



**SENIOR & LONG TERM CARE DIVISION
COMMUNITY SERVICES BUREAU**

**COMMUNITY FIRST CHOICE
Policy Manual**

Section: FORMS

**Subject: Agency Based
Unable to Admit/Discharge
SLTC-158**

PURPOSE:

The Unable to Admit/Discharge form informs the member/personal representative and MPQH if the agency is unable to admit or is discharging a member from personal assistance services.

PROCEDURE:

The provider agency completes this form in two circumstances.

1. The provider agency must complete this form if they are unable to intake a member who has been referred for services from MPQH.
2. The provider agency must complete the form when a member is discharged from their services.

INSTRUCTIONS:

Member Information: Enter the member's name and Medicaid number. Enter the date of discharge from the agency, if applicable.

Discharge Code: For all member discharges, indicate the reason for discharge. If reason is not listed, explain in "Other."

Member requests referral sent to: If the member requests services from another agency document the name of this agency and the city.

Unable to Admit Code: For all unable to admit cases; indicate the reasons that the provider agency was unable to admit the member.

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| | | AB-CFCPAS 907 |
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Narrative

Provide any pertinent information explaining why the provider agency was unable to admit.

Signature:

The person completing the discharge should sign and date form and enter the agency name.

DISTRIBUTION:

1. Agency Discharge: The Agency Unable to Admit/Discharge Form is completed by the provider agency and faxed to MPQH. The provider agency retains the white copy for the member's file. In all unable to admit circumstances and discharges (except death) the member receives the yellow copy.
2. Agency Unable to Admit: The Agency Unable to Admit/Discharge Form is completed by the provider agency and faxed to MPQH. The provider agency retains the white copy for the member's file. In all unable to admit circumstances and discharges (except death) the member receives the yellow copy.