CSU EPISODE SUMMARY

**BHS UCRM**

**COMPLETED BY:**

1. Licensed/Waivered Psychologist
2. Licensed/Registered/Waivered Social Worker or Marriage and Family Therapist
3. Licensed/Registered Professional Clinical Counselor**\*\***
4. Physician (MD or DO)
5. Nurse Practitioner/Physician Assistant
6. Registered Nurse\*
7. Licensed Psychiatric Technician/Vocational Nurse**\***
8. Registered PsyD and Master Level Student Intern**\***
9. MHRS**\***

# COMPLIANCE REQUIREMENTS:

1. An episode summary is completed for every client.
2. The episode summary must be completed within 24 hours of discharge.
3. All fields must be completed or marked N/A.
4. Medical Necessity Criteria shall be substantiated.
5. ICD–10 Diagnosis shall be substantiated.

# DOCUMENTATION STANDARDS:

1. All \* questions are required.
2. **Mode of arrival:** Select from the drop-down menu. If Law Enforcement was selected in mode of arrival, it is required that you then specify which law enforcement department brought the client in by selecting from the drop-down menu.
3. **Insurance:** Select No, Yes or Unknown. If Yes, then select all insurances that apply.
4. Select Legal Status upon Admission.
5. Select Yes or No if legal status changed post admission. If Yes is selected, then document what changed in the open text box field.
6. **Reason for Admission:** Document events in sequence leading to admission to your program. Describe primary complaint upon admission. Summary of client’s request for services including client’s most recent baseline. Include measurable and observable impairment behaviors. Mental Status at time of admission. Previous treatment, if known.
7. **Discharge Reason:** Select reason from the drop-down menu. If Other is selected, it is required to document the reason in the open text box field.
8. **Discharge Destination:** Select a destination from the drop-down menu. If Other is selected, it is required to document the destination in the open text box field.
9. Select Yes or No for Upon Discharge, is client Homeless.
10. **Mode of Transportation:** Select mode of transportation at discharge from the drop-down menu. If Other is selected, it is required to document the mode of transportation in the open text box field.
11. **Summary of Services:** Select all that apply. For any box checked, document the response to treatment/progress, and reason for discharge, including healing and health services. Include any cultural considerations during the course of treatment.
12. **Aftercare Plan:** Documentinformation provided to client/family at discharge and recommendations, appointments, discharge location, substance use treatment recommendations.
13. **Psychiatric Medications at Discharge:** Document the client’s psychiatric medications at discharge including dosage and frequency of medication. Indicate if medications were given in-hand or prescription.
14. **Allergies and adverse medication reactions:** Select No, Unknown/Not Reported or Yes. If Yes, then document explanation in the open text box field.
15. **Other prescription medications:** Select None, Yes or Unknown. If Yes, then document the medications including dosage and frequency in the open text box field.
16. **History of domestic violence:** Select None Reported or Yes. If Yes, then document explanation.
17. **History of significant property destruction:** Select None reported or Yes. If Yes, then document explanation in the open text box field.
18. **History of violence:** Select None reported or Yes. If Yes, then document the type, intensity and if past or current in the open text box field.
19. **History of abuse:** Select None reported or Yes. If Yes, then document the type, intensity and if past or current in the open text box field.
20. **Abuse reported:** Select N/A, No or Yes. If Yes, then document explanation in the open text box field.
21. **Experience of traumatic events:** Select No, Yes or Unknown/not reported. If Yes, then document the traumatic experience and summarize the impact in the open text box field.
22. **Referrals:** Document the referrals in the open text box field. Include culturally specific referral(s), referred to a higher level of care, referred to a lower level of care, referred to primary care physician for psychotropic medication, or reason why no referrals were provided, etc.
23. **Referred to:** Select from the drop-down menu. If Other, then document the referral. Enter Appointment Date and Time. If client or caregiver decline a referral, select the check box next to Client or caregiver declined referral.
24. Co-signatures must be completed prior to final approval of the episode summary.
25. When the episode summary is not completed and final approved the system will prevent other servers from launching any assessments that contain shared fields. An episode summary that is not final approved is at risk for deletion by another server.
26. Paper forms are only to be completed when the EHR is not accessible and the expectation is that the information on those forms is entered into the EHR as promptly as possible.
27. An episode summary is not valid until it is thoroughly completed and final approved with all required signatures.

**\***Note: Under the direct supervision of an LPHA/LMHP. RNs, MHRS, LPT, Registered PsyD/PhD and

Master Level Student Intern may not diagnose a mental illness due to scope of practice but may conduct and claim for the episode summary with review and co-signature by a licensed/registered/waivered staff. Therefore, a stand-alone diagnosis form shall be completed by a qualified provider prior to completion of the episode summary.

**\*\***Note: Program within the CYF SOC must verify that all training requirements have been met in order

for an LPCC / PCI to provide services to youth and families.