

## HOME HEALTH DISCHARGE TEMPLATE

ALL FIELDS WITH \* ARE REQUIRED

Name of clinician who filled out this form \_\_\_\_\_ Credentials/Title \_\_\_\_\_

Facility/Provider Service Location \_\_\_\_\_

Member Name \_\_\_\_\_

Medicaid/Consumer ID# \_\_\_\_\_ DOB: \_\_\_\_\_ AND/OR SSN: \_\_\_\_\_

### QUESTIONS:

1. \* Actual Discharge date (EX: 09/01/2010): \_\_\_\_\_

2. \*Behavioral Diagnoses (*Primary is required*)

\*Diagnosis Code: \_\_\_\_\_ \*Description \_\_\_\_\_

\*Diagnostic Category: \_\_\_\_\_

3. \*Discharge Reason (*please check all that apply*):

No further TX indicated  Member dropped out  Med mgmt. follow up only  Transfer to more intensive LOC

Referral to other OP service(s)  Member no longer eligible or moved  Other

4. \*Discharge Condition (*please check appropriate box*):

Improved  No Change  Worse  Unknown

5. \*Type of Discharge (*please check appropriate box*):

Planned  Unplanned

6. \*Medication at Discharge (Narrative):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CURRENT RISKS (Key):

0 = None    1 = Mild or Mildly Incapacitating    2 = Moderate or Moderately Incapacitating  
3 = Severe or Severely Incapacitating    N/A = Not Assessed

*Please circle one of the following for each question below based on Current Risks Key above:*

6. \*Member's risk to self? 0 1 2 3 N/A

Check all that apply: (*\*Required if Risk is Moderate or Severe*)

Ideation  Intent  Plan  Means  Current Serious Attempts  Prior Serious Attempts  Prior Gestures

7. \*Member's risk to others? 0 1 2 3 N/A

Check all that apply: (*\*Required if Risk is Moderate or Severe*)

Ideation  Intent  Plan  Means  Current Serious Attempts  Prior Serious Attempts  Prior Gestures

### CURRENT IMPAIRMENTS:

*Please select one of the following for each question below based on Current Impairments Key below each statement:*

8. \*Mood Disturbances (Depression or Mania): 0 1 2 3 N/A

0 - Short-term, "normal" mood changes in response to expected triggers. No disturbance in work/school performance or normal daily activities.  
1 - Occasional periods of sadness, depressed mood, lack of pleasure or irritability. No disruption in work/school performance or normal daily activities.  
2 - Experiencing a depressive, hypomanic, or manic episode. No current evidence of psychosis or risk to self/others. Some Disruption in work/school performance or normal daily activities or activities significantly limited to maintain stability.  
3 - Experiencing an episode of severe depression or mania. Potential risk for harm to self/others or displaying psychotic symptoms. Inability to consistently work/attend school and may need assistance with normal daily activities.  
N/A - Assessment not completed for this impairments

**9. \*Weight Change Associated with a Behavioral Diagnosis: 0 1 2 3 N/A** (\*Below is required if value is 2 or 3)

**\*Weight**  Gain  Loss  N/A **Past 3 mos** \_\_\_\_\_Lbs  N/A **Current Wt** \_\_\_\_\_Lbs  N/A **Height** \_\_\_\_\_Ft \_\_\_\_\_In  N/A

0 - Weight within 10% (over or under) of ideal body weight. No symptoms of an eating disorder or other behavioral disorder affecting weight.

1 - Weight within 20% (over or under) of ideal body weight. Some symptoms of an eating disorder (preoccupation of weight distortions in body image, restrictive eating, and binging, compensatory behaviors) or other behavioral disorder affecting weight, capable of self-monitoring behaviors to manage weight, no medical complications

2 - Weight within 25% (over or under) of ideal body weight. Symptoms consistent with eating disorder or other, behavioral disorder affecting weight. Requires some structure to manage weight. No medical complications, although regular medical monitoring may be recommended.

3 - Weight less than 75% or greater than 125% of ideal body weight. Symptoms consistent with an eating disorder or other behavioral disorder affecting weight. Requires ongoing direct supervision of meals, medically unstable.

N/A - Assessment not completed for this impairment.

**10. \*Anxiety: 0 1 2 3 N/A**

0 - Short-term anxiety or fear only in response to expected trigger. No disturbance in work/school performance, normal daily activities, or avoidance of situations.

1 - Clinical Symptoms of Anxiety (Panic attacks, generalized anxiety, specific/social phobia, or obsessive compulsive behaviors), occurring only occasionally or mild in intensity, some avoidance of stressful situations or triggers, but no significant impairment in work/school performance or normal daily activities.

2 - Anxiety symptoms occur frequently and/or are moderate in intensity. Some disruption in work/school performance or normal daily activities or significantly limited to maintain stability.

3 - Anxiety symptoms occur nearly all the time and/or are severe in intensity. Inability to consistently work/attend school and may need assistance with normal daily activities.

N/A - Assessment not completed for this impairment.

**11. \*Medical/Physical Conditions: 0 1 2 3 N/A**

0 - No medical/physical conditions or disabilities.

1 - One or more acute or chronic medical/physical conditions or disabilities. Condition usually well controlled through Medication, physical aids, or other treatments. No disruption in work/school performance or normal daily activities.

Examples include mild asthma, well-controlled diabetes, or use of hearing aids.

2 - One or more acute or chronic medical/physical conditions or disabilities; Some difficulty in controlling condition or impaired physical functioning. Some disruption in work/school performance or normal daily activities or activities significantly limited due to the condition and/or required treatments. Examples include Parkinson's disease (early stages), curable forms of cancer, or blindness.

3 - Unable to work/attend school due to severe medical/physical conditions or disabilities. Requires frequent assistance with many or all activities of daily living. Examples include end stage renal failure, Alzheimer's disease, or severe paralysis due to stroke.

N/A - Assessment not completed for this impairment.

**12. \*Psychosis/ Hallucinations/ Delusions: 0 1 2 3 N/A**

0 - No history of hallucinations, delusions, or other psychotic symptoms.

1 - No current symptoms, but at least one past occurrence of hallucinations, delusions, or other psychotic symptoms. Symptoms controlled due to one or more of the following: 1) consistent use of medication, with no re-occurrences in the past year or longer, 2) condition in complete remission, 3) precipitant was past substance use and member is now abstinent, or 4)

Precipitant was a medical condition that has been resolved. No disruption in work/school performance or normal daily Activities.

2 - Current or past history of hallucinations, delusions, or other psychotic symptoms. Symptoms only partially controlled or continued risk for re-occurrence based on prognosis or history of non-compliance. No current risk for harm to

Self/others. Some disruption in work/school performance or normal daily activities or activities significantly limited to Maintain stability.

3 - Current hallucinations, delusions, or other psychotic symptoms. Symptoms not currently controlled and potential risk for harm to self/others. Inability to consistently work/attend school and may need assistance with normal daily activities.

N/A - Assessment not completed for this impairment.

**13. \*Substance Abuse/ Dependence: 0 1 2 3 N/A (\*Select all that apply below if value is 2 or 3)**

Alcohol Illegal  Drugs  Prescription Drugs

0 - No alcohol or drug use; takes medications only as prescribed.

1- Occasional alcohol and/or drug use. No evidence of social, occupational, physical, or legal problems related to alcohol or drug use.

2 - Alcohol and/or drug use consistent with episodic abuse but not dependence. Some disruption in social or occupational activities due to alcohol or drug use. History of or risk for legal and physical problems.

3 - Alcohol and/or drug use consistent with dependence. Evidence of compulsive drug-taking behavior, tolerance, and/or potential for physical withdrawal symptoms. Significant disruption in social and/or occupational activities and possible legal problems.

N/A - Assessment not completed for this impairment.

**14. \*Thinking/ Cognition/ Memory/ Concentration Problems: 0 1 2 3 N/A**

0 - No problems with cognitive skills.

1- Occasional difficulties with cognitive skills, but symptoms generally controlled by medication or behavioral interventions. No evidence of delirium, dementia, or amnesia. No disruption in work/school performance or normal daily activities.

2 - Difficulties with cognitive functioning not managed by medication or other interventions, or some permanent cognitive deficits. Evidence of progressive dementia (early stages), periods of delirium or amnesia, or impaired intellectual functioning. Some disruption in work/school performance or normal daily activities or activities significantly limited to maintain stability.

3 - Significant deficits in cognitive and/or intellectual functioning. Deficits may be permanent (Alzheimer's) or temporary (recovery from brain trauma). Inability to consistently work/attend school and requires assistance with normal daily activities.

N/A - Assessment not completed for this impairment.

**15. \*Job/ School Performance Problems: 0 1 2 3 N/A**

\*\* If member is not currently working/attending school, please rate the capability of performing tasks in an employment or academic setting that is consistent with past history \*\*

0 - Able to consistently attend work/school and perform regular duties.

1 - Occasional difficulty in attending work/school and/or performing regular duties due to emotional, behavioral, or recurrent physical problem(s). Generally able to manage or overcome these occasional difficulties; no risk for disciplinary action or demotion.

2 - Frequent difficulty in attending work/school and/or performing regular duties due to emotional, behavioral, or recurrent physical problem(s). May require special accommodations to perform tasks (such as limiting workload or getting assistance) or at risk for disciplinary action or demotion. May have chosen a less demanding job or curriculum due to these difficulties, despite successful past performance at a higher level.

3 - Unable to attend work/school due to emotional, behavioral, or recurrent physical problem(s).

N/A - Assessment not completed for this impairment.

**16. \*Impulsive/ Reckless/ Aggressive Behavior: 0 1 2 3 N/A**

0 - No history of impulsive, reckless, or aggressive behaviors; adequate capacity for self-control.

1 – Occasional impulsive, reckless, or aggressive behaviors; self-control most of the time. No history of serious potential risk of harm to self/others. No significant social, occupational, or legal consequences.

2 – Often displays impulsive, reckless, or aggressive behaviors; limitations in capacity for self-control. Actions may result in moderate potential risk of intentional harm to self/others. Some social, occupational, and/or legal consequences.

3 – Frequently displays impulsive, reckless, or aggressive behaviors; significant impairment in capacity for self-control. Actions may result in serious potential risk of intentional or unintentional harm to self/others. Significant social, occupational, and/or legal consequences.

N/A - Assessment not completed for this impairment.

**17. \*Social Functioning/ Relationships/ Marital/ Family Problems: 0 1 2 3 N/A**

0 - No significant problems/ conflicts with family members/ friends; no major changes in important relationships. Adequate social support system.

1 - Problems/ conflicts with one or more family members/friends or significant changes in important relationship(s) due to a change in life circumstances (illness, death, relocation). Able to compensate for these difficulties; adequate social support system.

2 - Problems/conflicts with one or more family members/friends; significant changes in important relationship(s) due to a change in life circumstances (illness, death, relocation); or deficits in social skills that interfere with maintaining relationships. One intact relationship, but inadequate social support system.

3 - No friends, family members, or other relationships that provide social support.

N/A - Assessment not completed for this impairment.

**18. \*Activities of Daily Living Problems: 0 1 2 3 N/A**

\*\* Examples of Activities of Daily Living - Member is able to perform tasks without assistance:  
 Eating, Personal hygiene (bathing, grooming, dressing, etc.), Communication (use telephone, reading, writing, etc.), Walk short distances (or use a physical aid that does not require another person, such as a cane or wheelchair), Take medication, Routine household chores (basic cooking, cleaning, shopping for groceries, etc.), Transportation (able to drive by oneself or use public transportation), Manage money \*\*

0 - Able to consistently perform routine activities of daily living.

1 - Occasional difficulty in performing routine activities of daily living due to emotional, behavioral, or physical problem(s).  
 (Scheduling issues are not considered "problems" for this rating.) Generally able to manage or overcome these occasional difficulties without assistance from others.

2 - Frequent difficulty in performing routine activities of daily living due to emotional, behavioral, or physical problem(s). Requires assistance with some tasks periodically or continuously.

3 - Unable to perform many routine activities of daily living due to emotional, behavioral, or physical problem(s). Requires continuous assistance with many or all tasks.

N/A - Assessment not completed for this impairment

**19. \*Legal: 0 1 2 3 N/A (\*Select all that apply if value is 1, 2 or 3)**

Juvenile Justice  Probation  Parole  Other Court

0 - No current legal problems.

1 - Current legal problems, but no significant distress or interference with work/school performance or other normal activities.

2 - Current legal problems causing moderate distress and/or disruption of work/school performance or normal activities. No risk for serious consequences, such as incarceration or financial crisis.

3 - Current legal problems causing severe distress, disruption, and/or restriction of work/school duties and other activities. At risk for serious consequences, such as incarceration or financial crisis.

N/A - Assessment not completed for this impairment.

**Additional Discharge Information**

**20. \*Ability to self-administer meds without assistance or supervision:**

0  1  2  3  N/A

Key: 0 = None 1 = Poor 2 = Fair 3 = Good N/A = Not Assessed

**21. \*Ability of family/ natural supports/ others to supervise medications:**

0  1  2  3  N/A

Key: 0 = None 1 = Poor 2 = Fair 3 = Good N/A = Not Assessed

**22. \*Notified of Discharge:**

BH Provider  CMP  LMHA  MCO  PCP  N/A  \*Other

(\*if Other, Please Specify) \_\_\_\_\_  
 \_\_\_\_\_  
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