



# LME Consumer Admission and Discharge Form



ADM-DSG 1

(Revision of the former Person-Centered Plan (PCP) Consumer Admission Form)

Consumer First Name, M.I., and Last Name Consumer Maiden Name MM DD YYYY Complete as indicated by LME, or may be assigned by LME upon receipt.

A. First Name B. MI C. Last Name D. Maiden Name E. Consumer DOB F. LME Name G. LME Facility Code H. LME Consumer Record No.

Instructions: The LME Consumer Admission and Discharge Form is required to be completed by providers within 30 calendar days of any service initiation or service provision for any publicly funded DMH/DD/SAS consumer, and at completion of an episode of care (discharge). This includes all consumers supported through funding from, but not limited to, IPRS, Single Stream Funding, waiver program, and non-UCR advances and cost reimbursement, for any service which includes, but is not limited to, outreach, drop-in, assessment, evaluation, intake, crisis, support, and approved regular and alternative services, and 2) all consumers receiving any Medicaid Enhanced Benefits Service. The form is required to be submitted to the LME for each new consumer, or with outreach, transitional or inactive consumers for whom a service is being provided or a new LME episode of care is being initiated. (An inactive consumer is defined generally as one with a minimum of no reimbursable or reportable services or service-related activity within prior 60 days). Consumer admission information is required to be completed on all consumers served, regardless of residency status, and updated periodically when new consumer data is collected or when existing data is modified. Discharge data is required to be completed at the conclusion of an LME episode of care. This form is required to be submitted to the LME and to Value Options (or the designated services authorization entity) in accordance with Division Announcements, Communication Bulletins, Implementation Updates, and the current version of the CDW Reporting Requirements and Definitions as referenced on the Division web page and HIPAA, 42 CFR, Part 2, and GS 122C regulations. Any electronic transmittal is required to conform to HIPAA standards for electronic health care transactions, and conform to a uniform format specified by the Division, including required encryption for secure transmission of data. See current DMH/DD/SAS CDW Reporting Requirements and CDW Data Dictionary.

FOR CONSUMER ADMISSION COMPLETE ITEMS 1 THROUGH 33.

- 1. Name of LME responsible for receiving this Consumer Admission and Discharge Form
2. Consumer Current CDW Admission Date: MM/DD/YYYY
3. Consumer Co. of Residence: (Enter county name or county code from CDW Data Dictionary.) Co. Code
4. Consumer's (Physical) Residence Zip Code:
5. Ethnicity: (One) Hispanic, Mexican American; Hispanic, Puerto Rican; Hispanic, Cuban; Hispanic, Other; Not Hispanic Origin
6. Marital Status at time of Admission: (One) Annulled; Single (Never Married); Married; Separated; Divorced; Widowed; Domestic Partners
7. Race: (One) Black/Afric. Amer.; White/Anglo/Cauc.; Amer. Ind./Native American; Alaska Native; Asian; Pacific Islander; Multiracial; Other (Describe):
8. Gender: (One) Male; Female
9. Veteran Status: (One) Yes; No
10. Education Level at time of Admission (highest grade/degree completed): (Enter code from attached instructions.)
11. Employment Status at time of Admission: (Enter code from attached instructions.)
12. Annual Family Income of Non-Medicaid Consumers Only: (Enter the value of annual family income at time of admission, measured in whole dollars, as determined by the LME for the purpose of fee determination) \$ .00
13. Family Size of Non-Medicaid Consumers Only: (Enter the no. of persons living in the family at time of admission, including consumer, as determined by the LME for the purpose of fee determination) # =

- 14. Number of Consumer Arrests in the 30 Days Prior to Admission # =
15. Living Arrangement (residential) at time of admission: (Enter code from attached instructions.)
16. Admission Referral Source of consumer to facility: (Enter code from attached instructions.)
17. Is consumer proficient in English? (One) Yes; No
18. Primary Language: (One) English; Sign Language; French; Spanish; Other; None
19. If female, is consumer pregnant at the time of admission? Yes; No
20. Diagnosis(es) Effective Date: MM/DD/YYYY (for current episode)
21. Diagnosis Code(s) (ICD-9): (List up to three ICD-9 diagnoses in order of importance) 21a) 21b) 21c)
22. Date Started Substance Abuse Treatment: (One) Not a Sub. Abuse Consumer (current episode) MM/DD/YYYY
23. Provide information on Admission Substance Abuse (Drug of Choice) Details: (Enter codes from attached instructions) 23a) SA Drug Code 23b) Age of First Use 23c) Use Frequency 23d) Route of Adm.
1) Primary Substance
2) Secondary Substance
3) Additional Substance
24. Opioid Replacement Therapy: Identify whether the use of methadone or buprenorphine is part of the consumer's treatment plan or PCP. Yes; No; Not a Substance Abuse Consumer
25. Consumer Unique Identifier:
26. Consumer Social Security Number: (Needed for cross referencing with CNDs)

**LME Consumer Admission and Discharge Form**

**ADM-DSG 2**

(Revision of the former Person-Centered Plan (PCP) Consumer Admission Form)

Consumer First Name, M.I., and Last Name      Consumer Maiden Name      MM      DD      YYYY      *Complete as indicated by LME, or may be assigned by LME upon receipt.*

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**A. First Name** ®      **B. MI** ®      **C. Last Name** ®      **D. Maiden Name**      **E. Consumer DOB** ®      **F. LME Name** ®      **G. LME Facility Code** ®      **H. LME Consumer Record No.** ®

**26a. Consumer's IPRS Target Population Eligibility (check one box and complete eligibility begin and end dates on one primary population that applies):\***

IPRS Target Population	Eligibility Begin Date	Eligibility End Date	IPRS Target Population	Eligibility Begin Date	Eligibility End Date
<b>(A)</b> <input type="checkbox"/> <b>AMI</b> – Adult with Mental Illness			<b>(P)</b> <input type="checkbox"/> <b>ASCDR</b> – ASA Injecting Drug User/Communicable Disease		
<b>(B)</b> <input type="checkbox"/> <b>AMSRE</b> – AMH Stable Recovery Population			<b>(Q)</b> <input type="checkbox"/> <b>ASWOM</b> – ASA Women		
<b>(C)</b> <input type="checkbox"/> <b>AMAO</b> – AMH Assessment Only			<b>(R)</b> <input type="checkbox"/> <b>ASDSS</b> – ASA DSS Involved		
<b>(D)</b> <input type="checkbox"/> <b>AMCS</b> – AMH Crisis Services			<b>(S)</b> <input type="checkbox"/> <b>ASCJO</b> – ASA Criminal Justice Offender		
<b>(E)</b> <input type="checkbox"/> <b>AMCEP</b> – AMH Community Enhancement Program			<b>(T)</b> <input type="checkbox"/> <b>ASTER</b> – ASA Treatment Engagement and Recovery		
<b>(F)</b> <input type="checkbox"/> <b>CMSED</b> – CMH Seriously Emotionally Disturbed Child			<b>(U)</b> <input type="checkbox"/> <b>ASAO</b> – ASA Assessment Only		
<b>(G)</b> <input type="checkbox"/> <b>CMECD</b> – CMH Early Childhood Disorder			<b>(V)</b> <input type="checkbox"/> <b>ASCS</b> – ASA Crisis Services		
<b>(H)</b> <input type="checkbox"/> <b>CMAO</b> – CMH Assessment Only			<b>(W)</b> <input type="checkbox"/> <b>CSSAD</b> – CSA Child with Substance Abuse Disorder		
<b>(I)</b> <input type="checkbox"/> <b>CMCS</b> – CMH Crisis Services			<b>(X)</b> <input type="checkbox"/> <b>CSMAJ</b> – CSA Child in the MAJORS SA/JJ Program		
<b>(J)</b> <input type="checkbox"/> <b>ADSN</b> – Adult with Developmental Disability			<b>(Y)</b> <input type="checkbox"/> <b>CSAO</b> – CSA Assessment Only		
<b>(K)</b> <input type="checkbox"/> <b>ADAO</b> – ADD Assessment Only			<b>(Z)</b> <input type="checkbox"/> <b>CSCS</b> – CSA Crisis Services		
<b>(L)</b> <input type="checkbox"/> <b>ADCS</b> – ADD Crisis Services			<b>(AA)</b> <input type="checkbox"/> <b>AMVET</b> – Veteran and Family (age 18 and over) <i>(Scheduled for January, 2009 implementation)</i>		
<b>(M)</b> <input type="checkbox"/> <b>CDSN</b> – CDD Developmental Disability			<b>(BB)</b> <input type="checkbox"/> <b>CMVET</b> – Veteran and Family (under age 18) <i>(Scheduled for January, 2009 implementation)</i>		
<b>(N)</b> <input type="checkbox"/> <b>CDAO</b> – CDD Assessment Only			<b>(XX)</b> <input type="checkbox"/> <b>No IPRS Target Population (Not eligible for IPRS funding)</b>		
<b>(O)</b> <input type="checkbox"/> <b>CDCS</b> – CDD Crisis Services					

\*Note: IPRS Target Population indicated represents the consumer's principal or primary diagnosis and the main focus of attention or treatment, and that is chiefly responsible for the need for services received for the current episode of care. IPRS Target Population Details are posted on the DMHDDSAS web site at <http://www.ncdhhs.gov/mhddsas/iprsmenu/index.htm>



# LME Consumer Admission and Discharge Form



**ADM-DSG 3**

(Revision of the former Person-Centered Plan (PCP) Consumer Admission Form)

Consumer First Name, M.I., and Last Name      Consumer Maiden Name      MM      DD      YYYY      Complete as indicated by LME, or may be assigned by LME upon receipt.

A. First Name ®      B. MI ®      C. Last Name ®      D. Maiden Name      E. Consumer DOB ®      F. LME Name ®      G. LME Facility Code ®      H. LME Consumer Record No. ®

27. **Consumer Medicaid Number:**  
(Required of All Medicaid Consumers) \_\_\_\_\_

28. **Health/Medical Insurance:** (✓ One for Primary Insurance)  
 Private Insurance/health plan     Medicaid     Medicare     Health Choice  
 TRICARE     CHAMPVA     Other insurance     None  
 Unknown

Complete provider identifying information below (as applicable):

29. \_\_\_\_\_  
Name of Provider Agency Completing this Admission Form

30. \_\_\_\_\_  
First and Last Name of Provider Staff Submitting this Admission Form to LME

31. \_\_\_\_\_  
E-Mail Address of Provider Staff Submitting this Admission Form to LME

32. \_\_\_\_\_  
ADM Provider Staff Area Code, Phone No., & Ext.

33. \_\_\_\_\_  
Date ADM Form Submitted to LME  
MM      DD      YYYY

38. **Number of Consumer Arrests in the 30 Days Prior to Discharge:** # = \_\_\_\_\_

39. **Living Arrangement (residential) at Time of Discharge:** \_\_\_\_\_  
(Enter code from attached instructions.)

40. **Date Consumer Was Last Seen for a Service:** \_\_\_\_\_  
MM      DD      YYYY

Enter the day when the consumer was last seen for a service. The day may be the same date as the date of discharge. In the event of a change of service or provider within an episode of treatment, it is the date the consumer transferred to another service or provider.

41. **Provide information on Discharge Substance Abuse (Drug of Choice) Details:**  
 Not a Substance Abuse Consumer (Enter codes from attached instructions)

	41a) SA Drug Code	41b) Use Frequency	41c) Route of Admin.
1) Primary Substance	_____	_____	_____
2) Secondary Substance	_____	_____	_____
3) Additional Substance	_____	_____	_____

42. \_\_\_\_\_  
Name of Provider Agency Completing this Discharge Form

**FOR CONSUMER DISCHARGE COMPLETE ITEMS 34 THROUGH 46.**

34. **Consumer Current CDW Discharge Date:** \_\_\_\_\_  
MM      DD      YYYY

35. **Reason for Discharge, Transfer, or Discontinuation of Treatment:** (✓ One)  
 1=death     2=evaluation completed  
 3=treatment completed     4=consumer not available  
 5=consumer refused treatment     6=consumer no show  
 7=service not available     8=other

36. **Discharge Referral to:** Person or agency that client was referred to at Discharge.  
(Enter code from attached instructions.) \_\_\_\_\_

37. **Employment Status at Time of Discharge:** \_\_\_\_\_  
(Enter code from attached instructions.)

43. \_\_\_\_\_  
First and Last Name of Provider Staff Submitting this Discharge Form to LME

44. \_\_\_\_\_  
E-Mail Address of Provider Staff Submitting this Discharge Form to LME

45. \_\_\_\_\_  
DSG Provider Area Code, Phone No., & Ext.

46. \_\_\_\_\_  
Date DSG Form Submitted to LME  
MM      DD      YYYY

**INSTRUCTIONS FOR LME CONSUMER ADMISSION AND DISCHARGE FORM**

- A. **Consumer First Name:** Enter consumer's First Name.
- B. **Consumer Middle Initial:** Enter consumer's Middle Initial.
- C. **Consumer Last Name:** Enter consumer's Last Name.
- D. **Maiden Name:** Enter female consumer's Maiden Name. (required for females)  
*Use maiden name when constructing unique ID for females in Question #25.*
- E. **Consumer DOB:** Enter consumer's date of birth, by month, day, and year:  
*8 characters.*
- F. **LME Name:** Enter LME name.
- G. **LME Facility Code:** LME Facility Code may be completed as indicated by LME, or may be assigned by LME upon receipt of Form: *5 characters.*
- H. **LME Consumer Record No:** LME Consumer Record Number may be completed as indicated by LME, or may be assigned by the LME upon receipt of Form: *10 characters.*

**FOR CONSUMER ADMISSION COMPLETE ITEMS 1 THROUGH 33.**

- 1. **Name of LME responsible for receiving this Consumer's Admission and Discharge Form:** Enter the name of the LME responsible for receiving this consumer's Admission and Discharge Form.
- 2. **Consumer Current CDW Admission Date:** Enter month, day, and year which represents the date that this consumer was admitted to a facility for the current episode of care: *8 characters.*
- 3. **Consumer Co. of Residence:** Enter a county name or valid county code (*3 characters*) for the state of North Carolina as listed in the CDW Data Dictionary.
- 4. **Consumer's (Physical) Residence Zip Code:** Indicate the consumer's residential zip code: *9 characters.*
- 5. **Ethnicity:** Indicate the consumer's Hispanic origin: (*✓ One*).
- 6. **Marital Status at the time of admission:** Indicate the consumer's marital status at time of the current admission: (*✓ One*).
- 7. **Race:** Indicate the consumer's primary racial affiliation: (*✓ One*).
- 8. **Gender:** Indicate the consumer's sex: (*✓ One*).
- 9. **Veteran Status:** Indicate whether the individual has served on active duty in the armed forces of the U.S., including the Coast Guard: (*✓ One*).
- 10. **Education Level at Time of Admission:** Enter the appropriate Education Level code from CDW list below for highest grade/degree completed by the consumer at time of the current admission: *2 characters.*

00= None, never attended school	01= First grade
02= Second grade	03= Third grade
04= Fourth grade	05= Fifth grade
06= Sixth grade	07= Seventh grade
08= Eighth grade	09= Ninth grade
10= Tenth grade	11= Eleventh grade
12= Twelfth grade/high school graduate	14= Some college
16= Baccalaureate degree	17= Post graduate school (after MA/MS)
18= Post bachelor's degree	20= GED
30= Kindergarten	35= Associate degree
50= School for special skills	80= Technical trade school
81= Ungraded	82= Special education

- 11. **Employment Status at Time of Admission:** Enter the appropriate Employment Status code from CDW list below for consumer's temporary or permanent employment status at time of the current admission: *2 characters.*

00= Unemployed	01= Employed full time
02= Employed part time	03= Not in work force, student
04= Not in work force, retired	05= Not in work force, homemaker
06= Not in work force, not available for work	
07= Armed Forces/National Guard	08= Seasonal/Migrant worker
- 12. **Family Income of Non-Medicaid Consumers:** Enter the value of annual family income at time of admission (measured in whole dollars) as determined by the LME for the purpose of fee determination. If the LME collects weekly income multiply by 52 or if the LME collects monthly income multiply by 12. It should be noted that at least 90% of non-Medicaid consumer demographic records must contain a value other than unknown and will be monitored through the Performance Contract: *8 characters.* (*Required of Non-Medicaid Consumers only*)
- 13. **Family Size of Non-Medicaid Consumers:** Enter the no. of persons living in the family at time of admission (including consumer) as determined by the LME for the purpose of fee determination. It should be noted that at least 90% of non-Medicaid demographic records must contain a value other than unknown and will be monitored through the Performance Contract: *2 characters.* (*Required of Non-Medicaid Consumers only*)
- 14. **Number of Consumer Arrests in the 30 Days Prior to Admission:** Enter the number of consumer arrests in the 30 days prior to admission. The number of arrests in the 30 days preceding the date of admission to treatment. This item is intended to capture the number of times the client was arrested for any cause during the 30 days preceding the date of admission to treatment. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. It should be noted that this data field is primarily collected for Substance Abuse and Mental Health clients. Developmental Disability clients should be coded as a 98. Additionally, a threshold level of at least 90% of something other than unknown (97) will be monitored through the Performance Contract: *2 characters.*

**INSTRUCTIONS FOR LME CONSUMER ADMISSION AND DISCHARGE FORM**

**15. Living Arrangement at time of Admission:** Enter the appropriate Living Arrangement code from CDW list below for consumer's residential status at time of the current admission: *2 characters*.

- 01= Private residence (house, apartment, mobile home, child living with family)
- 02= Other independent (rooming house, dormitory, barracks, fraternity house, work bunk house, or ship)
- 03= Homeless (street, vehicle, shelter for homeless)
- 04= Correctional facility (prison, jail, training school, detention center)
- 05= Institution (psychiatric hospital, developmental disability center, Wright, ADATC)
- 06= Residential facility excluding nursing homes (halfway house, group home, child care institution, DDA group home)
- 07= Foster family, alternative family living
- 08= Nursing home (ICF, SNF)
- 09= Adult care home – 7 or more beds (rest home)
- 10= Adult care home – 6 or fewer beds (family care home)
- 11= Community ICF-MR
- 12= Community ICF-MR, 70 or more beds
- 00= Other

**16. Admission Referral Source:** Enter the appropriate Admission Referral Source code from the CDW list below for principal source that referred the consumer to the facility for the current admission: *2 characters*.

- 01= Self or no referral
- 10= Family or friends
- 21= Other outpatient and residential non-state facility
- 22= State facility
- 23= Psychiatric service, General hospital
- 32= Non-residential treatment/habilitation program
- 41= Private physician
- 44= Nursing home board and care
- 46= Veteran's Administration
- 48= Other health care
- 60= Community agency
- 71= Court, corrections, prisons
- 80= Schools
- 99= Other

**17. English Proficiency:** Indicate whether English is spoken and understood by the consumer at a relatively high level of proficiency, e.g. no interpreter is required: (✓ *One*).

**18. Primary Language:** Indicate the language spoken and/or understood by the consumer: (✓ *One*).

**19. Pregnancy Status:** Indicate whether the consumer is pregnant at the time of the current admission: (✓ *One*).

**20. Diagnosis(es) Effective Date:** Enter the date by month, day, and year that the consumer is formally admitted to a program for treatment of the specified ICD-9 diagnosis code(s) described in this form or is assessed with this diagnosis: *8 characters*.

**21. Diagnosis Code(s) (ICD-9):** Enter up to three ICD-9 codes describing, in order of importance, the condition(s) established after screening and assessment, to be chiefly responsible for occasioning this admission of a consumer: *5 characters*.

**22. Date Started Substance Abuse Treatment:** Enter date by month, day, and year for first substance abuse treatment in the current admission: *8 characters*.

**23a. Substance(s) Abused:** Enter the appropriate Substance Abuse code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission: *2 characters*.

- 00= None (e.g. client in remission)
- 01= Alcohol
- 02= Cocaine/Crack
- 03= Marijuana/Hashish (Cannibus)
- 04= Heroin
- 05= Non-Prescription Methadone
- 06= Other Opiates and Synthetics (Morphine, codeine, Dilaudid, Percodan)
- 07= PCP (Phencyclidine)
- 08= Other Hallucinogens (LSD, MDA, Psilocybin, Mescaline)
- 09= Methamphetamine (Ice)
- 10= Other Amphetamines (Dextroamphetamine, Dexedrine, Amphetamine, Crank, Speed)
- 11= Other Stimulants (e.g. caffeine)
- 12= Benzodiazepine (Valium, Librium, Tranxene)
- 13= Other Tranquilizers (Thorazine, Haldol)
- 14= Barbiturates (Phenobarbital, Secobarbital, Pentobarbital)
- 15= Other Sedatives and Hypnotics (Doriden, Quaalude)
- 16= Inhalants (Nitrites, Freon, glue, turpentine, paint thinner, rubbing alcohol)
- 17= Over the counter drugs (e.g. diet tablets, cough syrup)
- 18= Other
- 19= Tobacco

**23b. Age of First Use:** *2 characters*.

**23c. Frequency of Use:** Enter the appropriate code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission episode: *1 character*.

- 0= Not used in past month
- 1= Used one to three times in past month
- 2= Used one to two times in past week
- 3= Used three to six times in past week
- 4= Used daily in past week

**23d. Usual Route of Administration:** Enter the appropriate Usual Route of Administration code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission: *1 character*.

- 1= Oral
- 2= Smoking
- 3= Inhalation
- 4= Injection
- 5= Other

**INSTRUCTIONS FOR LME CONSUMER ADMISSION AND DISCHARGE FORM**

**24. Opioid Replacement Therapy:** Identify whether the use of methadone or buprenorphine is part of the consumer’s treatment plan or PCP.

*Complete consumer identifying numbers below (as applicable and available):*

**25. Consumer Unique Identifier:** Enter consumer number: *10 or 11 characters*. The unique identifier consists of the first three characters of last name, 1<sup>st</sup> character of first name, 6 character birth date, and an identifier if more than one LME consumer has the same unique identifier number. **Use Maiden Name when constructing Unique Identifier for females.**

**26. Consumer Social Security Number:** Enter consumer number: *9 characters*. This number is needed for cross-referencing with the Department’s Common Name Database Services (CNDS). A consumer SSN will not always be available to a provider when completing this Form.

**26a. IPRS Target Population:** Check **one** box that apply to consumer’s IPRS Target Population Eligibility and complete eligibility begin and end dates on **one primary** population that applies.

**27. Consumer Medicaid Number:** Enter consumer number: *10 characters*.

**28. Health/Medical Insurance:** Check one box for primary health or medical insurance.

**29. Name of Provider Agency:** Enter name of provider agency completing admission.

**30. First and Last Name of Provider Staff submitting this Form to LME:** Enter first and last name of staff submitting this admission form to LME.

**31. E-Mail of Provider Staff submitting this Form to LME:** Enter e-mail address of provider staff submitting this admission form to LME.

**32. Area Code and Phone No. of Provider:** Enter area code and phone number of provider staff submitting this admission form to the LME: *10 characters*.

**33. Date ADM Form Submitted to LME:** Enter date by month, day, and year that this admission form was submitted to the LME by the provider: *8 characters*.

**FOR CONSUMER DISCHARGE COMPLETE ITEMS 34 THROUGH 46.**

**34. Consumer Current CDW Discharge Date:** Enter month, day, and year which represents the date that this consumer was discharged from a facility for the current episode of care: *8 characters*.

**35. Reason for Discharge, Transfer, or Discontinuance of Treatment:** Check (✓) the box that best describes the reason for discharge.

**36. Discharge Referral Source to:** Person or agency that client was referred to at Discharge. Enter the appropriate Discharge Referral Source code from the CDW list below for principal source that the facility referred the consumer to for the current discharge: *2 characters*.

- 01= Self or no referral
- 10= Family or friends

- 21= Other outpatient and residential non-state facility
- 22= State facility
- 23= Psychiatric service, General hospital
- 32= Non-residential treatment/habilitation program
- 41= Private physician
- 44= Nursing home board and care
- 46= Veteran’s Administration
- 48= Other health care
- 60= Community agency
- 71= Court, corrections, prisons
- 80= Schools
- 99= Other

**37. Employment Status at time of Discharge:** Enter the appropriate Employment Status code from CDW list below for consumer’s temporary or permanent employment status at time of the current discharge: *2 characters*.

- 00= Unemployed
- 01= Employed full time
- 02= Employed part time
- 03= Not in work force, student
- 04= Not in work force, retired
- 05= Not in work force, homemaker
- 06= Not in work force, not available for work
- 07= Armed Forces/National Guard
- 08= Seasonal/Migrant worker

**38. Number of Consumer Arrests in the 30 Days Prior to Discharge:** The number of arrests in the 30 days preceding the date of discharge from treatment. This item is intended to capture the number of times the client was arrested for any cause during the 30 days preceding the date of discharge from treatment. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of discharge. **It should be noted that this data field is primarily collected for Substance Abuse and Mental Health clients. Developmental Disability clients should be coded as a 98. Additionally, a threshold level of at least 90% of something other than unknown (97) will be monitored through the Performance Contract.**

**39. Living Arrangement (residential) at time of Discharge:** Enter the appropriate Living Arrangement code from CDW list below for consumer’s residential status at time of the current admission: *2 characters*.

- 01= Private residence (house, apartment, mobile home, child living with family)
- 02= Other independent (rooming house, dormitory, barracks, fraternity house, work bunk house, or ship)
- 03= Homeless (street, vehicle, shelter for homeless)
- 04= Correctional facility (prison, jail, training school, detention center)
- 05= Institution (psychiatric hospital, developmental disability center, Wright, ADATC)
- 06= Residential facility excluding nursing homes (halfway house, group home, child care institution, DDA group home)
- 07= Foster family, alternative family living
- 08= Nursing home (ICF, SNF)
- 09= Adult care home – 7 or more beds (rest home)
- 10= Adult care home – 6 or fewer beds (family care home)
- 11= Community ICF-MR
- 12= Community ICF-MR, 70 or more beds
- 00= Other

**INSTRUCTIONS FOR LME CONSUMER ADMISSION AND DISCHARGE FORM**

**ADM-DSG D**

**40. Date Consumer Was Last Seen for a Service:** Enter the day when the consumer was last seen for a service. The day may be the same date as the date of discharge. In the event of a change of service or provider within an episode of treatment, it is the date the consumer transferred to another service or provided.

**41a. Information on Discharge Substance Abuse (Drug of Choice) Details:** Enter the appropriate Substance Abuse code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current discharge: *2 characters*.

- 00= None (e.g. client in remission)
- 01= Alcohol
- 02= Cocaine/Crack
- 03= Marijuana/Hashish (Cannibus)
- 04= Heroin
- 05= Non-Prescription Methadone
- 06= Other Opiates & Synthetics (Morphine, codeine, Dilaudid, Percodan)
- 07= PCP (Phencyclidine)
- 08= Other Hallucinogens (LSD, MDA, Psilocybin, Mescaline)
- 09= Methamphetamine (Ice)
- 10= Other Amphetamines (Dextroamphetamine, Dexedrine, Amphetamine, Crank, Speed)
- 11= Other Stimulants (e.g. caffeine)
- 12= Benzodiazepine (Valium, Librium, Tranxene)
- 13= Other Tranquilizers (Thorazine, Haldol)
- 14= Barbiturates (Phenobarbital, Secobarbital, Pentobarbital)
- 15= Other Sedatives and Hypnotics (Doriden, Quaalude)
- 16= Inhalants (Nitrites, Freon, glue, turpentine, paint thinner, rubbing alcohol)
- 17= Over the counter drugs (e.g. diet tablets, cough syrup)
- 18= Other
- 19= Tobacco

**41b. Frequency of Use:** Enter the appropriate code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission episode: *1 character*.

- 0 = Not used in past month
- 1= Used one to three times in past month
- 2 =Used one to two times in past week
- 3= Used three to six times in past week
- 4= Used daily in past week

**41c. Usual Route of Administration:** Enter the appropriate Usual Route of Administration code from the CDW list below for Primary, Secondary, and Additional Substance Abused by the consumer in the 30 days prior to the current admission: *1 character*.

- 1= Oral
- 2= Smoking
- 3= Inhalation
- 4= Injection
- 5= Other

**42. Name of Discharge Provider Agency:** Enter name of provider agency completing.

**43. First and Last Name of Provider Staff Submitting this Discharge Form to LME.**

**44. E-Mail Address of Provider Staff Submitting this Discharge Form to LME.**

**45. Provider Area Code, Phone No., & Ext.** Enter the area code, phone number, and extension of the provider staff who completed the LME Consumer Discharge Form.

**46. Date Discharge Form Submitted to LME.**