

## Provider Notice

To: **All IBHS Providers**  
From: **PerformCare**  
Date: **April 28, 2023**  
Subject: **IBHS 23 103 Discharge Planning**

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This notice serves to outline PerformCare's expectations for discharge planning from IBHS Levels of Care.

Active discharge planning should begin at the initiation of service, be indicated in the IBHS Assessment and ITP with target dates and clear achievable goals needed for discharge, discussed during team meetings, and planned for throughout the course of treatment. The target discharge date, which is required, is fluid and may change based on Member progress.

Discharge planning should include many factors such as the type of treatment that is beneficial for the Member, current behaviors and symptoms, Individual Treatment Plan (ITP) progress, and level of skill acquisition. Discharge discussions should respectfully consider the Member/caregiver perspective, beliefs, and treatment priorities.

Realistic discharge criteria should be developed based on the Member's individual goals. It is important to remember that Members may not need to meet each goal at 100% before being able to transition to an Outpatient level of care or other supports in the community. Providers should work closely with each Member/parent/guardian to identify expectations for goal achievement and outline this in the Discharge Criteria section of the ITP.

Discharge Plans should include both formal and natural/community supports. Referrals should be made to aftercare treatment services as well as community supports far enough in advance of the discharge date to ensure services can begin in a timely manner.

Per the IBHS Regulations, a discharge may occur for any of the following reasons:

- Goals have been completed
- Progress is not being made towards goals within 180 days from initiation of services
- A more restrictive level of care is needed
- The parent/legal guardian who provided consent to treatment agrees services should be discontinued
- The youth or young adult agrees services should be discontinued
- Failure to attend scheduled IBHS for 45 consecutive days without any notification and prior to discharge the IBHS agency made at least three attempts to contact to discuss past attendance, ways to facilitate future attendance and the potential discharge.

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Per PerformCare policy CM-CAS-042, within forty-five (45) calendar days prior to the date of discharge, a pre-discharge planning treatment team meeting is required, and all members of the treatment team are required to be invited. A pre-discharge planning meeting is required prior to any planned or unplanned discharges to assure after care or needed follow up is in place.

The provider should also contact the assigned PerformCare CCM any time there are treatment concerns. Discussions will focus on overcoming any identified treatment barriers and consideration may be given to coordinating a treatment team meeting. Examples of these scenarios include, but are not limited to:

- Family engagement concerns
- School staff not agreeing to implement interventions or participate in skills transfer
- Lack of treatment progress
- Crisis situations

Within forty-five (45) calendar days after the date of discharge, the current treating provider must submit an IBHS Discharge Summary Form, updated CANS (CABHC counties only) and a Child/Adolescent Services Request Submission Sheet to PerformCare. TMCA providers must complete a DLA-20 and follow the process for submission of data to PerformCare. A copy of the IBHS Discharge Summary Form must be provided to the Member/Family/Guardian. Discharge summaries are required regardless of the reason for the discharge.

Thank you for your ongoing collaboration and commitment to our Members. Please reach out to your Account Executive with any questions.

cc: Lisa Hanzel, PerformCare  
Scott Suhring, Capital Area Behavioral Health Collaborative  
Missy Reisinger, Tuscarora Managed Care Alliance  
PerformCare Account Executives

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Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917  
Providers: 1-888-700-7370 Fax: 1-855-707-5823  
Mailing Address: 8040 Carlson Road Harrisburg, PA 17112