BH CASE MANAGEMENT STATUS CHANGE NOTIFICATION
Please send via FTP

Notification Type: ☐ Request for Discharge ☐ Unable to Contact		
Member		
Ohana Member ID:	PROPOSED DISCHARGE DATE:	
Member Last Name:	Member First Name:	
Member Phone Number:	Date of Birth:	
Home Address:	Primary Contact:	
Mailing Address:	Phone Number:	
Treating Case Management Provider		
Provider ID:		
Case Management Agency:		
Phone Number:	Fax Number:	
Case Manager Name:	Case Manager Phone Number:	
Diagnosis		
ICD-10 Diagnosis Code:	Description:	
ICD-10 Diagnosis Code:	Description:	
Medical Conditions:		
Current LOCUS:		

Status Change Summary	
Reason for Discharge:	
☐ Admitted to Hawaiʻi State Hospital (HSH)	☐ Treatment Goals Achieved
☐ Deceased	☐ Transferred to a Long Term Care (LTC) Nursing Facility/DDID Facility
☐ Incarceration	☐ Wait-listed for a Long Term Care (LTC) Bed at an Acute Hospital
☐ Medicaid Ineligible	☐ Released on Conditions
☐ Moved Out of State	☐ Conditional Release
☐ No Contact for 1 Month**	☐ Mental Health Court
☐ No Longer Meets CCS Criteria*	☐ Jail Diversion
☐ Member Refused Services	☐ Other*

*if selected as reason, provide explanation in the Additional Information area below.

** For no contact for one month, please indicate dates and methods for all attempts. Also indicate date and place mbr was last seen.

Additional Information:

The following documents must be included with the request for disenrollment:
☐ Most Recent Behavioral Health Assessment
☐ Most Recent Individualized Treatment Plan (Must be submitted for all, even UTC.)
☐ Most Recent LOCUS

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If the required documentation is not attached, provide summary of the explanation/justification.
Referrals made upon discharge:

BH Case Manager Name: ____________________

Date of Submission : ____________________

If member's disenrollment is incomplete, your agency is still responsible for meeting the CM visit requirement according to acuity.

Unless member is incarcerated, the agency continues to be responsible through the last day of the month in which discharge is requested.

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