CLIENT DISCHARGE SCREEN

GENERAL PROCEDURES

The Client Discharge Form is completed for each client discharged from a treatment program component, regardless of reason, after being admitted to that program and receiving regularly scheduled, face-to-face services based upon an individualized treatment plan. A client must be discharged in SAMS when any of the following situations occur:

- The treatment plan has been completed.
- The client voluntarily leaves the program before treatment is completed.
- The client is inaccessible (moved, deceased, incarcerated, runaway, etc.).
- The client has not returned for treatment in the last 90 days (outpatient components only).

The Drug Matrix Form and a Discharge Assessment must be completed at the time of discharge. You have up to 120 days to enter discharges into SAMS.

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Post Admission	Data	
Provider	RIMROCK FOLINDATION # 202 ADIS#	
Facility Name:	Rimmodel Condition - Billings # 1 Sys Client Id: 606308	
Client	MOLISE MICKEY Ane at Admission: 54	
Account	557290 Date: 01/01/2016 Save Evit/Cancel	
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	Plint Problem	
You have chos	sen to Discharge: MOUSE, MICKEY from: Rimrock Foundation - Billings	
Before Disch	harging this client in SAMS, Please confirm that all treatments for this client/admission have been entered into SAMS. If you proceed with	
uischarging t	uns cient on uns autrission, you win not be able to enter reautients alter doing so.	
Proceed to Dis	scharge?	
YES		
Procee	ed to Discharge Screen Return to Admissions Screen	

Once you have clicked on the discharge button on the main admit screen, this screen will then appear. If you are ready to discharge the patient, you will then click on the



Proceed to Discharge Screen

proceed to discharge screen button.

CLIENT DISCHARGE DATA

You will notice that there are 3 tabs on the screen below. The first is "Discharge". Complete this screen, then click on the "Finalize Discharge" tab. You will then be directed to another screen.

NAME: Enter the client's name. Always use the client's given name. For example, if the client's name is "Robert" use "*Robert*", not "Bob".

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Discharge Fi	nalize Discharge	Audit								_
5. Discharg	e Date:			10. Employmen	nt Status at	Discharge:			<u> </u>	
6. Referral F	rogram:			11. Detailed No	t in Labor F	orce:				
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8. Reason fo	or Discharge:			13. a. Has the o	client partici	ipated in a self-	help group,	No	Ŧ	
9. Number o	f arrests in the last	t 30 days: 📃		b. Attendan	o (e.g., A.A., ice in last 3	0 davs?:	ast 30 days ?.			
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Comments:										

<u>ACCOUNT NUMBER</u>: This is a system generated number that will be put on the form after the client information and client admission data has been input and saved.

<u>DISCHARGE DATE:</u> Enter the actual date of discharge, not the day the report was completed. There are eight spaces for the month, day and year. **The date of discharge must always be the date the client received his/her last clinical face-to-face contact or the date the last case management was performed**. Treatment has concluded at the last clinical contact, the date entered on this line. However, services like monitoring may continue after this date.

EXAMPLE: If client was discharged from your program on June 22, 2008, you would enter: 06222008.

<u>REFERRING TO PROGRAM</u>: If the client is being referred **to another treatment program**, enter either a state approved program code or a non-state approved program code from the code tables in Appendix A (Section 25). This field may be left blank.

<u>REFERRING TO AGENCY</u>: If the client is being referred to a community agency or individual, enter the description from list in Appendix A (Section 25). This is a required field.

<u>DISCHARGE REASON</u>: Using the values listed below; indicate the reason the client is being discharged. This is a required field.

- <u>TREATMENT PLAN COMPLETE</u>: Always use this option if the client successfully completed treatment.
- <u>CLIENT LEFT VOLUNTARILY BEFORE TREATMENT COMPLETED:</u> The client chose to leave the program before completion of the treatment plan.
- <u>CLIENT IS INACCESSIBLE</u>: The client moved, is deceased, is incarcerated, is a runaway or is otherwise inaccessible. Do not use this code for clients referred to other treatment facilities.
- <u>CLIENT LEFT AT REQUEST OF STAFF</u>: The client did not complete treatment and left the program at the request of the program staff.
- <u>CLIENT REFERRED TO ANOTHER PROGRAM</u>: The client is referred to another treatment program.

<u>NUMBER OF ARRESTS IN THE LAST 30 DAYS</u>: Enter the number of times the client has been arrested in the last 30 days regardless of whether the arrest(s) resulted in a conviction. This is to include all arrests, not just the ones associated with the client's alcohol or drug use. This is a required field and is one of the National Outcome Measures.

<u>EMPLOYMENT STATUS</u>: Using the descriptions listed below, indicate if the client is legally employed (includes self-employment) at the time of admission. To qualify as being employed, the client's earnings must be subject to income taxes. For example, stipends and welfare payments are not taxable; therefore, the client receiving these monies would not be considered employed. Homemaker status does not count as employment. Full-time student status does not count as employment. This is a required field and is one of the National Outcome Measures.

- <u>EMPLOYED FULL TIME:</u> Client works at least 35 hours per week. This option includes service in the armed forces.
- <u>EMPLOYED PART TIME</u>: Client works less than 35 hours per week, but more than 15 hours per week. Include Day Laborers in this category.
- <u>UNEMPLOYED</u>: Client has been looking for work within the last 30 days or is on layoff from a job.
- <u>NOT IN LABOR FORCE</u>: Includes homemaker, full-time student, working less than 15 hours per week, disabled, retired, institutionalized or not having looked for work within the last 30 days.
- <u>PUBLIC ASSISTANCE BENEFITS DEPLETED</u>: Client is unemployed and has depleted his/her public assistance benefits.

<u>DETAILED NOT IN LABOR FORCE</u>: Using the values below to provide more detailed information, this field is required for those clients who are coded as **"Not in Labor Force"** in the Employment Status field. This is one of the National Outcome Measures.

- Homemaker
- Student

- Retired
- Disabled
- Inmate of institution (prison or institution that keeps a person, otherwise able, from entering the labor force).
- Other

<u>LIVING ARRANGEMENTS</u>: This item indicates the client's living arrangements at the time of discharge. This is a required field and is one of the National Outcome Measures. Valid values and their descriptions are listed below:

- <u>HOMELESS</u>: Clients with no fixed address; includes shelters or depending on family and friends for shelter (not as a taxable dependent).
- <u>DEPENDENT LIVING</u>: Client is living in a supervised setting such as a residential institution, halfway house or group home, and children (under age 18) living with parents, relatives, or guardians or in foster care.
- <u>INDEPENDENT LIVING</u>: Clients living in a domicile where individual pays rent or mortgage or owns outright without supervision.

HAS THE CLIENT PARTICIPATED IN A SELF-HELP GROUP, SUPPORT GROUP (E.G., AA, NA, ETC.) IN THE LAST 30 DAYS? Mark "Yes" if a client has participated in a group outside of a treatment setting; otherwise, mark "No". This is the Social Connectedness question required for the Block Grant.

Starting in January 2009, the Federal Contractor Synectics began collecting frequency data for the Social Connectedness question. It is a required field. Valid values for the frequency of Attendance in Last 30 days are:

- None No attendance in the last month.
- 1 to 3 1 3 times in past month.
- 4 to 7 4-7 times in past month.
- 8 to 15 8 15 times in past month.
- 16 to 30 16-30 times in past month.

• Some – Some attendance, but frequency unknown.

COMMENTS: Enter any relevant comments about the client or the discharge.

FINALIZE DISCHARGE

The "Finalize Discharge" screen directs you to complete an exit version of the Drug Matrix and Drug Assessment for the client.

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HAS A DISCHARGE DRUG MATRIX FORM BEEN COMPLETED? Mark either "Yes" or "No". A discharge Drug Matrix Form **must** be completed before discharge and it needs to be attached to the Discharge Form before submitting the discharge to the data coordinator.

HAS A DISCHARGE ADDICTION SEVERITY INDEX FORM BEEN COMPLETED? Mark either "Yes" or "No". An ASI is required at discharge for all contracted providers.

SAMS users must remember to Finalize the Discharge after they have input the above data.

CLIENT DISCHARGE SCREEN

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Client:	MOUSE, MICKEY Age at Admission: 54
Account:	557890 Date: 01/01/2016 Save Exit/Cancel
Admission:	411382 Date: 01/01/2016 Print Report Problem
Drug Matrix (Pr	rimary) Secondary lertiary Audit
Drug Matrix Typ	Ipe: Discharge - Drug Matrix associated with a Discharge.
Primary Drug o	of Choice
	Drug:
	Drug Details:
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A	Age of First Use:
Usual Route of	f Administration:
	Route Details:

Once you have completed the Drug Matrix screen, click on the Save button towards the top of the screen. Then exit this screen. You will be redirected to the Drug Matrix and Drug Assessment screen. You will now notice that there is a "YES" next to the Drug Matrix. This means that you have completed the required information for that screen.

Next, click on the Drug Assessment button.

CLIENT DISCHARGE SCREEN

The following screen will appear. This series of tabs is an exit version of the ASI. This series of tabs **must be completed** (highlighted questions are the only **required** questions. The remaining questions are voluntary). If you have chosen not to bill for the ASI, you may choose the "Bypass" on question G12.

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Provider: RIMROCK FOUNDATION #: 202 ADIS #: Freelow/Support	
Facility Name: Rimrock Foundation - Billings #: 1 Sys Client Id: 606308 Alcohol	
Client: MOUSE, MICKEY Print Age: 54 Drug 0	
Account: 557890 Date: 01/01/2016 Save Exit/Cancel Legal 0	
Admission: 411382 Date: 01/01/2016 Finalize ASI Report Problem Family/Social 0	
]
Adiction Severity Index (Adult)	
GENERAL MEDICAL EMP/SUPP DRUG / ALC LEGAL FAMILY HIST FAM / SOC PSYCH AU	IDIT
ASI Interview GENERAL INFORMATION	
ASI ID: NAME: MOUSE, MICKEY	
G2. Last 4 digits ofclient's SSN: 0101 Current Street Address: 1000 FRONTAGE RD	
G4. Admission Date: 01/01/2016 City: HELENA State/Province: MT	
G5. Date of Interview: G13. Geographic Code:	
G6. Time Begun: G14. How long have you lived at this address?	
G7. Time Ended: Years:	Months:
G8. ASI Class/Type: Discharge Assess G15. Is the residence owned by you or your family?:	
G9. Contact Code: In Person G17. Race:	
G11. Interviewer's code number.: G18. Religious Preference:	
G12. Special: G19. Have you been in a controlled environment in the past 30 days?:	
G20. How many days?:	
ADDITIONAL TEST RESULTS	
G21. SHIPLEY C. Q.:	
G22. SHIPLEY I. Q.:	
G23. BECK Total Score:	
G24. SCL-90 Total:	
G25. M.A.S.T.: G50. Expected treatment modality most appropriate for client.:	~

Once complete, you must save your work. However, this "SAVE" process varies somewhat from the regular saving process. For this screen, you will want to follow this exact process-

- 1. Click on the "Save" button
- 2. Next, click on the "Finalize ASI" button
- 3. Lastly, click on the "Save" button a second time.

If this process is not followed, you will encounter other issues with the client's file.

After you have followed the "Save" process, click on the "Exit" button and you will be redirected to the Drug Matrix and Drug Assessment screen. You will notice at this point that both the Drug Matrix as well as the Discharge Assessment are now showing a "YES". This means that you have successfully completed the Discharge process.

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Client:	MOUSE, MICKEY Age at Admission: 54
Account:	557890 Date: 01/01/2016 Save Exit/Cancel
Admission:	411382 Date: 01/01/2016 Print Report Problem
Discharge	
Discharge	
A Finalized Disc	charge Data Set Must Have A Drug Matrix and Discharge Assessment.
Completed D	Discharge Drug Matrix ?: YES Drug Matrix
Completed D	Discharge Assessment ?: YES Discharge Assessment
	Finalize

You are now ready to finalize the discharge. The process at this point is to click on the "SAVE", then the "Finalize" button, which is located just below the "Completed Discharge Assessment" button. Then click one more time on the "Save" button.

Again, SAVE, FINALIZE, SAVE...

The following message will appear.

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8. Reason f	or Discharge:	DO dever	TXCOMP		 a. Has the clier support group (e. 	g., A.A., N.A., etc) in the	e last 30 days?:	No	T			
9. Number o	or arrests in the last .	su days.	0		b. Attendance i	n last 30 days?:		NON	Forms			×
Comments:												
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You have now completed the discharge process. Please remember to check your work at least twice during this process. It will help you to reduce your errors in SAMS.

If you have further questions on this process, please contact our office.