member Services at (844) 809-8438 for TTY/TDD or 711 to access the Mississippi Relay Service.

If you encounter issues with scheduling follow-up appointments, medication and/or locating community resources, please contact the Molina Care Management team. **Our TOC team can help secure a post-discharge appointment within 7 days. Please email us for assistance at MHMS_CM_Referrals@MolinaHealthcare.com**

You may also contact the Transition of Care Coach/Care Manager assigned to your patient directly at number/email listed below.

Name: _____	
Email: _____	@MolinaHealthcare.com
Molina Healthcare of Mississippi: (844) 826-4333.	Extension: _____



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Discharge Facility Name: _____	
Name: _____	DOB: _____
Member ID: _____	
LOB: <input type="checkbox"/> MSCAN <input type="checkbox"/> MSCHIP <input type="checkbox"/> MARKETPLACE	

Discharge planning begins on admission, and specific discharge plans must be communicated with the Member's Primary Care Provider (PCP). Molina members need an appointment with a behavioral health or primary care practitioner within 7 days of discharge. To ensure a successful follow up please document the discharge plan below, including, the exact date and time of the appointment, complete provider's name, address, and telephone number.

Discharge Date: _____		Discharged To: <input type="checkbox"/> Home <input type="checkbox"/> Facility <input type="checkbox"/> Shelter <input type="checkbox"/> Other _____	
Appointment Date: _____		Time: _____	
Provider Name: _____			
Address at Discharge: _____			
Phone Number at Discharge: _____			

Discharge Medications:

Medication Name	Dose/Frequency	Prescriber	Is this a new medication?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Medication PA Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO	NET Transportation Needed: <input type="checkbox"/> YES <input type="checkbox"/> NO
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Home Health Needs <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:	
DME Needs <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list: DME Ordered? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Behavioral Health Needs: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list:	
Any Additional Needs (including social risk factors):	
Current Living Situation:	
Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Name/#	

Discharge Planner Name: _____

Discharge Planner Phone: _____