Design Document –Discharge Document

# 9 - Discharge Document

New Directions

Date: 2/17/15

Version 1.0

Note: The purpose of the Design Document is to be used to outline a process within the SmartCare system. This includes screen shots of all applicable pages, as well as how set up is needed for each page to function. It also includes any global codes, jobs, rules, scripts, initializations, or validations used to set up these pages.

## Summary

The purpose of this design document is to outline the Discharge Document that would be completed by staff to indicate a discharge from specific programs or from all New Directions services.

### Purpose

The purpose of this document is to have clinical documentation of the reason for discharge and status of the client at the time of discharge. This is precipitated by a process of trying to contact the client and is followed by a process of closing the client record. Automation of the ending of the client record is done as much as possible and is noted in this document where possible.

## System Design

This document will function identically to the current 3.5x Illinois model of the Discharge Plan, with the exception of the outlined changes below.

#### General Tab

There are two types of discharge; program discharge and agency discharge. Program discharge, discharges the client from one program where the agency discharge discharges the client from the entire agency.

**Change ‘Team’ to ‘Program’ for the entire document.**



#### Requirements

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Global Code  Category | Validation Message | Initial Document Initialization | Push Data To / Action on Signature |
| Discharge Reason | Yes | Via dropdown   * Administrative discharge * Client moved out of catchment area * Treatment completed * Left against professional advice/drop out * Terminated by facility * Transferred to another program or facility * Incarcerated * Aged out * Death | Use existing global code from IL demo | Program Action - Discharge Reason – Discharge reason is required | None | None |

***Rules***

|  |  |
| --- | --- |
| Rule | Descriptions |
| Transition/Discharge | * Label change ‘Transition/Discharge’ to ‘Discharge Reason’ – drop down – required |

#### Client Information



#### Requirements

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Global Code  Category | Validation Message | Initial Document Initialization | Push Data To / Action on Signature |
| Co-Occurring health problems | Yes | Via radio buttons   * Yes * No | None | Program Action – Client Information – Co-Occurring health problems is required | None | None |
| Client Type | Yes | Via Dropdown   * Inpatient Mental Health * Medication Management * Outpatient Mental Health * Supported Living * Other * None | Xdischargeclientype | Program Action – Client Information – Client Type is required | None | None |
| Health Insurance | Yes | Via text box | None | Program Action – Client Information – Health Insurance is required | None | None |

***Rules***

|  |  |
| --- | --- |
| Rule | Descriptions |
| Client Information | * Place this section between program action and transition/discharge |

#### Progress Review Tab

Change ‘Member’ to ‘Client’ for the entire system



#### Requirements

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Global Code  Category | Validation Message | Initial Document Initialization | Push Data To / Action on Signature |
| # of months employed’ | Yes | Via text field | None | Progress Review tab – Demographics update - # of months employed is required | None | None |
| # of employers | Yes | Via text field | None | Progress Review tab – Demographics update - # of months employers is required | None | None |
| Currently enrolled in vocational rehab’ | Yes | Via radio buttons   * Yes * No | None | Progress Review tab – Demographics update – Currently enrolled in vocational rehab is required | None | None |
| School Attendance | Yes | Via dropdown   * Attending school regularly: 5 days or less absent * Home schooled * Not applicable * Not attending school regularly: 6 days or more absent * Not available | xDisSchoolAttend | Progress Review tab – Demographics update – School attendance is required | None | None |
| # of days in stable housing in last 90 days | Yes | Via text field | None | Progress Review tab- Demographics update -# of days in stable housing in last 90 days is required | None | None |
| # of arrests in last 12 months | Yes | Via text field | None | Progress Review tab – Demographics update - # of arrests in last 12 months is required | None | None |
| # of days incarcerated in last 12 months’ | Yes | Via text field | None | Progress Review tab – Demographics update - # of days incarcerated in last 12 months is required | None | None |
| Gross Annual Household Income | Yes | Via text field | None | Progress Review tab – Demographics update – Gross annual household income | None | None |

#### Referrals/Disposition Plan



#### Requirements

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Field | Required | Response Options | Global Code  Category | Validation Message | Initial Document Initialization | Push Data To / Action on Signature |
| Discharge Referral | Yes | * Acute or sub-acute psychiatric facility * Aging and people with disabilities * Attorney * Child welfare * Community housing * Community public health department * Community-based mental health and/or substance abuse provider within service area * Community-based mental health and/or substance abuse provider outside service area * Coordinate care organization (CCO) * Criminal justice entities * Developmental disabilities * Employer/Employee assistance program (EAP) * Employment services * Fully capitated health plan (FCHP) * Local mental health authority/community mental health program * Mental health organization (MHO) * Oregon health plan (OHP) * Private health professional (Primary care provider, hospital, physician, psychiatrist, etc.) * School * Self-help groups or programs * State psychiatric facility (OSH or BMRC) * TANF/Food stamps * Vocational rehabilitation * Youth/child social services agencies, centers or teams * Other community agencies * Other mental health and/or addiction service providers * Other referral * None | Use existing global code from IL demo | Referrals/Disposition Plan - Discharge Referral–is required | None | None |

***Rules***

|  |  |
| --- | --- |
| Rule | Descriptions |
| Referral | * Label change ‘Referral’ to ‘Discharge Referral’ – drop down – required |
| Question Rules | * These two questions must match the SU discharge if one was completed (time frame of when it has been completed? Same day? Same week?   + ‘# of days in stable housing in last 90 days’   + ‘# of arrests in last 12 months’ |

#### Diagnosis Tab

ICD10 diagnosis section

## Unresolved Issues