Alameda County Behavioral Health Care Services
Mental Health Division

Client Episode **Closing**

Confidential Patient Information
See Welfare & Institutions Code:5328

Data Entry Initials: _____

Client Number: ___ __ __ __ __ __ __ __ ___   RU: __ __ __ __ __

Client Name:

Last: _____   First: _____ MI: _____

PLEASE Print Legibly

Address will auto populate from

1: **Client Address:**

Street No.: __ __ __ __ __ __   Direction: __ __   Street Name: _____   Type: __ __   Apt: __ __ __ __

City: _____   State: __ __   Zip Code: __ __ __ __ __ + __ __ __ __   Ph#: (__ __ __)__ __ __ - __ __ __ __

2: Opened: **Display only**   3: (*) Closing Date:__ __ / __ __ / __ __ __ __   4: ~~Discharge Hour:~~ **FIELD NOT USED**   5: (*) Legal Status : __ __ __ __ __ __

6: ~~Last Service:~~ **DISPLAY ONLY**   7: Trauma: __
                                                             Y=Yes, N=No, U=Unknown

Should be changed at time of discharge if applicable

Prior April 1st, 2017 enter DSN4 code to crosswalk ICD10 for Axis

5: (*) **Final Diagnostic Impression**

Axis 1: __ __ __ . __ __ __   Axis 2: __ __ __ . __ __ __   ~~Axis 3: Field not used~~   ~~Axis 4: Field not used~~   ~~Axis 5: Field not used~~

Additional Diagnosis   8: (*) **Substance Abuse/Dependence**
Axis 1: __ __ __ . __ __ __   Axis 2: __ __ __ . __ __ __   SA Depend:_____   Dx: _____
                                                               Y=Yes requires Dx
                                                               N=No Dx   **ONLY ICD10**

Effective April 1ST 2017 enter the ICD10 Codes per the OA guidelines

ICD10 Dx: 1 to 5:_____ , _____ , _____, _____, _____   9: **GMC:**____, _____, _____

Primary Dx: Diagnosis description auto populates from Dx field 1   (General Medical Code)
Secondary Dx: Diagnosis description auto populates from Dx field 2

10: (*) Clinical ID: __ __ __ __ __   13: (*) (**) Living Situation: __ __   15: (*) Referrals: __ __ / __ __ /__ __ __

11: Physician ID: __ __ __ __ __   14: (*) (**) Employment Status: __ __   16: Reason for Discharge: __ __
   (Physician Assistant and Nurse Practitioner)

12: DNR: <u>N</u>   ~~17: Research Item:~~ **FIELD NOT USED**

THE CLINICIAN SIGNS AND DATES THE FORM

Completed by: _____   Date: _____

CLIENT EPISODE CLOSING CODES

NOTE:

Episode Closing screens will show the values entered at the time of Episode Opening. Review and change values as needed. If needed consult the back of the Open Episode form or the "InSyst Table Codes" document for clarification of the table values.

3: **Closing Date**- The current date is displayed. If the current date is not correct enter a closing date. Do not enter a future date or a date before the last service date.

5. **Legal Status –** The codes below are only the most common used Legal Status codes.

W60000 = Voluntary
W51500 = 72 Hour Hold
W55850 = 72 Hour Hold for Minor
W52500 = First 14 Day Hold
W52600 = Second 14 Day Hold
W52700 = Thirty Day Extension for Grave Disability
W53000 = 180 Day Post Certification
W53520 = Temporary Conservatorship
W53521 = Temporary Conservatorship Extension
W53550 = Permanent Conservatorship
W53551 = Permanent Conservatorship Extension
P10260 = Not Guilty by Reason of Insanity
P13680 = Incompetent To Stand Trial

9: **General Medical Condition Summary Codes**: Enter up to three General Medical Condition Summary Codes.

01	Arterial Sclerotic	11	Cirrhosis	21	Osteoporosis	31	Physical Disability
02	Heart Disease	12	Diabetes	22	Cancer	32	Stroke
03	Hypercholesterolemia	13	Infertility	23	Blind / Visually	33	Tinnitus
04	Hyperlipidemia	14	Hyperthyroid	24	Chronic Pain	34	Ear Infections
05	Hypertension	15	Obesity	25	Deaf / Hearing	35	Asthma
06	Birth Defects	16	Anemia	26	Epilepsy / Seizures	36	Sexually Transmitted Disease (STD)
07	Cystic Fibrosis	17	Allergies	27	Migraines	37	Other
08	Psoriasis	18	Hepatitis	28	Multiple Sclerosis	99	Unknown/Not Reported General Medical
09	Digestive Disorder	19	Arthritis	29	Muscular Dystrophy	00	No General Medical Condition
10	Ulcers	20	Carpal Tunnel Syndrome	30	Parkinson's Disease		

15: **Referrals-** Referral Codes—Source and Destination—can be any program Reporting Unit number in your system. In addition there are number of generic codes. These codes are to be used only when there is no specific mental health reporting unit, or when there is no specific local agency code. The Referral Codes currently defined are:

01	Self	13	Psychiatric SNF	33	Private MH Practice	46	Alcohol Abuse Program
02	Family	14	Alternative to Hospitalization	37	Case Management	47	School/College
03	Friends	15	CRTS Program	38	Homeless Program	48	Vocational Rehab Program
04	Employer	17	Jail	40	Medical Inpatient	49	Veterans Administration
05	Other	20	Acute Day Treatment	41	Medical Outpatient	50	Clergy or Religious Org.
06	County Resident	21	Habilitative Day Treatment	42	Convalescent Hosp	51	Other Human Service Org.
10	State Hospital MH	30	Emergency Psychiatric	43	Dept. Social Services		
11	State Hospital DD	31	Suicide & Crisis	44	Criminal Justice		
12	Other Psychiatric Hosp	32	Outpatient Clinic	45	Drug Abuse Program		

16: **Reason for Discharge**

1	Mutual Agreement/Treatment Goals Reached	7	Client Moved Out of Service Area
2	Mutual Agreement/Treatment Goals Partially Reached	8	Client Discharged/Program Unilateral Decision
3	Mutual Agreement/Treatment Goals Not Reached	9	Client Incarcerated
4	Client Withdrew: AWOL, AMA, Treatment Partially Completed	10	Discharge/Administrative Reasons
5	Client Withdrew: AWOL, AMA, No Improvement	11	Other
6	Client Died		