



Signatures

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1. [Discharge Information](#)
2. **Signatures**

2. SUD Discharge: Signatures

TEDS

Type / Status	Event
SA Discharge / Service End Pending Signature	Discharge Date 10/13/2015 Discharge Time 8:00 AM ▾ Use Current Time Episode to Discharge Episode 19: 10/01/2015 / Outpatient / BioMedical Behavioral Healthcare, Inc Type Of Treatment Service Setting Outpatient Reason for Discharge / Service End Treatment completed

Electronic Signatures

Instructions

When the form/document is completed, type in your password and click 'Sign and Save'. By entering your password you are electronically signing this form/document. Your signature represents your acceptance and approval of the records. Once signed, any future changes must be made via the 'Change Signed Document' option.

Staff Signature Required By [lookup](#)
5947 Tamara Pizzimenti

Enter your password to sign

Record Added
tpizziment 10/13/2015 10:32:19 AM

Record Changed
tpizziment 10/13/2015 10:32:19 AM

Record ID: 4641845

FOCUS Discharges

HEALTH AND SAFETY WARNING									
Show/Hide Details									
Name: Consumer, Joe (23/M)			Case #: 999999		Case: MH: Open SUD: Open				
Date of Birth 05/31/2001		Home Phone (586) 876-2752		Current Admission Primary Program: MH : None SUD: CARE of Southeastern Michigan Case Holder: MH : None SUD: None Disability Designation: MI DD			Chart Documents Eligibility/Insurance Health/PHCP Info Consumer Calendar		1 Alert Diagnosis
Address 12345 Treasure Hunt Rd Warren, MI 48093									
Consumer is currently under the following Court Order(s) 1 Year Continuing AOT NGRI Order Date: 09/29/2023 Expiration Date: 09/27/2024									
OLD SUD ADMISSIONS (prior to 10/01/2015) Click to View Old SARF Referrals / Admissions / Discharges Funding Sources and Insurance Policies									
Provider: 10113 Ascension Eastwood Clinics - Residential lookup clear SEARCH									
1 Treatment Referral									
Date	Provider	Referral Type	Admission Date	Discharge Date	Status	Add SUD Treatment Referral Add SUD Registry Referral Add SUD OHH Registry Referral Add SUD Engagement Center Registry Referral			
09/15/2021	Ascension Eastwood Clinics - Residential	SUD: Residential Short-Term	11/01/2022		RELEASED BY: Allen Istepho on 10/14/2021	Change View Delete Print Twin 14 Forms			
Admission / Update / Discharge		1 Authorization	0 Change In Level Of Care Forms		0 ASAM Assessment				
Type	Date	Type of Treatment	TEDS Submission Status	Status	Add SUD Update Add SUD Discharge Change Signed Document View Delete Print Document History				
Admission	11/01/2022	Detoxification	Pending Submission (Add)	SIGNED BY: NICOLE GABRIEL					

Address
12345 Treasure Hunt Rd
Warren, MI 48093

Case Holder: SUD: CARE of Southeastern Michigan
MH : None
SUD: None
Disability Designation: MI DD

Eligibility/Insurance
Healthy/PHCP Info

Diagnosis

Consumer is currently under the following Court Order(s)

1 Year Continuing AOT NGRI

Order Date: 09/29/2023

Expiration Date: 09/27/2024

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1. Discharge
Information

2. Signatures

1. SUD Discharge: Discharge Information

Identifying Information

First Name Middle Name Last Name SSN
Joe [] Consumer 999-99-9998
Gender Identity
Man/Cisgender Man
Address
12345 Treasure Hunt Rd
City State Zip lookup
Warren MI 48093
Medicaid ID # lookup MI Child ID # Medicare ID County of Residence
000111111 [] [] Macomb

Service / Treatment Information

Admission Date 11/01/2022 Provider / Licensed Site
Discharge Date [] Discharge Time [] AM
Use Current Date Use Current Time
Ascension Eastwood Clinics - Residential (License #: 630311)

Provider / Responsible CMHSP
Ascension Eastwood Clinics - Residential

Reason for Discharge / Service End

* Select Reason for Discharge / Service End

* Select Reason for Discharge / Service End
Treatment plan and program were substantially completed
Dropped out of treatment
Terminated by agency
Transferring to another level of care, program or facility outside of MCCMH
Incarcerated
Death
Other

MI or SED Designation
☐ Yes ☐ No ☒ Not Evaluated

Detailed SMI or SED Status

☐ SMI ☐ SED ☒ Neither SMI nor SED ☐ Not Evaluated

Designations

I/DD Designation

☐ Yes ☐ No ☒ Not Evaluated

MI or SED Designation

☒ Yes ☐ No ☐ Not Evaluated

Detailed SMI or SED Status

☐ SMI ☐ SED ☒ Neither SMI nor SED ☐ Not Evaluated

Co-occurring Disorder/Integrated Substance Use and Mental Health Treatment ⓘ

- ☒ Yes, client with co-occurring SU and MH problems is being treated with an integrated Tx plan by an integrated team
- ☐ No, client does NOT have a co-occurring SU and MH problem
- ☐ Client with co-occurring SU and MH problems is NOT currently receiving integrated treatment
- ☐ Not collected (crisis only, unknown, other exception, etc.)

Education

Education Level ⓘ

* Select Education Level ▼

Currently in Mainstream Special Education

* Select Mainstream Special Education ▼

School Attendance Status

* Select School Attendance Status ▼

Residential Living Arrangement

Living Arrangements ⓘ

* Select Living Arrangements ▼

Employment / Financial

Employment Status

* Select Employment Status ▼

Minimum Wage

Individual is currently earning minimum wage or more ▼

Total Annual Income ⓘ

\$

☐ Not collected (crisis only, unknown, other exception, etc.)

Number Of Dependents ⓘ

☐ Not collected (crisis only, unknown, other exception, etc.)

Enrolled in SDA, SSI or SSDI

☐ Yes ☒ No ☐ Not collected (crisis only, unknown, other exception, etc.)

Corrections / Legal Status

Legal Related Status

* Select Corrections Related Status ▼

Arrests in Past 30 Days

Juvenile Justice Involvement at Update or Discharge

N/A ▼

Youth Prior Law Enforcement History

N/A ▼

Youth Prior Juvenile Justice History

N/A ▼

SUD Substances (SA or MH/Integrated Tx episodes)

Substance Rank	Substance	Route of Administration	Frequency of Use ⓘ	Age at First Use ⓘ	
Primary	Alcohol ▼	Oral ▼	▼	Age: ▼	13
Secondary	▼	▼	▼	Age: ▼	
Tertiary	▼	▼	▼	Age: ▼	

Medication-Assisted Opioid Therapy

☐ Yes ☐ No ☐ Not Applicable ☐ Not collected (crisis only, other exception, etc.)

Attendance at Substance Use Self-Help Groups in past 30 Days

* Select ▼

Diagnosis

SUD Diagnostic Code [lookup](#)

F10.10 Alcohol use disorder; Mild

MH Diagnostic Code 1 [lookup](#) [clear](#)

MH Diagnostic Code 2 [lookup](#) [clear](#)

MH Diagnostic Code 3 [lookup](#) [clear](#)

Mental Health Issues Identified during Treatment

☐ None ☐ Severe ☐ Mild/Moderate

Women's Specialty Program

☐ Yes ☐ No

Aftercare/Continuation

☐ Check here if consumer refused followup care

Aftercare Provider **lookup** **clear**

Other Location

Appointment Offered Date

Appointment Accepted Date

Appointment Offered Time

 AM ▼

Appointment Accepted Time

 AM ▼

☐ Consumer requested an appointment outside of 7 days of Discharge

Reason

characters left: 128



Notes

characters left: 8000



✓ Spell Check

Record Added

mchenrya 06/20/2024 02:02:30 PM

Record Changed

mchenrya 06/20/2024 02:02:30 PM

Record ID: 15521018

Save and Continue to Signatures

Save

Cancel



SUD Treatment Referral/ Admission Form Changes

Make sure the text in the
“Reason for Change” text field is
detailed.

10/01/2015	BioMedical Behavioral Healthcare, Inc	SUD	10/01/2015		RELEASED BY: Tamara Pizzimenti on 10/01/2015	Vi Pr
Admission / Discharge						
Type	Date	Type of Treatment	TEDS Submission Status	Status	Add SUD Discharge	
Admission	10/01/2015	Outpatient	Pending Submission (Add)	SIGNED BY: Tamara Pizzimenti	Change Signed Document View Delete Print Document History	
Authorizations						
Authorization #	Provider	Effective Dates	Status	Request SUD Authorization Request SUD Re-Authorization		
1510A2122879	BioMedical Behavioral Healthcare, Inc	10/02/2015 - 12/02/2015	Approved	Change View Delete Print Early Terminate Void		
Authorized Service Description		Units Authorized	Units Claimed to Date	Units Paid to Date	Units Available	
90834 HG		12 Per Auth	0	0	12	

Client Demographics

 Macomb County
Community Mental Health

*** TRAINING MODE *** FOCUS

Back Home Logout Help SARF List

- Access Center
- Assessments & Screenings
- Authorizations
- Claim Submission (AP)
- Consumers**
- Financial Information
- Insurance Billing
- Medicaid Lookup
- SUD / CA

Consumer Chart

Go to Consumer Chart, consisting of all documents related to a Consumer. This includes a page of links that makes it easier to move from one form to another within a consumer's chart.

 Macomb County
Community Mental Health

*** TRAINING MODE *** FOCUS

Back Home Logout Help Consumer Chart

Name: Test, Sud (45/F) Case #: 754486 Case: Open

Date of Birth 08/27/1969	Home Phone (586) 555-1212	Current Admission	 Chart Documents	 No Alerts
Address 22550 Hall Rd CLINTON TOWNSHIP, MI 48036		Primary County:	 Eligibility/Insurance	 Diagnosis
		Primary Program: Unassigned	 Health/PHCP Info	
		Case Holder: Unassigned	 Consumer Calendar	
		Disability Designation:		

Chart Links

Demographics

- [Change Demographics](#)
- [View Demographics](#)
- [View Consumer Address Changes History](#)

WARNING!!

FOCUS will time out after 59 minutes on the same page. Save your work often to avoid it getting lost.

SUD User

TIME-OUT IN: 57 Minutes, 56 Seconds

Record Added

tpizziment 08/27/2014 14:31:32

SAVE

CANCEL

Back

Home

Tuesday, September 09, 2014 11:30 AM Eastern

Funding Sources & Insurance Policies

 **Macomb County**
Community Mental Health

*** DEVELOPMENT MODE *** **FOCUS**

Back Home Logout Help

Treatment Referral List

HEALTH AND SAFETY WARNING
Show/Hide Details

Name: Consumer, Joe D (31/M) Case #: 999999 Case: MH: Open SUD: Open

Consumer is deceased

Date of Birth 03/24/1984	Home Phone (248) 634-8299	Current Admission Primary Program: MH : First Resources North SUD: CLINTON COUNSELING CENTER Case Holder: MH : Jessica Youhanna SUD: None Disability Designation: MI	 Chart Documents  Eligibility/Insurance  Health/PHCP Info  Consumer Calendar	 1 Alert  Diagnosis
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OLD SUD ADMISSIONS (prior to 10/01/2015)

[Click to View Old SARF Referrals / Admissions / Discharges](#)

[Funding Sources and Insurance Policies](#)

Provider:

4 Treatment Referrals

Date	Provider	Referral Type	Admission Date	Discharge Date	Status	Add SUD Treatment Referral
10/02/2015	CLINTON COUNSELING CENTER	SUD	10/13/2015		RELEASED BY: Tamara Pizzimenti on 10/02/2015	View Delete Print Twin 14 Forms

Admission / Discharge

Type	Date	Type of	TEDS Submission	Status	Add SUD Discharge
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Funding Sources and Insurance Policies

 **Macomb County
Community Mental Health**

Insurance Policy List FOCUS

[Back](#) [Home](#) [Logout](#) [Help](#) 

Name: Mcosa, New (44/F) **Case #:** 768078 **Case:** MH: Closed SUD: Open

Date of Birth 01/01/1980	Home Phone (555) 555-5555	Primary Program: MH : None SUD: SELF HELP ADDICTION	Chart Documents Eligibility/Insurance Health/PHCP Info	No Alerts Diagnosis
Address 2 Hall Road Clinton Twp, MI 48036	Case Holder: MH : None SUD: None	Disability Designation:		

To add a new insurance policy / funding source:

[Click here to add Self-Pay Policy/Fee Determination](#)

[Click here to add Medicaid Deductible](#)

[Click here to add Children's or SED Waiver](#)

[Click here to add Autism Policy](#)

[Click here to add SDA](#)

[Click here to add CCBHC Policy](#)

[Click here to add COVID Supplemental Policy](#)

[Click here to add 3rd Party Insurance](#)

[Click here to add Medicare Part A/B](#)

[Click here to add Medicare Part D](#)

[Click here to add Advantage Part C](#)

[Click here to add SUD Self Pay](#)

[Click here to add Women's Specialty Services](#)

[Click here to add 16th Drug Court Policy](#)

[Click here to add Opioid Health Home \(OHH\) Policy](#)

[Click here to add SOR Grant Policy](#)

[Click here to add ARPA Policy](#)

- 1.) All Clients are required to have a SUD Self-Pay Policy entered upon admission into services
 - 2.) Women's Specialty Services Policy required for WSS providers rendering WSS services
- For any Policy, click the link and complete data entry for each line -