

Care Coordination

List other service providers working with the client at discharge: N/A

Did client meet medical necessity for another level of care at the end of treatment phase? YES NO N/A

If yes, was client provided a warm hand-off to another level of care? YES NO

(If yes, please explain in Discharge Recommendations/Referrals section below)

Was client referred and provided Recovery Services at the end of the treatment phase? YES NO

Discharge Recommendations/Referrals (include ASAM Level of Care if referred to another SUD Provider): N/A

Discharge

Prognosis: Good Fair Poor

Explain: _____

Reason for Discharge (check appropriate box):

- Completed Treatment/Recovery Plan Goals/Referred/Standard
- Completed Treatment/Recovery Plan Goals/Not Referred/Standard
- Left Before Completion w/ Satisfactory Progress/Standard
- Left Before Completion w/ Satisfactory Progress/Administrative
- Left Before Completion w/Unsatisfactory Progress/Standard
- Left Before Completion w/Unsatisfactory Progress/Administrative
- Death
- Incarceration

If discharge was involuntary, was client advised of the Grievance and Appeal Process and applicable Notice of Adverse Benefit Determination given? YES NO N/A

If yes, which NOABD was issued? _____

Date NOABD was issued (if applicable): _____

Client comments if applicable:

Counselor or LPHA Printed Name	Counselor or LPHA Signature	Date