



Instructions: The LME-MCO Consumer Admission and Discharge Form is required to be completed (1) within 30 calendar days of any service or support initiation (admission) for any designated publicly funded consumer, (2) whenever data in the Admission section is modified, and (3) at completion of an episode of care (discharge). This includes (A) all consumers supported by LME-MCOs through state and federal funding and (B) all consumers receiving Innovations Waiver Services or any MH/DD/SA Enhanced Benefits Service listed on the DMA or DMH/DD/SAS website. See current DMH/DD/SAS CDW Reporting Requirements and CDW Data Dictionary for submission requirements. Detailed instructions for each of the fields below begin on page 4 of this document.

Consumer First Name, M.I., and Last Name Consumer Maiden Name MM DD YYYY Complete as indicated by LME-MCO, or may be assigned by LME-MCO upon receipt.

A. First Name B. MI C. Last Name D. Maiden Name E. Consumer DOB F. LME-MCO Name G. LME-MCO Facility Code H. LME-MCO Consumer Record No

FOR CONSUMER ADMISSION or UPDATE, COMPLETE ITEMS 1 THROUGH 33

- 1. Admission or Update
2. Consumer Current CDW Admission Date: MM/DD/YYYY
3. Consumer County of Residence: (Enter county name or county code from CDW Data Dictionary) or County Code
4. Consumer's (Physical) Residence Zip Code:
5. Ethnicity: (One) Hispanic, Mexican American, Hispanic, Puerto Rican, Hispanic, Cuban, Hispanic, Other, Not Hispanic Origin
6. Marital Status at Time of Admission: (One) Annulled, Single (Never Married), Married, Separated, Divorced, Widowed, Domestic Partners
7. Race: (One) Black/African American, White/Anglo/Caucasian, American Indian/Native American, Alaska Native, Asian, Pacific Islander, Multiracial, Other (Describe):
8. Gender: (One) Male, Female
9. Military Status: Indicate if you or a member of your immediate family or household is currently serving in or has served in, the Military, Military Reserve or National Guard. (One) Yes - Active Military, Reserve or Guard, Yes - Family Member, Yes - Veteran or prior service member, No
10. Education Level (highest grade/degree completed): (Enter code from attached instructions)
11. Employment Status: (Enter code from attached instructions)
12. Annual Family Income of Non-Medicaid Consumers Only: Enter the value of annual family income, measured in whole dollars, as determined by the LME-MCO for the purpose of fee determination. \$\_\_\_\_,\_\_\_\_,\_\_\_\_.00

- 13. Family Size of Non-Medicaid Consumers Only: Enter the # of persons living in the family at time of admission, including the consumer, as determined by the LME-MCO for the purpose of fee determination. # = \_\_\_\_
14. Number of Consumer Arrests in the 30 Days Prior to Admission: # = \_\_\_\_
15. Living Arrangement at time of admission: (Enter code from attached instructions.)
16. Admission Referral Source: (Enter code from attached instructions.)
17. Is consumer proficient in English? (One) Yes No
18. Primary Language: (One) English, Sign Language, French, Spanish, Other, None
18a. Accommodation of Special Consumer Needs: (all that are applicable) None/Not Applicable, Wheelchair/Mobility Needs, Sign Language Interpreter, Deaf/Hearing Impaired, Childcare, Visually Impaired, Physical Disability, Frail Senior, Foreign Language Interpreter, Other
19. If female, is consumer pregnant? Yes No
20. Diagnosis(es) Effective Date: MM/DD/YYYY (for current episode)
21. Diagnosis Code(s) (ICD-9 or ICD-10): List up to 3 diagnoses in order of importance
21a) \_\_\_\_\_ 21b) \_\_\_\_\_
21c) \_\_\_\_\_
21d. At any time in the past has the individual been suspected of having a head injury or a brain injury? Yes No Not Sure



# LME-MCO Consumer Admission and Discharge Form



ADM-DSG 2

22. **Date Started Substance Use Disorder Treatment:** \_\_\_/\_\_\_/\_\_\_  
 \_\_\_  **Not a Substance Use Consumer (current episode)** MM DD YYYY

*Consumer First Name, M.I., and Last Name*      *Consumer Maiden Name*      MM   DD   YYYY      *Complete as indicated by LME-MCO, or may be assigned by LME-MCO upon receipt.*

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**A. First Name**    **B. MI**    **C. Last Name**    **D. Maiden Name**    **E. Consumer DOB**    **F. LME-MCO Name**    **G. LME-MCO Facility Code**    **H. LME-MCO Consumer Record No**

**23. Substance Use Disorder Drug of Use Details:** *(Enter codes from attached instructions)*

**Not a Substance Use Disorder Consumer**

	23a) Drug Code	23b) Age of First Use	23c) Use Frequency	23d) Route of Administration
1) Primary Substance	___	___	___	___
2) Secondary Substance	___	___	___	___
3) Additional Substance	___	___	___	___

**24. Opioid Replacement Therapy:** *Identify whether the use of methadone or buprenorphine is part of the consumer's treatment plan or PCP.*

Yes     No     **Not a Substance Use Disorder Consumer**

**25. Mutual Aid Program Attendance in the 30 Days Preceding Admission Date:**  
*(✓ One)*

**Not a Substance Use Disorder Consumer**

<b>01</b> <input type="checkbox"/> No attendance in mo. prior to admission	<b>02</b> <input type="checkbox"/> 1-3 times in mo. (less than 1 per wk.)
<b>03</b> <input type="checkbox"/> 4-7 times in mo. (about 1 per wk.)	<b>04</b> <input type="checkbox"/> 8-15 times in mo. (2-3 times per wk.)
<b>05</b> <input type="checkbox"/> 16-30 times in mo. (4 or more times per wk.)	<b>06</b> <input type="checkbox"/> Some attendance, but frequency unknown
<b>97</b> <input type="checkbox"/> Unknown	<b>98</b> <input type="checkbox"/> Not Collected

**26. Consumer Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*(Optional entry, but recommended for cross referencing with CNDS)*

**26a. Consumer's NCTracks Benefit Plan Eligibility (check one or more boxes and complete Eligibility Begin and End Dates on benefit plans that apply):\***

NCTracks Benefit Plan	Eligibility Begin Date	Eligibility End Date	NCTracks Benefit Plan	Eligibility Begin Date	Eligibility End Date
<input type="checkbox"/> <b>AMI</b> - Adult with Mental Illness			<input type="checkbox"/> <b>AMVET</b> - Veteran and Family (age 18 and over)		
<input type="checkbox"/> <b>CMSED</b> - Child with Serious Emotional Disturbance (SED)			<input type="checkbox"/> <b>CMVET</b> - Veteran and Family (under age 18)		
<input type="checkbox"/> <b>ADSN</b> - Adult with Developmental Disability			<input type="checkbox"/> <b>GAP</b> - Generic Assessment Payment		
<input type="checkbox"/> <b>CDSN</b> - Child with Developmental Disability			<input type="checkbox"/> <b>No NCTracks Benefit Plan eligibility</b>		
<input type="checkbox"/> <b>ASCDR</b> - Adult using Drugs Intravenously or having a Communicable Disease					
<input type="checkbox"/> <b>ASWOM</b> - Women with a SUD who are pregnant, have dependent children or are seeking custody					
<input type="checkbox"/> <b>ASTER</b> - Adult SUD Treatment Engagement and Recovery					
<input type="checkbox"/> <b>CSSAD</b> - Child with Substance Use Disorder					

\*Note: NCTracks Benefit Plan Eligibility Details are posted on the DMHDDSAS web site at: <http://www.ncdhhs.gov/mhddsas/providers/NCTRACKS>





# LME-MCO Consumer Admission and Discharge Form



ADM-DSG 4

Consumer First Name, M.I., and Last Name      Consumer Maiden Name      MM    DD    YYYY      Complete as indicated by LME-MCO, or may be assigned by LME-MCO upon receipt.

A. First Name    B. MI    C. Last Name    D. Maiden Name    E. Consumer DOB    F. LME-MCO Name    G. LME-MCO Facility Code    H. LME-MCO Consumer Record No

**27. Consumer Medicaid Number:** Required for ALL Medicaid consumers

\_\_\_\_\_

**28. Health/Medical Insurance:**  One for Primary Insurance

- Private Insurance/health plan     Medicaid     Medicare     Health Choice
- TRICARE     CHAMPVA     Other insurance     None
- Unknown

**Complete provider identifying information below (as applicable):**

29. \_\_\_\_\_

Name of Provider Agency Completing this Admission Form

30. \_\_\_\_\_

First & Last Name of Provider Staff Submitting this Form to LME-MCO

31. \_\_\_\_\_

E-Mail Address of Provider Staff Submitting this Form to LME-MCO

32. \_\_\_\_\_

Admission/Update Provider Staff Area Code, Phone # & Extension

33. Date Admission/Update Form Submitted to LME-MCO:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YYYY

**FOR CONSUMER DISCHARGE, COMPLETE ITEMS 34 THROUGH 46.**

34. **Consumer Current CDW Discharge Date:** \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YYYY

**35. Reason for Discharge, Transfer, or Discontinuance of Treatment:** ( One)

- 1=death                                     2=evaluation completed
- 3=treatment completed                 4=consumer not available
- 5=consumer refused treatment         6=consumer no show
- 7=service not available                 8=other

38. **Number of Consumer Arrests in the 30 Days Prior to Discharge:** # = \_\_\_\_

39. **Living Arrangement at Time of Discharge:** \_\_\_\_\_  
(Enter code from attached instructions)

40. **Date Consumer Was Last Seen for a Service:** The day the consumer was last seen for a service may be the same date as the date of discharge. In the event of a change of service or provider within an episode of treatment, it is the date the consumer transferred to another service or provider.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YYYY

41. **Provide information on Discharge Substance Use Disorder Drug of Use Details:**  
(Enter codes from attached instructions)

Not a Substance Use Disorder Consumer

	41a) Drug Code	41b) Use Frequency	41c) Route of Administration
1) Primary Substance	____	____	____
2) Secondary Substance	____	____	____
3) Additional Substance	____	____	____

42a. **Mutual Aid Program Attendance in the 30 Days Preceding Discharge Date:**  
( One)     Not a Substance Use Disorder Consumer

- 01  No attendance in 30 days prior to discharge
- 02  1-3 times in mo. (less than 1 time per wk.)
- 03  4-7 times in mo. (about 1 time per wk.)
- 04  8-15 times in mo. (2-3 times per wk.)
- 05  16-30 times in mo. (4 or more times per wk.)
- 06  Some attendance, but frequency unknown
- 97  Unknown
- 98  Not Collected

42b. \_\_\_\_\_

Name of Provider Agency Completing this Discharge Form

43. \_\_\_\_\_

First & Last Name of Provider Staff Submitting this Discharge Form to LME-MCO

44. \_\_\_\_\_

E-Mail Address of Provider Staff Submitting this Discharge Form to LME-MCO

45. \_\_\_\_\_

Discharge Provider Area Code, Phone # & Extension

46. **Date Discharge Form Submitted to LME-MCO:** \_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_  
MM    DD    YYYY



36. Discharge Referral: Person or agency the consumer was referred to at discharge

\_\_\_\_ \_\_\_\_  
(Enter code from attached instructions)

37. Employment Status at Time of Discharge:

\_\_\_\_ \_\_\_\_  
(Enter code from attached instructions)



## INSTRUCTIONS

- A. Consumer First Name:** Enter consumer's First Name
- B. Consumer Middle Initial:** Enter consumer's Middle Initial
- C. Consumer Last Name:** Enter consumer's Last Name
- D. Maiden Name:** Enter female consumer's Maiden Name (required for females)
- E. Consumer DOB:** Enter consumer's date of birth by month, day, and year:  
*8 characters.*
- F. LME-MCO Name:** Enter LME-MCO name
- G. LME-MCO Facility Code:** LME-MCO Facility Code may be completed as indicated by LME-MCO, or may be assigned by the LME-MCO upon receipt of Form: *5 characters.*
- H. LME-MCO Consumer Record No:** LME-MCO Consumer Record Number may be completed as indicated by LME-MCO, or may be assigned by the LME-MCO upon receipt of Form: *10 characters.*

**FOR CONSUMER ADMISSION or UPDATE, COMPLETE ITEMS 1 THROUGH 33**

- Admission or Update:** Select whether this is the consumer's admission information or an update to a current consumer's information.
- Consumer Current CDW Admission Date:** Enter month, day, and year which represents the date that this consumer was admitted to a facility for the current episode of care: *8 characters.*
- Consumer County of Residence:** Enter a county name or valid county code (*3 characters*) for the state of North Carolina as listed in the CDW Data Dictionary.
- Consumer's (Physical) Residence Zip Code:** Indicate the consumer's residential zip code: *9 characters.*
- Ethnicity:** Indicate the consumer's Hispanic origin: ✓ *One*
- Marital Status at the time of admission:** Indicate the consumer's marital status at time of the current admission: ✓ *One*
- Race:** Indicate the consumer's primary racial affiliation: ✓ *One*
- Gender:** Indicate the consumer's sex: ✓ *One*
- Military Status:** Indicate whether the individual or a member of his/her immediate family has served on active duty in the armed forces of the US, including the Coast Guard. Immediate family includes *parents, grandparents, siblings, spouses, partners, children, or other significant persons in the household or family constellation:* ✓ *One*

- 10. Education Level at Time of Admission:** Enter the appropriate Education Level code from the following CDW list for highest grade/degree completed by the consumer at time of the current admission: *2 characters.*

00= None, never attended school	01= First grade
02= Second grade	03= Third grade
04= Fourth grade	05= Fifth grade
06= Sixth grade	07= Seventh grade
08= Eighth grade	09= Ninth grade
10= Tenth grade	11= Eleventh grade
12= Twelfth grade/high school graduate	14= Some college
16= Baccalaureate degree	17= Post graduate school (after MA/MS)
18= Post bachelor's degree	20= GED
30= Kindergarten	35= Associate degree
50= School for special skills	80= Technical trade school
81= Ungraded	82= Special education

- 11. Employment Status at Time of Admission:** Enter the appropriate Employment Status code from CDW list below for consumer's temporary or permanent employment status at time of the current admission: *2 characters.*

00= Unemployed	01= Employed full time
02= Employed part time	03= Not in work force, student
04= Not in work force, retired	05= Not in work force, homemaker
06= Not in work force, not available for work	
07= Armed Forces/National Guard	08= Seasonal/Migrant worker

- 12. Family Income of Non-Medicaid Consumers (Required of Non-Medicaid Consumers only):** Enter the value of the annual family income at time of admission (measured in whole dollars) as determined by the LME-MCO for the purpose of fee determination. If the LME-MCO collects weekly income, multiply by 52 or if the LME-MCO collects monthly income, multiply by 12: *8 characters.*

- 13. Family Size of Non-Medicaid Consumers (Required of Non-Medicaid Consumers only):** Enter the # of persons living in the family unit at time of admission (including the consumer) as determined by the LME-MCO for the purpose of fee determination: *2 characters.*

- 14. Number of Consumer Arrests in the 30 Days Prior to Admission:** Enter the number of consumer arrests in the 30 days preceding the date of admission to treatment. This item is intended to capture the number of times the client was arrested for any cause during the 30 days preceding the date of admission to treatment. Any formal arrest is to be counted regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of admission. It should be noted that this data field is primarily collected for Substance Use Disorder and Mental Health consumers. Developmental Disability consumers should be coded as a 98: *2 characters.*



## INSTRUCTIONS

**15. Living Arrangement at time of Admission:** Enter the appropriate Living Arrangement code from list below for consumer's residential status at time of the current admission: *2 characters.*

- 01= Private residence (house, apartment, mobile home, foster home)
- 02= Other independent (rooming house, dormitory, barracks, ship)
- 03= Homeless (street, vehicle, shelter for homeless)
- 04= Correctional facility (prison, jail, training school, detention center)
- 05= Institution (psychiatric hospital, developmental disability center, Wright, ADATC)
- 06= Residential facility excluding nursing homes (halfway house, group home, child care institution, DDA group home)
- 07= Foster family, alternative family living
- 08= Nursing home (ICF, SNF)
- 09= Adult care home – 7 or more beds (rest home)
- 10= Adult care home – 6 or fewer beds (family care home)
- 11= Community ICF-MR
- 12= Community ICF-MR, 70 or more beds
- 00= Other

**16. Admission Referral Source:** Enter the appropriate Admission Referral Source code from the CDW list below for principal source that referred the consumer to the facility for the current admission: *2 characters.*

- 01= Self or no referral
- 10= Family or friends
- 21= Other outpatient and residential non-state facility
- 22= State facility
- 23= Psychiatric service, General hospital
- 32= Non-residential treatment/habilitation program
- 41= Private physician
- 44= Nursing home board and care
- 46= Veteran's Administration
- 48= Other health care
- 60= Community agency
- 71= Court, corrections, prisons
- 80= Schools
- 99= Other

**17. English Proficiency:** Indicate whether English is spoken and understood by the consumer at a relatively high level of proficiency, e.g. no interpreter is required: *✓ One*

**18. Primary Language:** Indicate the language spoken and/or understood by the consumer: *✓ One*

**18a. Accommodation of Special Consumer Needs:** Select (✓) as many of the listed special needs as applicable.

**19. Pregnancy Status:** Indicate whether the consumer is pregnant at the time of the current admission: *✓ One*

**20. Diagnosis(es) Effective Date:** Enter the date by month, day and year that the consumer is formally admitted to a program for treatment of the specified ICD-9 diagnosis code(s) described in this form or is assessed with this diagnosis: *8 characters.*

**21. Diagnosis Code(s) (ICD-9 or ICD-10):** Enter up to 3 ICD codes describing, in order of importance, the condition(s) established after screening and assessment, to be chiefly responsible for this admission. Use ICD-9 codes if completing prior to October 1, 2015; use ICD-10 codes if completing on or after October 1, 2015. Please include the decimal point when entering ICD-10 diagnoses: *8 characters.*

**21d. Head or Brain Injury:** An injury to the brain occurs when the head is hit, or something hits the head, with enough force to cause someone to feel "dazed & confused" or have a loss of consciousness, for which the individual may or may not have sought/received treatment. This information can be given verbally by the consumer, family member or caregiver.

**22. Date Started Substance Use Disorder Treatment:** Enter date by month, day, and year for first substance use disorder treatment in the current admission: *8 characters.*

**23a. Substance(s) Used:** Enter the appropriate substance use disorder code from the list below for Primary, Secondary, and Additional Substance Used by the consumer in the 30 days prior to the current admission: *2 characters.*

- 00= None (consumer in recovery)
- 01= Alcohol
- 02= Cocaine/Crack
- 03= Marijuana/Hashish (Cannabis)
- 04= Heroin
- 05= Non-Prescription Methadone
- 06= Other Opiates and Synthetics (e.g., Morphine, codeine, Oxycodone)
- 07= PCP (Phencyclidine)
- 08= Other Hallucinogens (e.g., LSD, MDA, Psilocybin, Mescaline)
- 09= Methamphetamine
- 10= Other Amphetamines (Dextroamphetamine, Dexedrine)
- 11= Other Stimulants (e.g., caffeine)
- 12= Benzodiazepine (e.g., Valium, Librium, Tranxene)
- 13= Other Tranquilizers (e.g., Thorazine, Haldol)
- 14= Barbiturates (e.g., Phenobarbital, Secobarbital, Pentobarbital)
- 15= Other Sedatives and Hypnotics (e.g., Doriden, Quaalude)
- 16= Inhalants (e.g., Nitrites, Freon, glue, turpentine, paint thinner)
- 17= Over the counter drugs (e.g., diet tablets, cough syrup)
- 18= Other
- 19= Tobacco

**23b. Age of First Use:** *2 characters.*

**23c. Frequency of Use:** Enter the appropriate code from the list below for Primary, Secondary, and Additional substance use disorder by the consumer in the 30 days prior to the current admission episode: *1 character.*

- 0= Not used in past month
- 1= Used one to three times in past month
- 2= Used one to two times in past week
- 3= Used three to six times in past week
- 4= Used daily in past week

**23d. Usual Route of Administration:** Enter the appropriate code from the list below for Primary, Secondary, and Additional Substance use disorder by the consumer in the 30 days prior to the current admission: *1 character.*

- 1= Oral
- 2= Smoking
- 3= Inhalation
- 4= Injection
- 5= Other



## INSTRUCTIONS

24. **Opioid Replacement Therapy:** Identify whether the use of methadone or buprenorphine is part of the consumer's treatment plan or PCP.

25a. **Mutual Aid Program Attendance in 30 Days Preceding Admission Date:** Check one box indicating the number of times a substance use disorder consumer has attended a Mutual Aid Program In the 30 days preceding the date of this admission. Includes attendance at AA, NA, and other mutual support groups focused on recovery from substance use disorders. Developmental Disability clients should be coded as a 98.

26. **Consumer Social Security Number:** Enter consumer number: 9 characters. This number is needed for cross-referencing with the Department's Common Name Database Services (CNDS). A consumer SSN will not always be available to a provider when completing this form.

26a. **NCTracks Benefit Plan Eligibility:** Check one or more boxes that apply to the consumer's Benefit Plan Eligibility and complete eligibility begin and end dates on all applicable/selected Benefit Plan(s).

27. **Consumer Medicaid Number:** Enter consumer number: 10 characters.

28. **Health/Medical Insurance:** Check one box for primary health or medical insurance.

29. **Name of Provider Agency:** Enter the name of the provider agency completing the admission or update.

30. **First and Last Name of Provider Staff submitting this Form to LME-MCO:** Enter first and last name of staff submitting this admission form to LME-MCO.

31. **E-Mail of Provider Staff submitting this Form to LME-MCO:** Enter e-mail address of provider staff submitting this admission form to LME-MCO.

32. **Area Code and Phone Number of Provider:** Enter area code and phone number of provider staff submitting this admission form to the LME-MCO: 10 characters.

33. **Date Admission/Update Form Submitted to LME-MCO:** Enter date by month, day, and year that this admission form was submitted to the LME-MCO by the provider: 8 characters.

 **FOR CONSUMER DISCHARGE, COMPLETE ITEMS 34 THROUGH 46** 

34. **Consumer Current CDW Discharge Date:** Enter month, day and year which represents the date that this consumer was discharged from a facility for the current episode of care: 8 characters.

35. **Reason for Discharge, Transfer, or Discontinuance of Treatment:** Check the box that best describes the reason for discharge.

36. **Discharge Referral to:** Enter the appropriate Discharge Referral Source code from the list below for principal source to which the facility referred the consumer for the current discharge: 2 characters.

- 01= Self or no referral
- 10= Family or friends
- 21= Other outpatient and residential non-state facility
- 22= State facility
- 23= Psychiatric service, General hospital
- 32= Non-residential treatment/habilitation program
- 41= Private physician
- 44= Nursing home board and care
- 46= Veteran's Administration
- 48= Other health care
- 60= Community agency
- 71= Court, corrections, prisons
- 80= Schools
- 99= Other

37. **Employment Status at Time of Discharge:** Enter the appropriate Employment Status code from the list below for the consumer's temporary or permanent employment status at time of the current discharge: 2 characters.

- 00= Unemployed
- 01= Employed full time
- 02= Employed part time
- 03= Not in work force, student
- 04= Not in work force, retired
- 05= Not in work force, homemaker
- 06= Not in work force, not available for work
- 07= Armed Forces/National Guard
- 08= Seasonal/Migrant worker

38. **Number of Consumer Arrests in the 30 Days Prior to Discharge:** Enter the number of times the consumer was arrested for any cause during the 30 days preceding the date of discharge. Count any formal arrest regardless of whether incarceration or conviction resulted and regardless of the status of the arrest proceedings at the time of discharge. NOTE: This data field is primarily collected for Substance Use Disorder and Mental Health consumers. Developmental Disability consumers should be coded as a 98.

39. **Living Arrangement (residential) at Time of Discharge:** Enter the appropriate Living Arrangement code from the list below for the consumer's residential status at time of the current admission: 2 characters.

- 01= Private residence (house, apartment, mobile home, foster home)
- 02= Other independent (rooming house, dormitory, barracks, ship)
- 03= Homeless (street, vehicle, shelter for homeless)

(continued next page)





<p>04= Correctional facility (prison, jail, training school, detention center)  05= Institution (psychiatric hospital, developmental disability center, Wright, ADATC)  06= Residential facility excluding nursing homes (halfway house, group home, child care institution, DDA group home)  07= Foster family, alternative family living  08= Nursing home (ICF, SNF)  09= Adult care home – 7 or more beds (rest home)  10= Adult care home – 6 or fewer beds (family care home)  11= Community ICF-MR  12= Community ICF-MR, 70 or more beds  00= Other</p> <p><b>40. <u>Date Consumer Was Last Seen for a Service:</u></b> Enter the day when the consumer was last seen for a service. The day may be the same date as the date of discharge. In the event of a change of service or provider within an episode of treatment, it is the date the consumer transferred to another service or provider.</p> <p><b>41a. <u>Information on Discharge Substance Use Disorder (Drug of Use) Details:</u></b> Enter the appropriate Substance Use Disorder code from the CDW list below for Primary, Secondary, and Additional Substance Use Disorder by the consumer in the 30 days prior to the current discharge: <i>2 characters.</i></p> <p>00= None (consumer in recovery)  01= Alcohol  02= Cocaine/Crack  03= Marijuana/Hashish (Cannabis)  04= Heroin  05= Non-Prescription Methadone  06= Other Opiates and Synthetics (e.g., Morphine, codeine, Oxycodone)  07= PCP (Phencyclidine)  08= Other Hallucinogens (e.g., LSD, MDA, Psilocybin, Mescaline)  09= Methamphetamine  10= Other Amphetamines (Dextroamphetamine, Dexedrine)  11= Other Stimulants (e.g., caffeine)  12= Benzodiazepine (e.g., Valium, Librium, Tranxene)  13= Other Tranquilizers (e.g., Thorazine, Haldol)  14= Barbiturates (e.g., Phenobarbital, Secobarbital, Pentobarbital)  15= Other Sedatives and Hypnotics (e.g., Doriden, Quaalude)  16= Inhalants (e.g., Nitrites, Freon, glue, turpentine, paint thinner)  17= Over the counter drugs (e.g., diet tablets, cough syrup)  18= Other  19= Tobacco</p>	<p><b>41b. <u>Frequency of Use:</u></b> Enter the appropriate code from the CDW list below for Primary, Secondary and Additional Substance Use Disorder by the consumer in the 30 days prior to the current admission episode: <i>1 character.</i></p> <p>0 = Not used in past month                      1 = Used one to three times in past month  2 = Used one to two times in past week        3 = Used three to six times in past week  4 = Used daily in past week</p> <p><b>41c. <u>Usual Route of Administration:</u></b> Enter the appropriate Usual Route of Administration code from the CDW list below for Primary, Secondary, and Additional Substance Use Disorder by the consumer in the 30 days prior to the current admission: <i>1 character.</i></p> <p>1 = Oral    2 = Smoking    3 = Inhalation    4 = Injection    5 = Other</p> <p><b>42a. <u>Mutual Aid Program Attendance in 30 Days Preceding Discharge Date:</u></b> Check <u>one</u> box indicating the <u>number of times</u> a substance use disorder consumer attended a Mutual Aid Program in the 30 days preceding the date of discharge from treatment. Includes attendance at AA, NA and other mutual support groups focused on recovery from substance use disorders. Intellectual/developmental disability consumers should be coded as a 98.</p> <p><b>42b. <u>Name of Discharge Provider Agency:</u></b> Enter name of provider agency completing Discharge Form.</p> <p><b>43. <u>First and Last Name of Provider Staff Submitting this Discharge Form to LME-MCO</u></b></p> <p><b>44. <u>E-Mail Address of Provider Staff Submitting this Discharge Form to LME-MCO</u></b></p> <p><b>45. <u>Provider Area Code, Phone Number &amp; Extension:</u></b> Enter the area code, phone number and extension of the provider staff who completed the LME-MCO Consumer Discharge Form.</p> <p><b>46. <u>Date Discharge Form Submitted to LME-MCO</u></b></p>
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