PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MCUP3012 (previously UP100312)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Discharge Planning (Non-capitated Members)</td><td colspan="3">☒ External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 05/27/1999</td><td colspan="4">Next Review Date: 09/09/2027
Last Review Date: 09/09/2026</td></tr>
<tr><td>Applies to:</td><td colspan="3">☒ Medi-Cal</td><td colspan="3">☐ Employees</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td colspan="2">☐ P & T</td><td colspan="2">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td colspan="2">☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td>☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td colspan="2">☐ COMPLIANCE</td><td>☐ FINANCE</td><td>☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td colspan="2">☐ CREDENTIALS</td><td colspan="2">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date: 09/09/2026</td></tr>
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I. RELATED POLICIES:

A. MCUP3020 - Hospice Services Guidelines
B. MCUG3038 - Review Guidelines for Member Placement in Extended Care (Custodial/ Long Term Care, Skilled or Subacute) Facilities
C. MPCP2019 - Identification and Care Coordination for Seniors and Persons with Disabilities and/or California Children's Services
D. MCUG3024 - Inpatient Utilization Management
E. MCCP2024 - Whole Child Model for California Children's Services (CCS)
F. MPUG3011 - Criteria for Home Health Services
G. MCCP2031 - Private Duty Nursing under EPSDT
H. MPCP2034 - Transitional Care Services (TCS)

II. IMPACTED DEPTS:

A. Health Services
B. Claims
C. Member Services

III. DEFINITIONS:

Discharge Planning is the coordinated process that evaluates a patient's needs and ensures that each patient has an individualized plan for continuing care, follow-up and/or rehabilitation. It can also be defined as planning for the appropriate continuing care of the patient upon discharge from an acute care facility.

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To define the process for Discharge Planning. Discharge Planning is part of admission certification and an integral part of daily inpatient utilization management.

VI. POLICY / PROCEDURE:

A. OBJECTIVES OF DISCHARGE PLANNING
   1. To identify prior to or on admission, "high risk" patients with medical, surgical, or psychosocial problems which have potential for increased lengths of stay or possible readmission.
      a. Examples of "high risk" patients include Seniors and Persons with Disabilities, children in the

California Children's Services (CCS) program, or other populations as identified by Partnership HealthPlan of California (Partnership).

2. To coordinate post-discharge needs and alternative care
3. To ensure continuity of care throughout inpatient confinement and following discharge
4. To ensure appropriate utilization of inpatient facilities and services
5. To prevent iatrogenic complications that may require hospital readmission
6. To reduce length of stay by preventing unnecessary inpatient days

B. PROCESS

1. Assessment
   a. Discharge planning begins **prior** to admission by assessing the following areas:
      1) The patient's living arrangements prior to hospitalization
      2) The expected living arrangements post-discharge
      3) Any significant others who would be available to provide assistance at home
      4) The assessment of patient/family psychosocial status
      5) Family, support group status
      6) The patient's socio-economic status
      7) Available community resources and the estimated cost and benefits
      8) The patient's ability to perform activities of daily living
      9) Special nursing procedures, medication administration, other special ancillary care services required
   b. The need for discharge planning is also determined using goal-based criteria. Discharge planning should be considered for every patient admitted to an acute care facility.
   c. Each patient's need for discharge planning should be identified, and discharge planning should begin at the time of admission.
2. Ongoing Assessment
   a. Throughout the patient's confinement, the Partnership Nurse Coordinator, facility discharge planner, and/or social worker assess the following:
      1) The patient/family psychosocial, and emotional status
      2) Any change in the patient's physical status that may affect post-discharge well-being (i.e., physical progress or deterioration, new diagnosis, disease or procedure)
   b. Once the alternate care setting has been selected and transfer has taken place, a request is made to the agency or provider for a written progress report when necessary.
3. Identification of Alternate Medical Services
   a. Home health care, pediatric private duty nursing care, hospice, skilled nursing facility services, subacute care facility services, long-term acute care (LTAC) services, acute rehabilitation services, or other medically appropriate post-acute services may be appropriate for patients who require intermittent professional nursing care outside of an acute care hospital facility. Please refer to the following Partnership policies for more information regarding authorization of these services:
      1) MPUG3011 Criteria for Home Health Services
      2) MPCP2031 Private Duty Nursing under EPSDT
      3) MCUP3020 Hospice Services Guidelines
      4) MCUG3038 Review Guidelines for Member Placement in Extended Care (Custodial/ Long Term Care, Skilled or Subacute) Facilities
      5) MCUG3024 Inpatient Utilization Management
4. The attending physician, hospital discharge planner, or authorized treating provider shall notify the Partnership Nurse Coordinator prior to the patient's discharge to obtain precertification for any service included in the patient's discharge plan.

a. Approval for pediatric subacute care services ceases once the Member turns 21 years of age. Authorization requests for pediatric Members should not exceed the Member's 21st birthday; therefore, discharge planning to an appropriate adult level of care must be completed at least two months prior to the Member's 21st birthday.

VII. REFERENCES:

A. Centers for Medicare & Medicaid Services (CMS) Standards
B. Medi-Cal Provider Manual/ Guidelines
C. Department of Health Care Services (DHCS) All Plan Letter (APL) 26-011 Subacute Care Facilities – Long-Term Care Benefit Under Managed Care (06/10/2026)

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer

X. REVISION DATES: 05/05/00; 05/16/01; 05/15/02; 10/20/04; 10/19/05; 10/17/07; 10/15/08; 11/18/09; 05/18/11; 10/15/14; 01/20/16; 08/17/16; 08/16/17; *09/12/18; 09/11/19; 09/09/20; 08/11/21; 08/10/22; 09/13/23; 09/11/24; 11/12/25; 09/09/26

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO: N/A

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.