AmeriHealth Caritas
District of Columbia

Substance Use Discharge Note

Inpatient detoxification treatment

Date: **Please fax to 1-855-410-6638 24 hours before discharge.**

Contact information

Member name:	Member ID number:	Member date of birth:
Member address:		Member phone number:
Name of facility:		Facility NPI number:

Date of admit:	Discharged to (home, foster care, shelter, etc.):
Date of discharge:	Discharge address:
Discharge phone number:	If a minor or dependent adult, name and contact information of parent or guardian:

ICD-10 discharge diagnoses (psychiatric, substance use, and medical)

Was this discharge against medical advice (AMA)?	☐ Yes ☐ No
Was discharge information sent to the primary care provider or psychiatrist?	☐ Yes ☐ No
Was the discharge plan discussed with the member?	☐ Yes ☐ No
If required for a minor or dependent adult, was informed consent for psychotherapeutic medication completed and given to the parent or guardian? (This is also applicable for adults who have legal guardians.)	☐ Yes ☐ No

Discharge medications (Include all medications, including medical. Please provide dose, frequency, and condition for which each medication is prescribed.)

Are these medications on the formulary?	☐ Yes ☐ No
Do these medications require precertification?	☐ Yes ☐ No
Has precertification been received if needed?	☐ Yes ☐ No

Provider/facility notice:
Please remember to obtain any necessary patient authorization for the disclosure of treatment-related information and other protected health information to AmeriHealth Caritas District of Columbia.

Risk assessment (If no risk assessment was performed, please explain.)

Was the member stable at discharge (no risk for suicide, homicide, or psychosis)?

Follow-up and/or transition to lower level of care

Please contact the Addiction Prevention and Recovery Administration (APRA) at **202-698-6080** for transitions to lower levels of substance use care, except intensive outpatient services, which must be authorized through the AmeriHealth Caritas District of Columbia Behavioral Health Utilization Management department at **1-877-464-2911**.

Was member transitioned to lower level of care?

If yes, please provide specifics below, such as level of care, expected start date, and expected duration of treatment.

If no, please explain:

Are any other providers involved in follow-up care? (Please list below with contact information.)

Form submitted by:

Phone number of person submitting form:

Date form submitted:

Provider/facility notice:
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AmeriHealth Caritas
District of Columbia

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GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

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