



Section I: Instructions

Skilled nursing facility (SNF) staff should complete discharge planning training annually. After completing training, complete and fax this form to Santa Clara Family Health Plan (SCFHP).

Section II: Facility Information

Facility name:		Parent company name (if applicable):	
Street address:		City:	State: ZIP code:
Telephone number:	Fax number:	Email address:	

Section III: Attestation

I acknowledge that I have received training on best practices for safe discharges via the SCFHP website.

Printed name:	Title:
Signature of attendee:	Date:

Section IV: Best Practices for Safe Discharges Agenda

- Ensuring safe discharges
- Common post-discharge needs
- Resource sharing
- SCFHP long-term care (LTC) authorization process workflow
- LTC member utilization management
- Examples of LTC approvals
- Discharges and transfers
- Discharge case management referral workflow
- Institute on Aging (IOA) – Whole Person Care (WPC) & Silicon Valley Independent Living Center (SVILC)
- SCFHP pre-discharge checklist
- Special circumstances
- Homelessness and homes/shelter
- SCFHP is committed to quality, Quality Improvement
- What contributes to a potential quality issue (PQI)?
- Quality Improvement, case studies

Section V: All SNF staff sign in sheet (please attach additional pages if necessary)

Printed name and title	Signature	Date