|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Discharge Summary** | | | | | | | | | | | | | | | | | | | |
| Client: |  | | | | | |  | | | | | |  | | | | | |
|  | InSyst # | | | | | | Last Name | | | | | | First Name | | | | | |
| Location: | | | |  | | | | | | | | | Episode Opening Date: | | | | | |  |
| Agency: | | |  | | | | | | | | | | | | | RU: |  | | | |
| Services were provided in: | | | | | |  | | | | | | by  interpreter or  clinician | | | | | | | |
|  | | | | | | |  | | | | |  | | | | | | | |
| **Discharge Summary – Administrative (non-billable)** | | | | | | | | | | | | | | | | | | | |
| The provider shall complete a Discharge Summary within 30 calendar days of the last face to face treatment contact for any beneficiary with whom the provider lost contact. | | | | | | | | | | | | | | | | | | | |
| Episode Opening Date: | | | | |  | | | | Episode Closing Date: | |  | | | | Date of Last Face-To-Face: | | |  | |
| **Discharge Summary Codes - Administrative - Table B** | | | | | | | | | | | | | | | | | | | |
| **Percent (%) of Tx Plan Goals Achieved** | | | | | | | | | | **Discharge Status Code** | | | | | | | | | |
| 75 - 50% | | | | | | | | | | 4. Left Before Completion with Satisfactory Progress - Not Referred | | | | | | | | | |
| < 50% | | | | | | | | | | 6. Left Before Completion with Unsatisfactory Progress - Not Referred | | | | | | | | | |
| Death | | | | | | | | | | 7. Death | | | | | | | | | |
| Incarceration | | | | | | | | | | 8. Incarceration | | | | | | | | | |
| Was the client pregnant during treatment?  Yes  No  Unknown | | | | | | | | | | | | | | | | | | | |
| Primary Problem: | | | | | | | | | | | | | | | | | | | |
| **Instructions:** The counselor/therapist Narrative Summary of the Treatment Episode includes presenting problem, treatment provided and final outcome. The narrative summary must include a reference to the following applicable areas: Current Drug Usage; Legal Issues and/or Criminal Activity; Vocational/Educational Achievements; Living Situation and Referrals. | | | | | | | | | | | | | | | | | | | |
| **Counselor/LPHA Narrative Summary of Progress, Treatment, and Reason for Discharge:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Prognosis (select one):  Excellent  Good  Fair  Poor  Guarded  Unstable | | | | | | | | | | | | | | | | | | | |
| **Prognosis (Describe rationale for prognosis and further treatment recommendations):** | | | | | | | | | | | | | | | | | | | |
| LPHA/Counselor efforts to contact the beneficiary (required): | | | | | | | | | | | | | | | | | | | |

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|  |  | |  | |
| SUD Counselor/LPHA Signature | | Printed Name/Credentials | | Date |