

MHS Annual/Discharge

Confidential Patient Information
See Welfare & Institutions Code: 5328

PLEASE Print Legibly

Highlighted fields with asterisks are required

CSI Episode Information:

***Update Reason:** Annual Discharge ***Program:** _____

Admission Date: Field not used for Discharge **First Date of Service:** Field not used **Last Date of Service:** Field not used

***Discharge Date:** _____

***Patient Status:** _____ (Data field used for counting days of admission to discharge)

***Legal Class of Admission:** Field not used for Discharge

***Legal Class of Discharge:** _____ (Reference global code appendix "legal status" code table)

***Admission Necessity: (Only for Inpatient/Residential programs)** _____

(Data field used to identify the type or reason for the client's admission into the facility)

General Information:

***First Name:** _____

***Last Name:** _____

***Middle Initial:** _____

Suffix: _____

Medi-Cal ID: System informational field only

Current Client Status Information:

***Employment Status:** _____

***Education Status:** _____

***Living Arrangement:** _____

Conservatorship or Juvenile Court Status: _____

Has the client experienced a traumatic event? Yes No Unknown

***# of Dependents under the age of 18:** _____

***# of Dependents over the age of 17:** _____

***General Medical Condition(s):** (If No GMC in field #1, the GMC #2 and #3 is not completed. Otherwise, all three fields are required)

1. _____ 2. _____ 3. _____

Does the client have a Substance Abuse/Dependence Issue? Yes, the client has a substance abuse/dependence issue No, the client does not have a substance abuse/dependence issue Unknown Not Reported

If answered Yes to above indicate the Substance abuse diagnosis (F10-F19.99) _____

MHS Annual/Discharge Required Data Field Tables

Patient Status: Must enter data on this field

Other	Discharge/transferred to county jail	OUTPATIENT ONLY - Client Withdrew: AWOL, AMA, No Improvement
Still a patient or expected to return	Unplanned discharged	OUTPATIENT ONLY - Client Moved Out of Service Area
Discharged to home, self-care, foster care, shelter care	Expired	OUTPATIENT ONLY - Client Discharged/Program Unilateral Decision
Discharged/transferred to Residential/Board and Care (not locked, supervised living, no treatment)	Unknown/ Not Reported	OUTPATIENT ONLY - Client Incarcerated
Discharged/transferred to Community Residential Treatment (not locked, custodial)	OUTPATIENT ONLY - Disengaged Before Admission	OUTPATIENT ONLY - Discharge/Administrative Reasons
Discharged/transferred to Community Treatment Facility (locked, no nursing care)	OUTPATIENT ONLY - Mutal Agreement/Treatment Goals Reached	OUTPATIENT ONLY - Other
Discharged/transferred to Skilled nursing facility/Intermediate Care Facility (unlocked or	OUTPATIENT ONLY - Mutal Agreement/Treatment Goals Partially Reached	
Discharged/transferred to Acute Care Hospital or Psychiatric Health Facility (PHF)	OUTPATIENT ONLY - Mutal Agreement/Treatment Goals NOT Reached	
Discharge/transferred to State Hospital	OUTPATIENT ONLY - Client Withdrew: AWOL, AMA, Treatment Partially Completed	

Legal Class of Discharge:

P00470: Charges and/or convictions pending	P10260: Found "not guilty by reason of insanity" or "guilty but insane"	P13680: Determination of competency to stand trial	P13700: Determination of competency to stand trial
P13720: Determination of competency to stand trail	P26840: Transferred from correctional facilities	P99997: Sexual Psychopathy	P99998: Other involuntary criminal status
W51500:72 Hour Hold	W52500: 14 Day Intensive Treatment	W52600: Additional 30 Day Hold	W53000: Additional 180 Day Hold
W53500: Temporary Conservatorship	W53520: Other involuntary civil status	W53521: Other involuntary civil status	W53550: Other involuntary civil status
W53551: Other involuntary civil status	W55850: 72 Hour Evaluation and Treatment for Children	W60000: Judicial Commitment DD	W65500: Commitment of Minor DD Eval
W99998: Other involuntary civil status	U99999: Unknown/ Not Reported		

Admission Necessity: Must enter data on this field

Emergency	Unknown/ Not Reported
Planned (Prior Authorization)	

Employment Status: Must enter data on this field

	Rehabilitative work, less than 20 hours per week	Unemployed, actively seeking work
Competitive job market, 35 hours/more	Rehabilitative work, 20 to 35 hours per week	Unemployed, not actively seeking work
Competitive job market, 20 hours/ less	School, full-time	Retired
Competitive job market, 20 to 35 hours per week	Job training, full-time	Not in the labor force
Full-time home making responsibility	Part time school / job training	Unknown
Rehabilitative work, 35 hours or more per week	Volunteer work	Resident / Inmate

Education Status: Must enter data on this field

Never Attended	Grade 9	Grade 19	Client Declined to State
Kindergarten	Grade 10	Grade 20	Client Unable to Answer due to disability
Grade 1	Grade 11	Vocational Program	Grade 21
Grade 2	Grade 12	Associate degree	Grade 22
Grade 3	Grade 13	Bachelors	Grade 23
Grade 4	Grade 14	Masters	Grade 24
Grade 5	Grade 15	Professional Doctorate Degree	Grade 25
Grade 6	Grade 16	Doctoral degree	Grade 26
Grade 7	Grade 17	Other	Grade 27
Grade 8	Grade 18	Unknown	Grade 28: 29:30

Living Arrangement: Must enter data on this field

Alcohol Abuse Facility	Homeless, In transit	PHF/Inpatient Psych
Adult Residential Facility, Social Rehabilitation Facility	Homeless, no identifiable county residence	Residential Treatment Center (includes levels 13-14 for children)

Living Arrangement Cont.: Must enter data on this field

Community Treatment Facility	House or Apartment (includes trailers)	Satellite Housing (applies to adults only)
Crisis Residential Facility	House or apt. requiring some support with daily activities of living (applies to adults only)	Single room (Motel, rooming hours)
CRTS long-term or transitional housing	House or apt. requiring daily support and supervision (applies to adults only)	Small Board & Care (6 rooms or less)
Drug Abuse Facility	Hotel	SNF/ICF/IMD. For Psychiatric reasons
Foster family home (for children)	Justice Related	SNF/ICF/Nursing Home for physical health reasons
General Hospital	Large Board & Care (7 beds or more)	State hospital
Group Home (includes Levels 1-12 for children)	Mental Health Rehabilitation Center (24-hours)	Supportive housing
Group Quarters (dorm, migrant barracks)	Other	Temporary Arrangement
Unknown	VA Hospital	

Conservatorship or Juvenile Court Status: (optional field)

Temporary Conservatorship (W&I Code, Section 5353)	PC 2974 (Penal Code, Section 2974)	Not Applicable
Murphy (W&I Code, Section 5008)	Representative Payee Without Conservatorship (W&I Code, Section 5686)	Unknown/ Not Reported
Lanterman-Petris-Short (W&I Code, Section 5358)	Juvenile Court, Dependent of the Court (W&I Code 300)	
Probate (Probate Code, Division 4, Section 1400)	Juvenile Court, Ward-status offender (W&I Code 601)	
PC 2974 (Penal Code, Section 2974)	Juvenile Court, Ward-Juvenile Offender (W&I Code 602)	

General Medical Condition Summary Codes: Enter up to three General Medical Condition Summary Codes

Arterial Sclerotic Disease	Cirrhosis	Osteoporosis	Physical Disability
Heart Disease	Diabetes	Cancer	Stroke
Hypercholesterolemia	Infertility	Blind / Visually Impaired	Tinnitus
Hyperlipidemia	Hyperthyroid	Chronic Pain	Ear Infections
Hypertension	Obesity	Deaf / Hearing Impaired	Asthma
Birth Defects	Anemia	Epilepsy / Seizures	Sexually Transmitted Disease (STD)
Cystic Fibrosis	Allergies	Migraines	Other
Psoriasis	Hepatitis	Multiple Sclerosis	Unknown/Not Reported General Medical
Digestive Disorder	Arthritis	Muscular Dystrophy	No General Medical Condition
Ulcers	Carpal Tunnel Syndrome	Parkinson's Disease	