

Discharge planning begins as soon as you are admitted to the hospital. It helps your health care providers coordinate your treatment and helps you make a smooth return to your community and your regular routine.

Discharge planning ensures that the member/guardian/designated representative:

1. Participates in the discharge planning process,
2. Understands the written discharge plan, instructions and recommendations, and
3. Is provided resources, referrals and possible interventions to meet the member's needs after discharge.

Discharge planning begins upon admission and is updated periodically during the inpatient stay to ensure a safe, timely and effective discharge. It applies to short-term and long-term hospital and institutional stays and includes:

1. A follow-up appointment with the primary care doctor (PCP) and/or specialist within seven (7) days;
2. Safe and clinically appropriate placement, and community support services;
3. Communication of the member's treatment plan and medical history across all involved providers;
4. Prescription medications and medical equipment;
5. Nursing services and therapies, if appropriate;
6. Hospice and End of Life Care related services such as Advance Care Planning, if appropriate;
7. Practical supports such as housekeeping and shopping provided by a member of the family, if appropriate;
8. Referral to appropriate community resources;
9. Referral to the Contractor Disease Management or contractor care management (if needed);
10. A post-discharge follow-up call to the member within three (3) days of discharge to confirm the member's well-being and the progress of the discharge plan;
11. Additional follow-up actions as needed based on the member's needs.



Suggestions for members and their families or advocates

- Ask about the progress of your discharge plan.
- Contact your care/case manager and/or hospital social worker for help if your questions are not answered.
- Make sure you fully understand the discharge plan BEFORE you sign it.
- ALWAYS obtain a copy of the discharge plan before you leave the hospital.
- During the follow-up call you'll receive 3 days after discharge, be prepared to ask questions and talk about any problems you are having.

The Arizona Health Care Cost Containment System (AHCCCS) is committed to ensuring the availability of timely, quality health care. If you know of an AHCCCS member who is unable to access health services, or if you have a concern about the quality of care, please call your AHCCCS health care plan's Member Services number. If your concern is not resolved, please call AHCCCS Clinical Resolution Unit at 602-364-4558, or 1-800-867-5308.