BEHAVIORAL HEALTH CLINICAL DISCHARGE NOTIFICATION FORM

Submit completed form within one business day: MCO EMAIL/FAX #

Date Form Completed:

Name of Legal Guardian:

If yes, CYFD SW Name/Phone:

Consumer's currently lives with (homeless, parents/siblings):

Is the member involved with CYFD-CPS (Yes/No)?

Is the member currently in custody of CYFD (Yes/No)?

Is the member involved with Adult Protective Services?

Guardian Address:

Guardian Phone:

Name of Facility:

FACILITY INFORMATION

Nume of Lucinty.	
Out of State Facility (Y/N):	
National Provider ID:	
Address/Service Location:	
Facility/Program Contact (Name):	
Phone:	
Fax:	
MEMBER INFORMATION	
*Please complete applicable fields.	
Member Name (First/Last):	
Member ID or SSN:	
Member DOB:	
Member Age:	

If yes, APS SW Name/Phone:

Is member involved with CYFD Juveniles Justice Services (JJS) (Y/N)?

If yes, JJS Name/ Phone:

Power of Attorney (POA) Name/Phone:

Treatment Guardian Name/Phone:

DD Waiver Status:

DISCHARGE INFORMATION

Level of Care Discharging from:

Start Date of Treatment/Admission:

Date/Time of Actual Discharge:

Total Length of Stay:

Reason for discharge (describe if planned discharge/treatment completed, needs higher LOC, left AMA, elopement, Other):

Mental Status upon Discharge:

Member discharged to (Address/Phone Number):

If member is DC to an out of home placement/ LOC:

Agency name

Agency Contact:

Primary Care Provider (PCP) notified of discharge Yes/No?

If no, why not?

PCP name and contact information:

School notified of discharge Yes/No/NA?

If no, why not?

AFTERCARE PLAN

Who will monitor medications after discharge?

^{**}Please make an effort to schedule Follow-Up Behavioral Health Appointments within seven (7) days of discharge per Healthcare Effectivness Data and Invormation Set (HEDIS) measure requirements.

List scheduled appointments: (include appointment dates and times, contact information for provider):
Barriers to successful implementation of aftercare plan?
Referred to Core Service Agency (CSA) Yes/No?
CSA name:
Additional comments/notes: