

OMS Discharge Screen and Process

To access the discharge for a consumer who is part of the OMS workflow, you enter the system just as you would for entering an authorization. When you get to the prompt for a continuing review you will also have the option of completing the discharge.

The screenshot displays the 'Requested Services Header' section of the ProviderConnect STAGING interface. It contains a table with the following data:

Requested Start Date 06/14/2018	Member Name TRAINING, DORS	Provider Name GAUDENZIA INC,	Vendor ID D888363	
Type of Request CONCURRENT	Member ID M000068204	Provider ID 328777	Provider Alternate ID 200235300	NPI # for Authorization SELECT... ▼
Level of Service OUTPATIENT	Type of Service SUBSTANCE USE	Level of Care OUTPATIENT	Type of Care OPSU OMS	
Date of Initial Contact 06/01/2018	Days Waiting for Service 0	Vendor Medicaid or Alt ID 200235300	Vendor NPI # 1386164242	

Below the table, a message states: "There is an existing authorization that bridges this date range." A dialog box asks: "Is this a request for continuing care (concurrent request) or do you wish to enter Discharge information?" The dialog box contains three buttons: "Process Continuing Care (Concurrent) Request", "Enter Discharge Information" (highlighted with a red box), and "Cancel".

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When you choose "Enter Discharge" the system will automatically navigate to the OMS discharge process. If you are discharging the consumer after only the initial authorization the system will prompt you to complete the "Discharge Information."

Requested Services Header

Requested Start Date 06/01/2018	Level of Service OP - OUTPATIENT	Member Name TRAINING, DORS	Provider Name GAUDENZIA INC,	Vendor ID D888363
	Type of Request CONCURRENT	Member ID M000068204	Provider ID 328777	Provider Alternate ID 200235300

Discharge Information

*Actual Discharge Date (MMDDYYYY) <input type="text"/>	Type of Service S - SUBSTANCE USE	Level of Care Discharged From O - OUTPATIENT
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Diagnosis

Documentation of **primary behavioral condition** is required. Provisional working condition and diagnosis should be documented if necessary. Documentation of **secondary co-occurring** behavioral conditions that impact or are a focus of treatment (mental health, substance use, personality, intellectual disability) is strongly recommended to support comprehensive care. Authorization (if applicable) does NOT guarantee payment of benefits for these services. Coverage is subject to all limits and exclusions outlined in the member's plan and/or summary plan description including covered diagnoses.

Behavioral Diagnoses

Primary Behavioral Discharge Diagnosis

* Diagnostic Category 1 OPIOID-RELATED DISORDERS	* Diagnosis Code 1 F11.20	* Description Opioid Use Disorder - Moderate
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Additional Behavioral Diagnosis

If the consumer is being discharged at any point after the first continuing review you will get the discharge information as reflected above **AND** the OMS Discharge Data and the final interview.

OMS Discharge Data

*Date of Last Contact with Client

*Date OMS Discharge Form Completed

Date of Previous OMS Interview (MMDDYYYY) **06/08/2018**

*Was this Discharge planned? No Yes

*Was this Discharge against Medical advice? No Yes


Reason(s) for Discharge
*Check all that apply

- Client and provider agree that treatment is complete based upon the individual's current status, service needs, and mutually agreed upon goal attainment
- Client or parent/guardian withdrew client from care
- Client referred to less intensive Level of Care
- Client referred to more intensive Level of Care
- Client referred to another provider providing similar Level of Service
- Client no longer meets medical necessity or ASAM criteria
- Client no longer eligible for services (no longer has MA/no longer meets uninsured criteria/benefits no longer cover services)
- Client's lack of participation in program
- Program's determination to discontinue services (because of the client's actions, the services are not effective or the program is unable to secure the safety and welfare of the client or others)
- Client moved from service area
- Client is hospitalized - psychiatric
- Client is hospitalized - substance related
- Client is hospitalized - somatic
- Client is in jail or prison
- Client deceased
- Discharge reason unknown

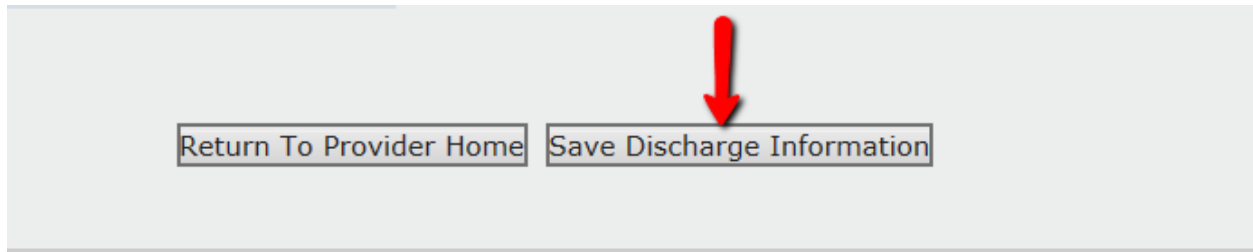
* Client/Child/Adolescent/Caregiver Participation?

Child and Adolescent Questionnaire or Form (Ages 6 to 17)

Adult Questionnaire or Form (Ages 18 to 64)



Once you have completed the discharge requirements you save the information.



Once the information is saved the discharge is complete.