



# Inpatient Discharge Checklist

Please use this form to assist with the discharge process. This form does **not** need to be submitted to Magellan.

- Verify that the member's contact information is correct.
- Please inform member that Magellan may be contacting him/her following discharge.
- Was the follow-up outpatient provider and/or CSB invited to attend the discharge planning meeting (telephonically or in person)?
- Was a follow-up appointment scheduled within 7 days of member's discharge?
- Was discharge plan shared with appropriate outpatient provider(s)?
- If there was no available appointment within 7 days, is there an individual in member's support system who can contact member in the interim for a wellness check (e.g., Case Manager, peer support, or a member-identified support)?
- Please verify the following follow-up appointment information with the member and with Magellan:
  - Provider name: \_\_\_\_\_
  - Phone number: \_\_\_\_\_
  - Appt. date/time: \_\_\_\_\_
- Does the member have transportation to follow-up appointments and/or pharmacy to obtain medications?
- Was education provided to the member regarding the importance of attending follow-up appointments?
- Was education provided to the member regarding the importance of obtaining and taking prescribed medications consistently after discharge?
- Was education provided to the member regarding developing strategies for medication adherence (i.e., mediset, family member who can assist with medication monitoring, visual reminders)?
- Has the member completed a crisis prevention plan or "safety plan" prior to discharge that includes the following:
  - Meaningful activities/hobbies/projects to prevent decompensation
  - List of appropriate coping strategies for symptoms
  - Early warning signs of decompensation
  - List of supports and phone #'s to call if decompensating
  - List of current medications