

OUTCOMES MEASUREMENT SYSTEM (OMS) DISCHARGE INFORMATION SHEET

[Version 2; September 2009]

To be completed upon discharge for all consumers
6-64 years of age.

An asterisk (*) denotes a question that is mandatory for submission

Consumer Name: _____
(pre-populated in online system)

Interviewer Name: _____
(pre-populated in online system)

D1. Discharge Date*

Discharge Date: ____ / ____ / _____
 MM DD YYYY

D2. Date of last contact with consumer*

Date of last contact with consumer: ____ / ____ / _____
 MM DD YYYY

D3. Indication of Planned/Unplanned Discharge*

Was this discharge planned?

- No
- Yes

D4. Against Medical Advice*

Was this discharge Against Medical Advice?

- No
- Yes

D5. Reason(s) for Discharge*

Reason(s) for discharge (choose all that apply):

- Consumer and provider agree that treatment is complete based upon the individual's current status, service needs, and mutually agreed upon goal attainment
- Consumer or parent/guardian withdrew consumer from care
- Consumer referred to less intensive level of care
- Consumer referred to more intensive level of care
- Consumer referred to another provider providing similar level of services
- Consumer no longer meets medical necessity criteria
- Consumer no longer eligible for services (*no longer has MA/no longer meets uninsured criteria/benefits no longer cover services*)
- Consumer's lack of participation in program
- Program's determination to discontinue services (*because of the consumer's actions, the services are not effective or the program is unable to secure the safety and welfare of the consumer or others*)
- Consumer moved from service area
- Consumer is hospitalized – psychiatric
- Consumer is hospitalized – somatic
- Consumer is in jail or prison
- Consumer deceased
- Discharge reason unknown

D6. Consumer or Child/Adolescent/Caregiver participation:*

- Consumer or child/adolescent/caregiver present or participating by phone – *in addition to this Discharge Information Sheet, you should conduct an OMS interview with the consumer or child/adolescent/caregiver using the appropriate questionnaire (either Adult or Child and Adolescent version).*
- Consumer or child/adolescent/caregiver not present (not participating by phone) – *in addition to this Discharge Information Sheet, you should complete the appropriate OMS Discharge Form (either Adult or Child and Adolescent version).*