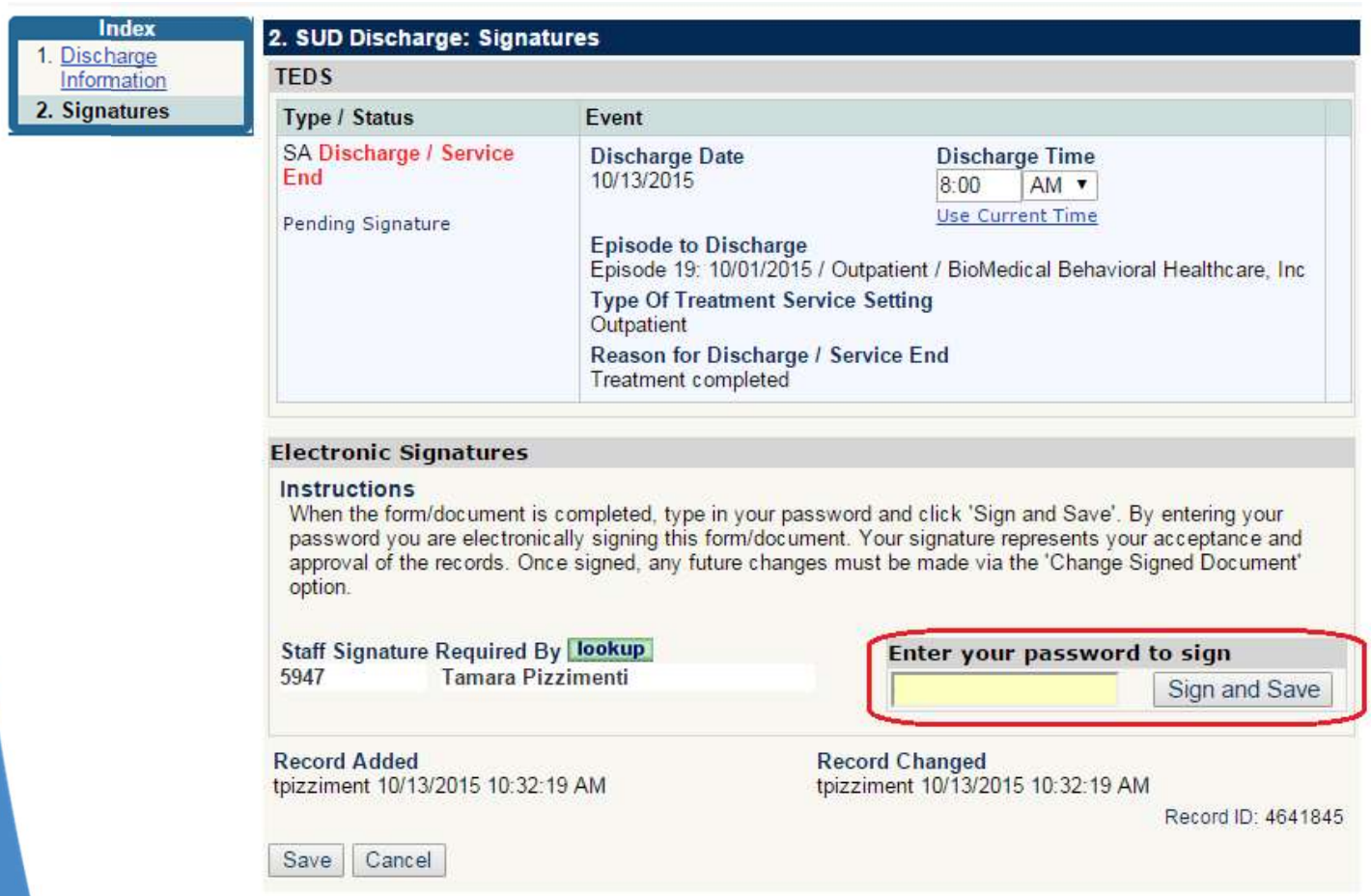
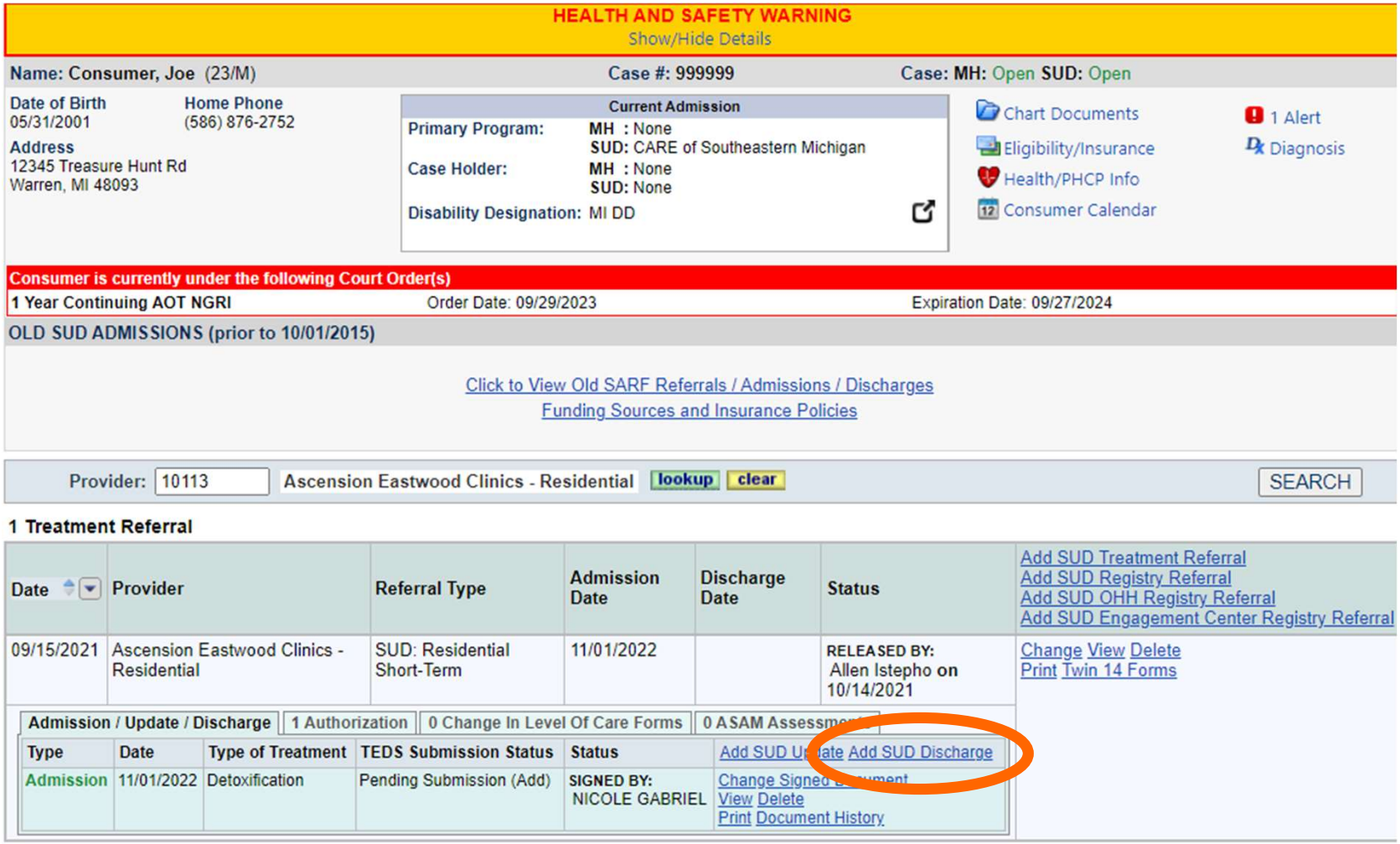
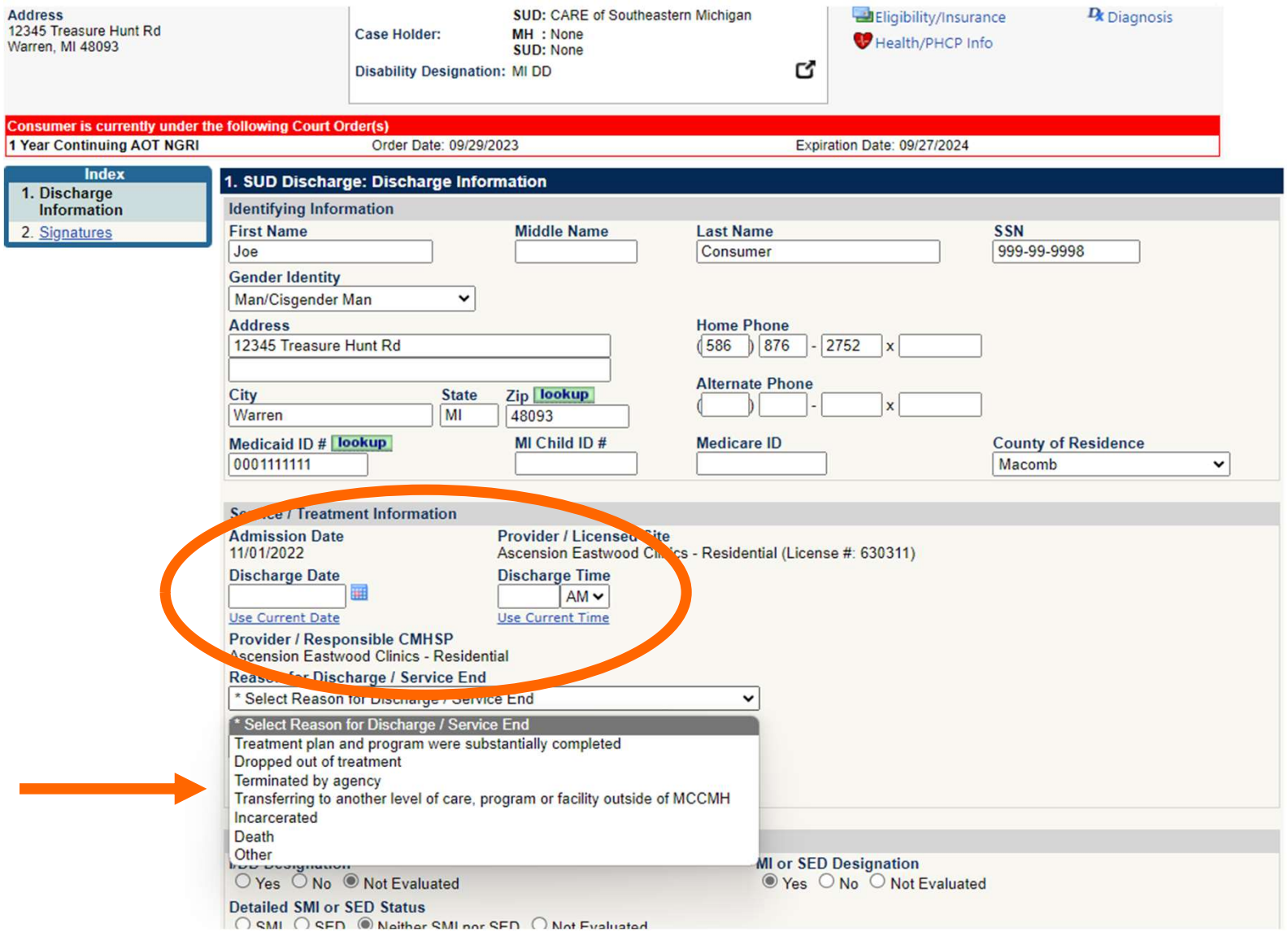
Signatures


Index
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
Sign and Save
Record Added
tpizziment 10/13/2015 10:32:19 AM
Record Changed
tpizziment 10/13/2015 10:32:19 AM
Record ID: 4641845
Save
Cancel

FOCUS Discharges




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
Diagnosis
Health/PHCP Info
Consumer is currently under the following Court Order(s)
1 Year Continuing AOT NGRI
Order Date: 09/29/2023
Expiration Date: 09/27/2024
Index
1. Discharge Information
2. Signatures
1. SUD Discharge: Discharge Information
Identifying Information
First Name
Joe
Middle Name
Last Name
Consumer
SSN
999-99-9998
Gender Identity
Man/Cisgender Man
Address
12345 Treasure Hunt Rd
Home Phone
586 876 - 2752 x
City
Warren
State
MI
Zip lookup
48093
Alternate Phone
Medicaid ID # lookup
0001111111
MI Child ID #
Medicare ID
County of Residence
Macomb
Admission Date
11/01/2022
Provider / Licensed Site
Ascension Eastwood Clinics - Residential (License #: 630311)
Discharge Date
Discharge Time
AM
Use Current Date
Use Current Time
Provider / Responsible CMHSP
Ascension Eastwood Clinics - Residential
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
Yes No Not Evaluated
Detailed SMI or SED Status

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 Offered Time AM

Appointment Accepted Date

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

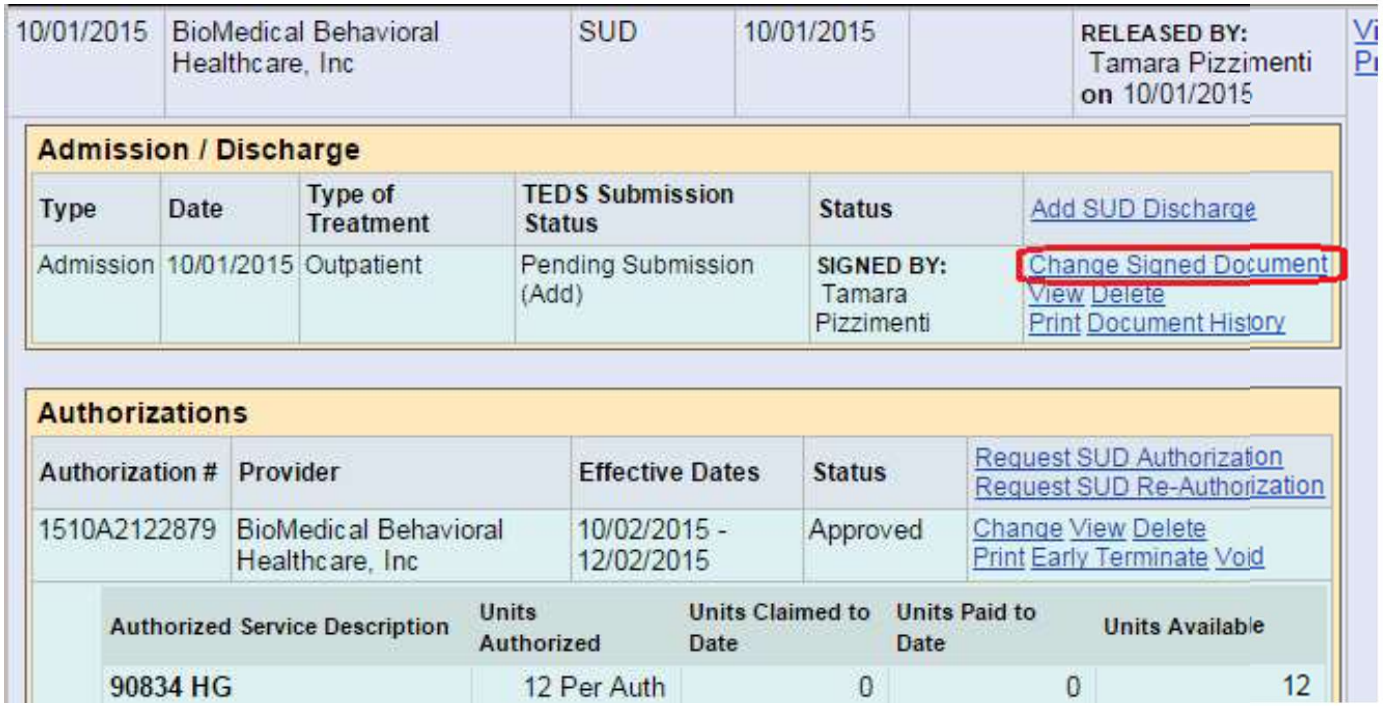
Record Changed
mchenrya 06/20/2024 02:02:30 PM

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

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

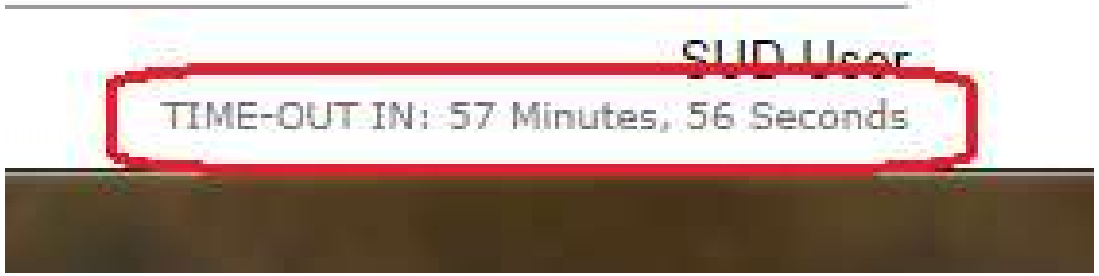
Authorization #	Provider	Effective Dates	Status	Request SUD Authorization Request SUD Re-Authorization
1510A2122879	BioMedical Behavioral Healthcare, Inc	10/02/2015 - 12/02/2015	Approved	Change View Delete Print Early Terminate Void

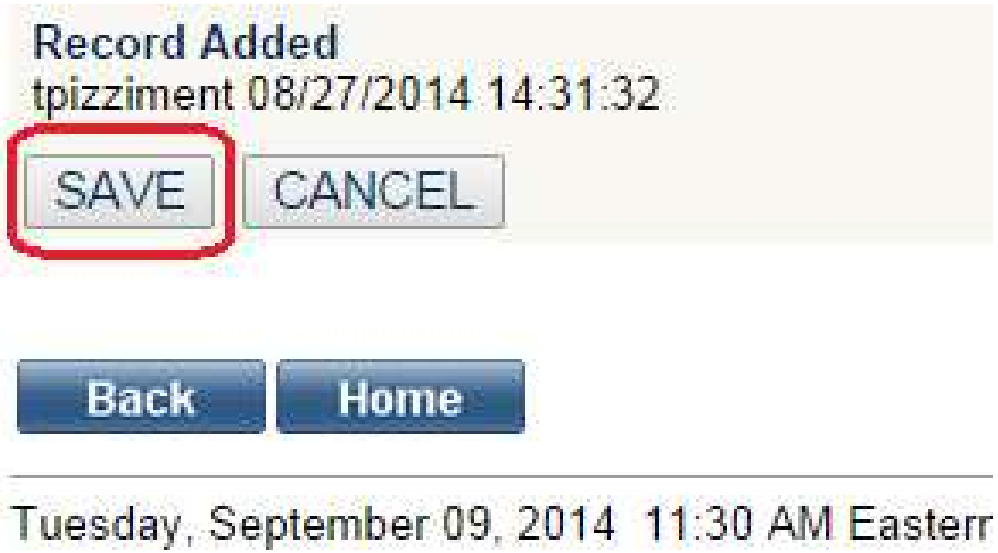
Authorized Service Description	Units Authorized	Units Claimed to Date	Units Paid to Date	Units Available
90834 HG	12 Per Auth	0	0	12

Client Demographics

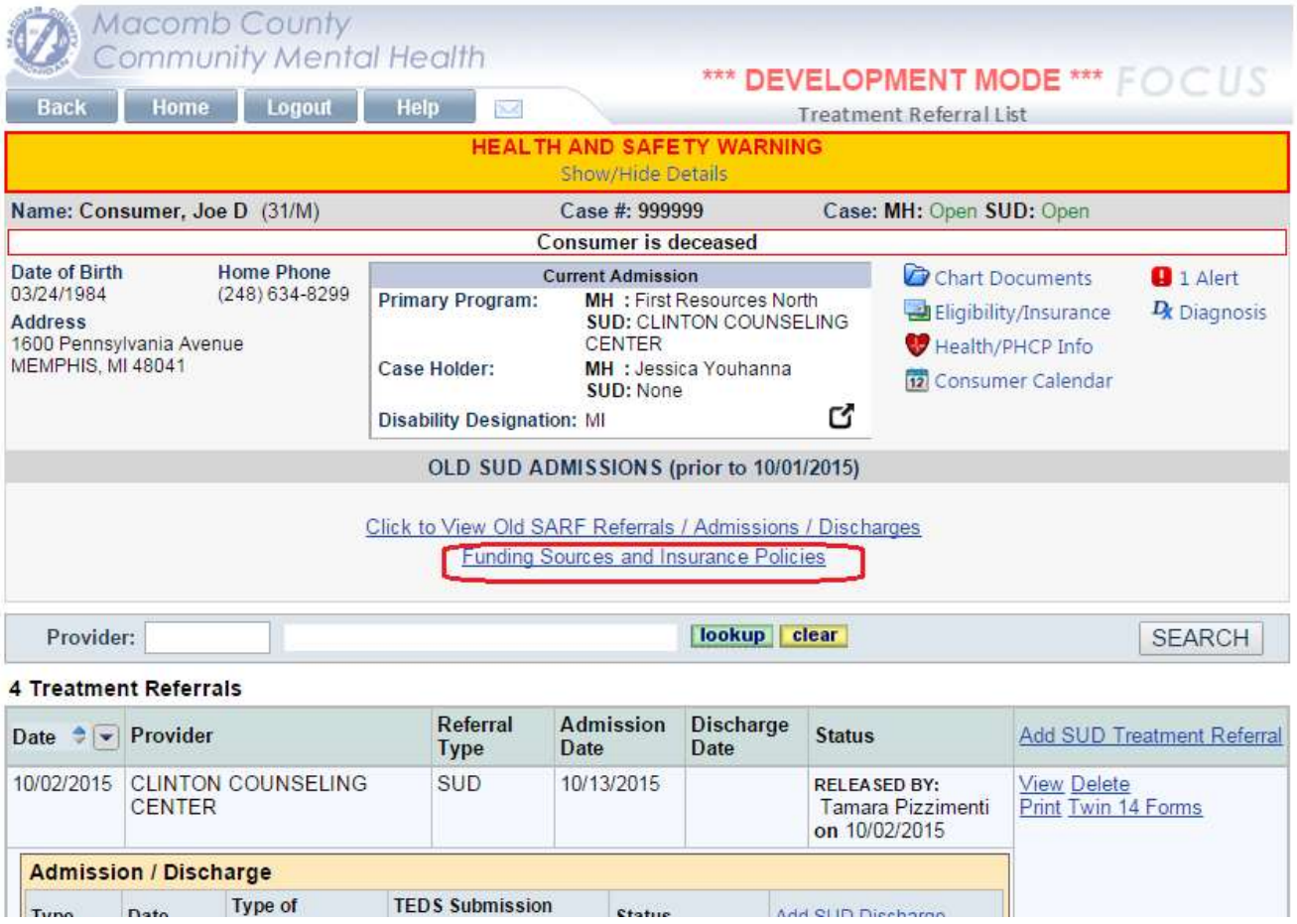
WARNING!!

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





Funding Sources & Insurance Policies



Funding Sources and Insurance Policies

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 -