

Mercy Care Level 1 Discharge Plan



Member Name:	DOB:	AHCCCS ID:
Team: <input type="checkbox"/> DCS <input type="checkbox"/> JPO <input type="checkbox"/> DDD <input type="checkbox"/> Adoptive Parent <input type="checkbox"/> Bio Parent <input type="checkbox"/> Tribal	Health Plan: <input type="checkbox"/> ACC <input type="checkbox"/> DCS/CHP <input type="checkbox"/> DDD	

Today's Date: / / Initial Plan Updated Plan Final Plan
 Updated plan must be submitted when there is a change, or as requested. Final plan is due by the time of discharge.

Inpatient Facility:	Admit Date: / /	
OP Agency/Site:	BHMP:	Phone:
HNCM:	Email Address:	Phone:
PCP:	Clinic Address:	Phone:

Reason for hospitalization:

Anticipated barrier(s) to discharge: Strategies to overcome barriers:

Dates youth seen by provider agency and results of this contact:

Dates contact made with inpatient hospital team/ type of contact and results of this contact:

Peer to Peer (Between Inpatient and Outpatient BHMPs): Not Requested Requested Unable to complete

Scheduled Date/ Time: Result of peer to peer:

Treatment Services In Place at Time of Admit:

DISCHARGE PLAN	Including discharge location and all services member will be receiving Plan B & C required if requesting a HLOC, including one alternative plan in the event member is discharge ready before a HLOC is approved/found.
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Plan A	
Plan B	
Plan C	

Treatment Services After Discharge	Service:	Date: / /	Time:
	Service:	Date: / /	Time:
Psychiatric Follow-Up Appointment Within 7 Days of Discharge	BHMP:	Date: / /	Time:
Next Scheduled Staffing/CFT	<input type="checkbox"/> Inpatient Staffing <input type="checkbox"/> Post-Discharge CFT	Date: / /	Time:

Is a Higher Level of Care (BHIF, BHRF, TFC) being requested?
 Date requested: / /
 Date submitted: / /
 BHIF BHRF TFC
NOTE: All HLOC Requests must be faxed to 1-844-424-3976

Discussed above with Guardian and IP team? Yes No Staffing Date:

Completed by:	Name:	Title:
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** If you have questions or need additional support, the Discharge Coordination team can be reached at ChildrensDischargePlanning@mercycares.org **