



LME Consumer Admission and Discharge Form



ADM-DSG 1

Revised Effective: July 1, 2010

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 (R) B. MI (R) C. Last Name (R) D. Maiden Name (R) E. Consumer DOB (R) F. LME Name (R) G. LME Facility Code (R) H. LME Consumer Record No. (R)

Instructions: Providers are required to complete the LME Consumer Admission and Discharge Form within 30 calendar days of initiating any service or support (admission) for any designated publicly funded DMH/DD/SAS consumer, and at completion of an episode of care (discharge). Designated consumers include 1) all consumers supported through LME state and federal funding from, but not limited to, IPRS, Single Stream Funding, 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 CAP-MR/DD Waiver service or support or any MH/DD/SA Enhanced Benefits Service listed on the DMA website at http://www.ncdhhs.gov/dma/fee/mhfee/MHFees_100109.pdf. Providers shall submit the form 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 the 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 consumer 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: _____ or _____
(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: MM / DD / YYYY
 Not a Sub. Abuse Consumer (current episode)
- 23. Provide information on Admission Substance Abuse (Drug of Choice) Details:
 Not a Substance Abuse Consumer (Enter codes from attached instructions)
23a) SA Drug Code 23b) Age of First Use 23c) Use Frequency 23d) Route of Admin.
- 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
- 25a. Self-Help Program Attendance in the 30 Days Preceding Admission Date: (New)
(Check one)
01 No attendance in mo. prior to admission 02 1-3 times in mo. (less than 1 per wk.)
03 4-7 times in mo. (about 1 per wk.) 04 8-15 times in mo. (2-3 times per wk.)
05 16-30 times in mo. (4 or more times per wk.) 06 Some attendance, but frequency unknown
98 Not Collected (including Developmental Disability Consumers)



LME Consumer Admission and Discharge Form



ADM-DSG 2

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. ®

25b. Consumer Unique Identifier: _____ - _____ 26. Consumer Social Security Number: _____ - _____ - _____
(Needed for cross referencing with CNDS)

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

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.

MM DD YYYY
33. _____
Date ADM Form Submitted to LME

FOR CONSUMER DISCHARGE COMPLETE ITEMS 34 THROUGH 46.

34. Consumer Current CDW Discharge Date: _____
MM DD YYYY

35. Reason for Discharge, Transfer, or Discontinuance 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.)

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	_____	_____	_____

42a. Self-Help Program Attendance in the 30 Days Preceding Discharge Date: (New)
(Check one)
01 No attendance in 30 days prior to discharge **02** 1-3 times in mo. (less than 1 time per wk.)
03 4-7 times in mo. (about 1 time per wk.) **04** 8-15 times in mo. (2-3 times per wk.)
05 16-30 times in mo. (4 or more times per wk.) **06** Some attendance, but frequency unknown
98 Not Collected (including Developmental Disability Consumers)

42b. _____
Name of Provider Agency Completing this Discharge Form

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. _____
Discharge Provider Area Code, Phone No., & Ext.

MM DD YYYY
46. _____
Date Discharge Form Submitted to LME

NCDMHDDSAS Note: Information is fully protected as a consumer health record under HIPAA, 42 CFR, Part 2, and GS 122C and contains individually identifiable health information. Disclosure of HIPAA protected information between providers and other covered entities may require consumer authorization. For consumers with substance abuse problems, written consent is required under 42 CFR, Part 2, for disclosure of confidential consumer information, unless such disclosure is permitted as an exception to the General Confidentiality Rule, including a medical emergency that poses an immediate threat to health and requires immediate medical intervention. Redislosure of SA consumer information is prohibited under 42 CFR, Part 2. Page 3 of 7: DMHDDSAS LME Consumer Admission and Discharge Form, Approved Effective: 07-19-06; Revised 06-02-08; Revised 12-31-08; Revised 03/20/10 draft for 07/01/10

INSTRUCTIONS FOR LME CONSUMER ADMISSION AND DISCHARGE FORM

Revised Effective: July 1, 2010

- 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 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.
- 25a. Self-Help Program Attendance in 30 Days Preceding Admission Date: (New)** Check one box indicating the number of times a substance abuse or mental health consumer has attended a Self-Help Program In the 30 days preceding the date of this admission to treatment. Includes attendance at Alcoholics Anonymous, Narcotics Anonymous, and other self-help/mutual support groups focused on recovery from substance abuse and dependence. **Developmental Disability consumers should be coded as 98. A threshold level of at least 90% of something other than unknown (97) will be monitored through the DHHS-LME Performance Contract.**
- Complete consumer identifying numbers below (as applicable and available):*
- 25b. Consumer Unique Identifier:** Enter consumer number: *10 or 11 characters.* The unique identifier consists of the first three characters of last name, 1st 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)
- (continued)

INSTRUCTIONS FOR LME CONSUMER ADMISSION AND DISCHARGE FORM

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- 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

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

42a. Self-Help Program Attendance in 30 Days Preceding Discharge Date: (New) Check one box indicating the number of times a substance abuse or mental health consumer attended a Self-Help Program in the 30 days preceding the date of discharge from treatment. Includes attendance at Alcoholics Anonymous, Narcotics Anonymous, and other self-help/mutual support groups focused on recovery from substance abuse and dependence. **Developmental Disability consumers should be coded as 98. A threshold level of at least 90% of something other than unknown (97) will be monitored through the DHHS-LME Performance Contract.**

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

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.