Magellan Behavioral Health of Pennsylvania (an affiliate of Magellan Health Services)

HEALTHCHOICES OF PENNSYLVANIA
MENTAL HEALTH DISCHARGE SUMMARY

☐ Bucks County ☐ Delaware County ☐ Lehigh County ☐ Montgomery County ☐ Northampton County

Date of Birth: ☐☐ - ☐☐ - ☐☐☐☐

Member Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Member Social Security #: ☐☐☐ - ☐☐ - ☐☐☐☐

Date of Final Service: ☐☐ - ☐☐ - ☐☐☐☐

Provider Name: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Provider MIS #: ☐☐☐☐☐☐☐☐☐☐

Provider Phone #: ☐☐☐ - ☐☐☐ - ☐☐☐☐

Level of Care Discharged From: ☐☐☐☐☐☐☐☐☐☐

POMS – MENTAL HEALTH ONLY

Priority Population ("X" ONE)

- ☐ 03 = Priority Population 1
- ☐ 04 = Priority Population 2
- ☐ 05 = Adult in Tx, not SPMI
- ☐ 54 = C & A Priority Population 1
- ☐ 55 = C & A in Tx, at Risk
- ☐ 56 = C & A in Tx, Not at Risk

Race: ("X" Up To Five Code Numbers)

- ☐ 1 = Black or African American
- ☐ 3 = American Indian or Alaskan Native
- ☐ 4 = Asian
- ☐ 5 = White
- ☐ 6 = Other or not Volunteered
- ☐ 7 = Native Hawaiian or Other Pacific Islander

Ethnicity: (Please "X" One Code Number)

- ☐ 1 = Not Hispanic or Latino
- ☐ 2 = Hispanic or Latino

Vocational/Educational Status ("X" ONE)

- ☐ 70 = Competitive Employment
- ☐ 71 = Training/Education
- ☐ 72 = Work Program
- ☐ 73 = Meaningful Activity
- ☐ 74 = No Activity

Independence of Living Status ("X" ONE)

- ☐ 70 = Living Independently
- ☐ 71 = Family Setting
- ☐ 72 = Living Dependently
- ☐ 73 = Supervised Setting
- ☐ 74 = Restrictive Setting
- ☐ 75 = Homeless

POMS – MENTAL HEALTH ONLY (Continued)

Child/Adolescent ("X" ONE from each Category)

School Attendance

- ☐ 1 = Regular Attendance
- ☐ 2 = Sporadic Attendance
- ☐ 3 = Enrolled but rarely attends
- ☐ 4 = Dropped out this quarter
- ☐ 5 = Dropped out previous quarter
- ☐ 6 = Pre-school age child
- ☐ 9 = Not applicable

School Behavior

- ☐ 1 = No Behavior Problems
- ☐ 2 = Occasional behavior problems
- ☐ 3 = Constant behavior problems
- ☐ 4 = Pre-school age child
- ☐ 9 = Not applicable

School Performance

- ☐ 1 = Above average
- ☐ 2 = Average
- ☐ 3 = Below Average
- ☐ 4 = Failing
- ☐ 5 = Pre-school age child
- ☐ 9 = Not applicable

School Information Source

- ☐ 1 = Child
- ☐ 2 = Parent/guardian
- ☐ 3 = School system
- ☐ 4 = Interagency meeting
- ☐ 5 = Other
- ☐ 6 = Pre-school age child
- ☐ 9 = Not applicable

POMS INFORMATION: CLOSURE. Please complete ONLY if submitting for complete member closure from all mental health treatment – not for a level of care change or provider change. Please "X" one code:

- ☐ **01** Member rejected further mental health services orally or in writing.
- ☐ **02** MCO is unable to contact/locate the member due to inactivity.
- ☐ **03** The member and the MCO agree that the consumer no longer needs mental health services.
- ☐ **04** The MCO has determined that the member no longer needs mental health services.
- ☐ **05** Parent of member withdrew the member from mental health services.
- ☐ **06** Agency (C&Y or Juvenile Justice) withdrew member from mental health services.
- ☐ **97** Member deceased.
- ☐ **98** Unknown reason why member was terminated from a specific course of mental heath treatment, due to inactivity.
- ☐ **99** Terminated from mental health treatment due to disenrollment from the MCO.

***** COMPLETE AND SIGN FOR AUTHORIZED SERVICES ONLY*****

DISCHARGE DIAGNOSIS	DX CODE	MEDICATIONS AT DISCHARGE
Axis I: _____	☐☐☐ - ☐☐	_____
_____	☐☐☐ - ☐☐	_____
_____	☐☐☐ - ☐☐	_____
Axis II: _____	☐☐☐ - ☐☐	_____
Axis III: _____		_____
_____		_____
Axis IV: _____		_____
Axis V: _____	☐☐ / ☐☐	_____

Prognosis: ☐ Poor ☐ Guarded ☐ Fair ☐ Good

CLINICAL SUMMARY (Include Reason for Discharge and Discharge Plan):

_____

_____

_____

_____

_____

_____ _____

Clinician's Signature Date

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