Electronic Registration System II (ERS II) Treatment Review Form

DMHAS Behavioral Health Recovery Program

*Discharge Notification Form**

Client Name:		**Provider Name:**	
Client EMS ID# or Social Security Number:		**Provider Service Location:**	
		Admission Date:	
Client's Date of Birth:		**Discharge Date:**	

Level of Care (Service Type) Client is discharging from:

DIAGNOSIS – AXIS I: (1) (2)

DISCHARGE TYPE

- ☐ Regular (Completed Treatment)
- ☐ AMA (Against Medical or Clinical Advice)
- ☐ Transfer (transfer to higher level of care, or same level of care at a different location)
- ☐ Other (Please describe):
- ☐ Refused Care (Refused Treatment Referrals
- ☐ No Care (No Discharge Referrals/Plan Made)
- ☐ Noncompliance (Did not follow treatment recommendations)
- ☐ Administrative (Violation of program rules)
- ☐ AWOL (Left inpatient level of care without permission/staff knowledge)
- ☐ No Show (Client has failed to return to outpatient care)

Did the client complete treatment? ☐ Yes ☐ No **Number of Outpatient/IOP/PHP Sessions Attended (if known)** _____

DISCHARGE PLAN

Provider Name: _____

Service/Level of Care: _____

Date of 1st Appointment: _____

Discharge Medications: _____

_____

If there was no Plan, please explain why: _____

_____

Form Completed By: _____ **Telephone #:** _____ **Date:** _____

*Discharge Notifications may be submitted via the internet-based Electronic Registration System (ERS) or by fax to: Advanced Behavioral Health, Inc. at (860) 704-6145. If you are a provider who does not yet have access to ERS, please contact the DMHAS Behavioral Health Recovery Program at (800) 606-3677 to request access. Additional information about ERS can be viewed at www.abhct.com.

Discharge Notification is required by the DMHAS Behavioral Health Recovery Program for ALL authorized services.

Advanced Behavioral Health, Inc.
Fax: (860) 704-6145

Updated 9/26/2011