

	Behavioral Health and Developmental Disabilities (BHDD) Division
	Medicaid Services Provider Manual for Substance Use Disorder and Adult Mental Health
	Date effective: October 1, 2022
Policy Number: 135	Subject: Continuing Care Plan

The Medicaid provider of behavioral health services must complete an individualized continuing care plan for each member when the member is discharged or transferred from a particular level of care with the following requirements:

- (1) The continuing care plan must be completed and filed in the clinical record within one month of the date of the member’s formal discharge or transfer from each episode of care.
- (2) The continuing care plan must include a summary of the services provided by the provider including recommendations for aftercare services, relapse prevention, and referrals to other services, if applicable, and the signature of the staff person who prepared the summary and the date of preparation.