

# ADASBCC BEHAVIORAL HEALTH CASE CLOSURE FORM

Name:	CSM #	UCI #	
<b>1. BH Add/Edit/Sent/Delete:</b>	Add	Sent	Delete
<b>2. BH Admission Type:</b>	AD		
<b>3. BH Admission Date:</b>			
<b>4. BH Closure Type:</b>	AD		
<b>5. BH Closure Date:</b>			
<b>6. BH Disposition at Discharge:</b>			
A = Case closed with refer. to AOD treatment		B = Case closed with referral to MH treatment	
C = Case closed with referral to MH and AOD treatment		D = Case closed with refer. to AOD aftercare	
E = Case closed with referral to MH aftercare		F = Case closed w/ refer. to MH & AOD aftercare	
G = Goals met-no additional services needed		H = Needed services not available	
I = Client rejects continuation		J = Client did not return	
K = Client moved		L = Client died	
M = Other			
<b>7. BH Level of Care:</b>			
A1 = Consult. & Early Interv		B1 = Outpatient	
B2 = Intensive Outpatient		B3 = Day Treatment	
C1 = Non-Medical Comm. Resid. Tx		C2 = Medical Comm. Resid. Tx	
D1 = Ambulatory Detox.		D2 = 23-Hours Observ. Bed	
D3 = Sub-Acute Detox.		E1 = Acute Hospital Detox	
N/A = Non Applicable			
<b>8. BH Codependent/Collateral Contact:</b> Y / N			
<b>9. BH Referred By:</b>			
A = Individual (Self)	B = AOD Provider	C = Mental Health Provider	
D = Dual Providers	E = Other Health Care prov.	F = School (Education)	
G = EAP (Employer)	H = County Human Services	I = Other Comm. Referral	
J = State/Federal Court	K = Municipal Court	L = Common Pleas Court	
M = Juvenile Court	N = Diversionary Program	O = Prison	
P = Other Criminal Justice	Q = Forensic		
<b>10. BH Referred by MACSIS Provider ID (UPI#):</b>			
<b>11. Last Grade Completed:</b>			
00 = Less than Grade 1	01-11 = Grades 1 to 11	12 = High School Diploma/GED	
13 = Trade or Tech. School	14 = Some College	15 = 2 years Coll./Assoc. Deg.	
16 = 4 years Coll./Undergrad. Deg.	17 = Graduate Courses	18 = Graduate Degree	
19 = Post-Graduate Studies	20 = Further Spec. Studies	21-25 = Add. years of education	
97 = Unknown	98 = Not collected		
<b>12. Education Type (if currently enrolled):</b>			
1 = Regular	2 = Severe Behavioral Handicapped	3 = Learning Disabled	
4 = Hearing Impaired	5 = Visually Impaired	6 = Multi-handicapped	
7 = Developmentally Disabled	8 = Orthopedically Handicapped	9 = Other	
<b>13. BH Employment Status:</b>			
A = Full Time (35 hrs or more)	B = Part Time (less than 35 hours)	C = Sheltered Employment	
D = Unemployed (seeking work))	E = Homemaker	F = Student	
G = Retired	H = Disabled	I = Inmate of Institution	
J = Other			
<b>14. Client Source of Income:</b>			
A = Wages/Salary Income	B = Family/Relative	C = Alimony	
D = Child Support	E = Savings/Investment	F = Disability, Insur./Worker's Comp	
G = Unemployment Comp.	H = Retirement Pension	I = Social Security Disability	



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*A Ministry of the Sisters of Charity Health System*

PATIENT LABEL

<b>14. Client Source of Income: (Continued)</b>		
J = General Relief/Welfare	K = Aid for Dependent Children (ADC or AFDC)	
L = Supp. Security Income (SSI)	M = Social Security Disability Insurance (SSDI)	
N = Other	P = None	
<b>15. Current Living Arrangement:</b>		
A = Own Home	B = Friend's Home	C = Relative's Home
D = Superv. Group Living	E = Supervised Apartment	F = Boarding Home
G = Crisis Residential	H = Children's Foster Care	I = Adult Foster Care
J = Intermed. Care Facility	K = Skilled Nursing Facility	L = Respite Care
M = Intermed. Care – MR	N = Licensed MR Facility	O = State MR Institution
P = State MH Institution	Q = Hospital	R = Correctional Facility
S = Homeless	T = Rest Home	U = Other
<b>16. BH # ADA Inpatient Episodes:</b>		
<b>17. BH # ADA Intensive Outpatient Episodes:</b>		
<b>18. BH # ADA General Outpatient Episodes:</b>		
<b>19. BH # ADA Rehab. Episodes:</b>		
<b>20. BH Methadone Used in Treatment:</b> Y / N		
<b>21. BH # of Children Under 18 in Household:</b>		
<b>22. BH Client Pregnant at Time of Admission:</b> Y / N		
<b>23. Is Client Medicaid/HMO/PPO?</b> 1 = HMO-PPO      2 = Other		
<b>24. Primary Care Physician (PCP):</b> 1 = 1 <sup>st</sup> Trimester      2 = 2 <sup>nd</sup> Trimester      3 = 3 <sup>rd</sup> Trimester		
<b>25. Days from Referral by PCP for SA assessment:</b>		
<b>26. Birthtype:</b>		
1 = Birth is drug-free      2 = Birth is not drug-free      3 = No birth during tx      4 = Birth terminated		
<b>27. BH Urinalysis Requested:</b> Y / N		<b>28. BH Mental Health History:</b> Y / N
<b>29. BH Age of First Alcohol Intoxication</b>		<b>30. BH # of Arrests in Past 24 months:</b>
<b>31. BH # of Hospital Admissions:</b>		<b>32. BH # of Emergency Room Admissions:</b>
<b>33. BH # of Regular Visits to Physician:</b>		<b>34. BH # of Regular Visits to Dentist:</b>
<b>35. BH # of Outpatient Healthcare Visits:</b>		
<b>36. BH Expected Source of Reimbursement: (Multiple Selection field)</b>		
1 = Self/Family	2 = Blue Cross/Blue Shield	3 = Private Contract
4 = HMO/PPO	4 = Other Private Insur.	6 = Court
7 = Worker's Compensation	8 = Rehab. Serv. Comm./BVR	9 = Employer/Union/EAP
10 = Medicare	11 = Medicaid	12 = Title XX
13 = Forensic 503 Funds	14 = Other Government Provider	15 = Other payment source
16 = No Charge	17 = Insurance Exhausted	18 = Disputed
19 = Non-Cooperative	20 = No Response from Insurance	21 = Non Covered
22 = Board Funded		
<b>37. BH Date Service Requested:</b>		
<b>38. BH Is Child in Custody of ODJT/Child Services?:</b> Y / N		
<b>39. BH Legal Status:</b>		
<b>40. BH Referred to:</b>		
A = Individual (Self)	B = AOD Provider	C = Mental Health Provider
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<b>41. BH Referred to MACSIS Provider ID # (UPI #):</b>		

Provider Name: _____	Date: _____
Staff Completing Form: _____	