

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

Client ID:	Client Name:	Provider:

<p><u>CATEGORY (check one)</u></p> <p>Transfer (from one Reporting Unit/Cost Center to Another)</p> <p><input type="checkbox"/> Location of Transfer</p> <div style="border: 1px solid black; height: 20px; margin-left: 20px;"></div> <p>Transfer to County-Operated FQHC</p> <p><input type="checkbox"/> FQHC</p> <div style="border: 1px solid black; height: 20px; margin-left: 20px;"></div>
<p><input type="checkbox"/> Discharge from System</p> <p>What triggered client to discharge (check one):</p> <p><input type="checkbox"/> Client Requested Discharge Because Client Goals Achieved</p> <p><input type="checkbox"/> Clinician Requested Discharge Because Client Goals Achieved</p> <p><input type="checkbox"/> Client No Longer Meets Medical Necessity/Program Criteria (NOA)</p> <p><input type="checkbox"/> Client and/or Family Reported Dissatisfaction</p> <p><input type="checkbox"/> Client Inactive (per Agency Protocol)</p> <p><input type="checkbox"/> Administrative</p> <p><input type="checkbox"/> Other, List Reason <div style="border: 1px solid black; width: 300px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>

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 svcs)
- Obtained Benefits/Insurance

Unicare Discharge Coding Form

- 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