



## Did You Know?

### Treatment Recommendations and Discharge Planning (Part 1 of 2)



Discharge Planning should begin at admission for youth in out-of-home care placement settings who provide therapeutic services such as psychiatric hospitalization, therapeutic foster care and residential treatment.

To plan for appropriate and timely discharge from any treating provider, DCBS staff should request the treatment recommendations from the child's treatment team. Treatment recommendations include the services, supports, and therapy a youth will need in their future placement setting and the frequency services, supports, and therapy is needed.

Treatment recommendations are NOT acuity of care (type of placement) recommendations. Acuity of care is determined by DCBS staff through various consultations and consideration of recommendations from QRTP assessments. If a treatment team provides acuity of care recommendations, DCBS should ask for specific treatment recommendations focusing on services, therapy and supports the child will need in their next placement.

Do not ask for recommendations related to the restrictiveness of the placement setting (acuity of care). Recommendations are acceptable via email.

An agency letterhead or signature of the placement and treating provider is not required when recommendations are requested.

Requesting recommendations on letterhead and signed by the treating physician can cause significant delays in obtaining recommendations, further delaying the child's discharge.

#### Related SOP

#### 4.9 Initial Placement Considerations

#### 4.11 Private Child Placing (PCP) or Child Caring (PCC) Agency

#### 4.49 Discharge Planning Prior to Leaving a Hospital or Treatment Facility

#### 4.51.1 Placement in a Congregate Care (Residential Treatment) Setting