FY16 Defining Successful Discharges:

A discharged consumer designated in the following areas:

- Reason- ‘Achieved Goals/Graduated’ with any Classification selected, or
- Reason- ‘Clinical Change in Needs’ with only Classification ‘Needs Lower Level of Care’ selected
- In addition for Adult/OA, a MORS score of 6, 7, or 8 within the discharged month or previous month is needed.

Please note: All Administrative Classifications for discharge are excluded from the calculations.
Please see the Discharge Coding Form below to locate these referenced items.
## Discharge Coding Form

<table>
<thead>
<tr>
<th>Client ID:</th>
<th>Client Name:</th>
<th>Provider:</th>
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<tbody>
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### CATEGORY (check one)
- Transfer (from one Reporting Unit/Cost Center to Another)
  - Location of Transfer
- Transfer to County-Operated FQHC
  - FQHC

### Discharge from System
What triggered client to discharge (check one):
- Client Requested Discharge Because Client Goals Achieved
- Clinician Requested Discharge Because Client Goals Achieved
- Client No Longer Meets Medical Necessity/Program Criteria (NOA)
- Client and/or Family Reported Dissatisfaction
- Client Inactive (per Agency Protocol)
- Administrative
- Other, List Reason

### REASON (check one)
- Achieved Goals/Graduated
- Administrative

### CLASSIFICATIONS (check all that apply)
- Emotional/Behavioral Wellness
- Developmental/Functional
- Housing
- Employment/Vocational
- Educational
- Family/Natural Supports/Relationships
- Social Skills
- Reduction/Abstinence From Use
- Physical Health
- Spiritual
- Legal Status
- Moved Out of Service Area
- Redundant Services (remains in services)
- Unilateral Change in Placement (e.g. court order)
- Financial/Loss or Reduction of Benefits/Eligibility
- Obtained Private Insurance (for mental Health svvs)
- Obtained Benefits/Insurance
☐ Does Not Meet Program Criteria
☐ Aged Out (for an age-specific program)
☐ Client preference (e.g. geography)
☐ Program Closed
☐ Left Facility
☐ Administrative Error (e.g. duplicate case)

☐ Clinical Change in Needs
☐ Needs Lower Level of Care
☐ Needs Higher Level of Care
☐ Needs Different Services/Type of Care
☐ Completed Focused Assessment/Consultation
☐ Language/Cultural Needs

☐ Deceased
☐ Homicide
☐ Suicide
☐ Natural Causes
☐ Cause of Death Unknown
☐ Accidental

☐ Incarceration
☐ Violation of Probation
☐ New Violation/Arrest
☐ New Level of Incarceration

☐ Disengaged/Withdrawal Without All Goals Achieved
☐ AWOL from Program
☐ Whereabouts Unknown
☐ Client Decision
☐ Parent/Guardian Decision