

# Office of Comprehensive Services State Sponsored Utilization Review

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## **CSA Discharge Notification** *Fax within 10 business days of discharge.*

Child's Name:

Locality:            Facility:

Date of Admission:            Date of Discharge:

Reason for Discharge:

**Discharged to:** (check one)

- Acute Psychiatric Inpatient
- Adoptive Home
- Adult Group Home
- Biological Family Home
- Deceased
- Detention
- Foster Home
- Group Home
- Independent Living
- Independent Living Program
- Juvenile Justice/Corrections
- Locality Discontinued Services
- Locality Transfer
- Other \_\_\_\_\_
- Sexual Offender Program
- Relative Home
- Residential Treatment
- Runaway
- Supervised Living
- Treatment Foster Home
- Transfer to Medicaid
- Wilderness Program

**Discharge Services:** (Check All That Apply)

- Acute Psychiatric Inpatient
- Case Management Services
- Day Treatment/Partial Hospitalization
- Family Therapy
- Group Therapy
- Home Base Services
- Independent Living Skills
- Individual Therapy
- Medical Monitoring
- Medication Management
- Occupational Therapy
- Other \_\_\_\_\_
- Other Community Based Services
- Physical Therapy
- Recreational Therapy
- Respite Services
- Speech Therapy
- Substance Abuse Services
- Supervised Adult Living
- Supportive Employment
- Vocational Training

**Discharge Level of Care:** (Check one)

- No Change (i.e. Transfer to another facility at the same level of care)
- Less Restrictive
- More Restrictive

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