



5300 Homestead Rd NE
Albuquerque, NM 87110

Behavioral Health Clinical Discharge Notification Form

(Address all areas. An incomplete form may result in a delay of your request.)

Submit completed form to:

Online: [Provider Portal](#)

Fax: [844-618-9572](tel:844-618-9572)

Date Form Completed:

Facility Information

Name of Facility:

Out of State Facility: YES NO National Provider ID:

Address/Service Location:

Facility/Program Contact:
(Name)

Phone:

Fax:



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Member Information

Member Name:
(First/Last)

Member ID or SSN:

Member DOB:

Member Age:

Name of Legal Guardian:

Guardian Address:

Phone:

Consumer's currently lives with:
(homeless, parents/siblings)

Is the member involved with CYFD-CPS? YES NO

Is the member currently in custody of CYFD? YES NO

If Yes, CYFD SW Name: Phone:

Is the member involved with Adult Protective Services? YES NO

If Yes, APS SW Name: Phone:

Is member involved with CYFD Juveniles Justice Services (JJS)? YES NO

If Yes, JJS Name: Phone:

Power of Attorney (POA) Name: Phone:

Treatment Guardian Name: Phone:

DD Waiver Status:



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Discharge Information

Level of Care discharging from:

Start Date of Treatment/Admission:

Date/Time of Actual Discharge:

Total length of stay:

Reason for discharge:

(describe if planned discharge/treatment completed, needs higher LOC, left AMA, elopement, Other)

Mental Status Upon Discharge:

Member discharged to:
(Address)

Phone:

If member is DC to an out of home placement/LOC:

Agency Name:

Agency Contact:

PCP notified of discharge? YES NO

If No, why not

PCP Name:

PCP Contact:

School notified of discharge? YES NO N/A

If No, why not

Probation notified of discharge? YES NO N/A

If No, why not



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DSM Diagnoses Upon Discharge

DSM Diagnosis:
(Include DSM codes)

Description of Medical Needs:
(Including DME and chronic/co-morbid conditions)

Additional Comments/Notes:



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Discharge Medications

(List all MH/SA and Medical)

Name:

Dose:

Frequency Taken:

Date Started:

Prescriber:

Is member adherent to medication?

YES

NO

If No, why not

Response to medication:

Who will monitor medications after discharge?:

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Aftercare Plan

**Please make an effort to schedule Follow-Up Behavioral Health Appointments within 7 days of discharge per HEDIS measure requirements.

List Scheduled appointments:

(include appointment dates and times, contact information for provider)

Barriers to successful implementation of aftercare plan:

Referred to Core Service Agency (CSA)? YES NO

CSA name:



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Additional Comments/Notes:



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