KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Discharge Planning	**Policy #**	30.80-P
Policy Owner	Utilization Management	**Original Effective Date**	01/01/2026
Revision Effective Date		**Approval Date**	01/06/2026
Line of Business	☐ Medi-Cal ☒ Medicare ☐ Corporate		

I. PURPOSE

The purpose of this policy is to define the components required for performing successful discharge planning. This policy applies the Kern Health Systems (KHS) Concurrent Utilization Management (UM) Review nurses, Prior Authorization, Case Managers, Medical Directors and Non-Clinical UM team members who all assist in the oversight and coordination of a members care needs prior to and after a discharge has occurred.

II. POLICY

The KHS Concurrent Utilization Management (UM) Review nurses will conduct electronic, telephonic, or onsite initial reviews and subsequent concurrent reviews on all inpatient admissions. Every attempt will be made to complete the initial review within one working day of receipt of the notification of the admission and then regularly throughout the hospital stay.

Discharge planning and the identification of potential discharge needs will start with the initial review and be ongoing until the actual discharge of the member. This will provide the Concurrent UM Review nurse with an opportunity to identify planned and unplanned transitions to the next setting (e.g., home, rehabilitation facility, acute rehabilitation facility, skilled nursing facility, assisted living facility, long-term care facility, sub-acute facility, etc.). Additionally, if transition is to another setting ensuring all procedures are followed for seamless transition.

KHS has implemented additional support programs/benefits for those Dual Special Needs (DSNP) members who are identified as most vulnerable and frail and may have care needs that require focused support to ensure the stability of their health. The KHS Concurrent UM Review team as well as other internal providers are responsible for applying DNSP member benefits to ensure consistent and accurate coverage of the care needs.

KHS associates will comply with the Health Insurance Portability and Accountability Act (HIPAA) with all member information.

III. DEFINITIONS

TERMS	DEFINITIONS
CMS	Centers for Medicare and Medicaid Services (CMS), the Federal agency within the Department of Health and Human Services (DHHS) that administers the Medicare program and oversees all Medicare Advantage Plan (MAPD) and Prescription Drug Plan (PDP) organizations.
Discharge Planning	Process involving the transition of a patient's care from one level of care to the next. Health care professionals and the patient and the patient's representative (if any) participate in dis- charge planning activities.
D-SNP/SNP	Dual Special Needs Plan or Special Needs Plan. Medicare Advantage coordinated care plans that serve the special needs of certain groups of individuals including institutionalized individuals (as defined by CMS), those entitled to Medical Assistance under a State Plan under Title XIX and individuals with severe or disabling chronic conditions, as defined by CMS.

IV. PROCEDURES

KHS is responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other CMS, Department of Health Care Services (DHCS), and or California Department of Managed Health Care (DMHC) guidance, including applicable All Plan Letters (APLs), Health Plan Managements Systems (HPMS) memos, Policy Letters, and Dual Plan Letters. These requirements must be communicated by KHS to all delegated entities and subcontractors.

V. ATTACHMENTS

Attachment A: N/A
Attachment B:

VI. REFERENCES

Reference Type:	Specific Reference:

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Effective	01/01/2026	New policy created to comply with D-SNP	UM

VIII. APPROVALS

Committees | Board (if applicable)	**Date Reviewed**	**Date Approved**
Choose an item.		
Choose an item.		