

GUIDE TO WRITING A CCS DISCHARGE SUMMARY

A Disenrollment Meeting and Discharge Summary must be held the month prior to the planned disenrollment date to allow for effective transition planning. If disenrollment occurs unexpectedly, the Disenrollment Meeting must be held as soon as possible to ensure the youth and family have a solid understanding of continuing supports. For those youth transitioning to Adult-CCS, the Discharge Meeting and Discharge Summary is completed the month of the discharge.

Form entered for: Care Coordinator's Name

Form Date: Date the form is being entered.

Admission Date: Date the youth/young adult was enrolled

Discharge Date: Date agreed upon by the team to disenroll

CCS Discharge Reasons and Type:

1. Program Completed- Voluntary
2. Services no longer desired- Voluntary
3. Corrections- Voluntary
4. Long-Term Residential- Voluntary
5. Moved out of County- Voluntary
6. Unable to Contact- Involuntary
7. Medicaid Eligibility Ended- Voluntary
8. Disenrolled to Adult Programming- Voluntary
9. Functionally Not Eligible- Voluntary
10. Disenrolled to Higher Level of Care- Voluntary
11. Other- Involuntary or Voluntary depending on the circumstances.

Significant Historical Findings:

- This section should include the reason for the referral and enrollment into the CCS program, including diagnosis upon enrollment, as well as any new diagnoses or changes to the diagnosis while enrolled in the program. This should also include a summary of the screening assessment and the assessment summary, giving historical information, what has worked or not worked in the past.

Status and Condition at Discharge:

- This section should list the need(s) in the Plan of Care. It should address the progress and/or barriers towards the need(s) and the benchmarks listed within the plan, we should be able to clearly identify which need(s) have been achieved and/or which need(s) are still being worked on.

Continuing Care Plan:

- This section should address the strategies within the Plan of Care. It should reflect the sustainable plan discussed at the Disenrollment Team Meeting, all natural, community, informal, and continuing paid providers must be incorporated. If paid providers are remaining with the family, there must be a clear outline of how that service will be paid for without CCS. For youth taking medications, the plan must be

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clearly identified, including the date of the next scheduled medication appointment. For those paid providers (including Care Coordination) continuing up to the disenrollment date, but not beyond, their roles and responsibilities should be clearly identified. It is expected that this section center on transition planning and preparedness, as well as clearly state the last date this service will be available to the Child and Family Team.

- For Involuntary disenrollment's- the Resource and Referral Intake Line should be included as a way for the family to reach back out if interested again. 414-257-7607.
- For those 18 or over, and living independently, this section must clearly spell out how the youth will support themselves (what their income will be), how their basic needs will be met (money/insurance coverage, food, rent, supervision) after disenrollment.
- For youth or young adults in a correctional placement, this section must outline how the family will stay in contact with the youth or young adult by phone and in person, as well as who their contact person at the facility is. This section must state what services and supports will be offered by that facility. It should also indicate what potential resources have been provided to the youth and/or family that may be useful upon their return to the community.

Documentation of Circumstances:

- This section should include events leading up to disenrollment including conversations had with Child and Family Team regarding disenrollment. The date and a brief summary of the disenrollment team meeting should be documented here.
- For those individuals that are involuntary disenrolling, documentation of all of your attempts should be made here, including when a letter was sent to the family and what the response or lack of response to that letter was.

*All discharges should be staffed with the Mental Health Professional, with clear documentation of this in Provider Notes.

*Voluntary Discharges: Discharge Summaries need to be signed by the Care Coordinator, Mental Health Professional, youth, Parent/Guardian and uploaded to the Referral Tab, saved as "Discharge Summary." If for whatever reason you weren't able to meet with the family for a signature, a provider note should be written that clearly describes the barrier to meeting, the discharge summary should be mailed with a self-address and stamped envelope including clear instructions for the family to sign the copy and send it back to you.

*ALL Discharge paperwork including Discharge Letter, Discharge Summary and the most recent POC/crisis plan will be mailed to the family by Wraparound Administration at the beginning of each month.