

Discharge Summary Instructions

REQUIRED FORM:

This form is a required document in client file

WHEN:

Completed within 30 days of the date of the provider's last face-to-face or telephone treatment contact with the client

COMPLETED BY:

An SUD Counselor or LPHA from the program

REQUIRED ELEMENTS:

- **Client Name:** Complete client's full name.
- **ID #:** Complete the client's unique client number (UCN) as designated for the client in SanWITS.
- **Admission Date:** Complete client's date of admission to program.
- **Discharge Date: (Date of Last Contact):** This is the date of the client's last treatment contact (face-to-face or telephone) and his/her SanWITS discharge date.
- **Treatment Summary:** Summarize client's presenting problems, treatment provided, and outcome. Please complete in narrative form. The summary should include: 1) a summary of services the client received during treatment, 2) current living situation (i.e. homeless, sober living, with parents), 3) current alcohol or other drug use, 4) legal status/history of criminal justice system involvement, 5) diagnostic changes during treatment, 6) vocational/educational achievements, and 7) progress towards Treatment Plan goals.
- **Health & Medical**
Medications at Discharge: If YES, list name(s), dosage(s), and supply given/prescribed (# of days) Did client provide documentation of a physical exam completed within the past 12 months? Notified client's primary care physician of discharge?
- **Employment & Income**
Read prompt, If YES, provide explanation
- **Care Coordination**
List other service providers working with the client at discharge, if applicable.
Did the client meet medical necessity for another level of care at the end of treatment phase?
If YES, was client provided a warm hand-off to another level of care?
If YES, please explain in Discharge Recommendations/Referrals section below
Discharge Recommendations/Referrals (include ASAM Level of Care if referred to another SUD provider)

- **Discharge**
 - Prognosis:** Mark the appropriate box for client's prognosis (good, fair, poor) and explain.
 - Reasons for Discharge:** Mark the appropriate box for client's reason for discharge. This must match the client's SanWITS reason for discharge.
 - If discharge was involuntary:** Mark the appropriate yes/no, or not applicable box if client was advised of the Grievance and Appeal Process and applicable Notice of Adverse Benefit Determination given?
 - If yes, which NOABD was issued?: List name and type of NOABD that was issued
 - Date NOABD was issued (if applicable): List the date the NOABD was issued to client
- **Client Comments:** Use this space to document any client comments at discharge. If completing for a client with whom the program lost contact, note that here.
- **Counselor or LPHA Printed Name:** Counselor or LPHA completing discharge summary to legibly print or type name.
- **Counselor or LPHA Signature/Date:** Counselor or LPHA completing the discharge summary must sign with credentials and write date of signature.