**DSAMH Group Home Involuntary Discharge Request Form**

**Group Home Name: \_\_\_\_\_\_**

**Resident Name:**

**MCI:**

**DOB:**

**Admission Date:**

**Discharge Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Potential discharge discussed with PAC/EEU:** [ ] Yes [ ] No

**Did the resident voluntarily sign the discharge?**  [ ] Yes [ ] No

**Coordination of care efforts documented in record?**  [ ] Yes [ ] No

**Primary reason for discharge:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Treatment team efforts and interventions to mitigate issues leading to determination to discharge:**

**If group home level of care is still appropriate, what barriers are present for this group home to maintain the client in the current group home or re-admit client to group home in the immediate future?**

**Other narrative that may support discharge determination:**

**Supporting documentation included:**

☐ Last three (3) months of progress notes

☐ Last three (3) psychiatric notes

☐ Most recent treatment plan

☐ Last three (3) months of MARs

☐ Coordination of care efforts

Submitted by: Date:

**DSAMH Group Home Emergency Discharge Request Form**

**FOR DSAMH USE ONLY**

Date Received:

[ ]  Request Approved

[ ]  Request Denied Reason request denied:

[ ]  If denied, provider notified of appeal process

PROMISE Administrator Signature: Date:

**Provider Appeal:**

Reason for Appeal:

Additional information provided:

Name of Person Submitting:

Signature of Person Submitting: Date: \_\_\_\_\_\_

**FOR DSAMH USE ONLY**

Date Received:

[ ]  Request Approved

[ ]  Request Denied Reason request denied:

Chief of Clinical Services Signature: Date: