

Purpose of form

Form 02CB015E, Discharge Evaluation, is used to document:

- the reason for discharge from the *ADvantage* Program;
- the date of discharge from the *ADvantage* Program;
- who reported the event to the case manager;
- whether there was Adult Protective Services (APS) involvement; and
- additional information and comments regarding the member.

Instructions

Member name: Enter the member's name as it appears on the Oklahoma Department of Human Services (OKDHS) case. (No nicknames.)

Last name; first name; middle initial

Medicaid number: Enter the nine digit Client ID # assigned by OKDHS.

Contact name (if other than member): If someone other than member, enter the person's name.

Relationship to member: Enter the relationship of the contact to the member.

Telephone: Enter the member's or contact's telephone number.

EVALUATION

Reason/member status at discharge: Check the appropriate box (only one). If death or nursing facility (NF) is checked, it is **mandatory** to list the cause.

Discharge date: Enter the date the event occurred. (date of death, date of entry into NF, date moved out-of-state, date refused services, or date unable to locate.)

Source of case manager's knowledge of event: Check the appropriate box.

Check the appropriate box to indicate whether Adult Protective Services (APS) was involved at the time of the discharge.

Enter additional information or comments for clarification.

Signature of case manager/agency: Enter the signature of the case manager completing the form and the name of the case management agency.

Routing

This form is completed in duplicate. The case manager keeps original for the case file and forwards a copy to *ADvantage* Administration Unit, PO Box 50550, Tulsa, OK 74150-0550.

A copy of the completed form is placed and/or scanned into the member file at *ADvantage* Administration Unit (AAU).