



Business Psychology Associates Client Services Discharge (CSD) Instructions

Section A: Demographics

All areas of this section must be completed for the CSD form to be accepted by BPA.

1. Agency Name & Site: Name of the Agency and specific DHW approved site where services occurred.
2. Client Name: First and last name of the client being discharged as it appears on BPA authorizations/vouchers.
3. Client ID#: BPA client identification number as listed on their authorizations/vouchers.
4. Date of Birth: Client's date of birth.
5. Current Client Phone#s (Mobile, Home & Work): All of the client's contact phone numbers that are on record at your agency.
6. Collateral Contact (Name, Title & Phone#): Source of information that is knowledgeable about the client (i.e. Family, Friends, Emergency Contact, Probation Officer or Attorney).

Section B: Non-Clinical Discharge Questions

All areas of this section must be completed for the CSD form to be accepted by BPA unless otherwise stated.

7. Service/s Being Discharged: Current Services that are being discontinued.
8. Reason for Discharge: Use applicable discharge reason from the SUD-Discharge & Transfer Key.
(If "No Show" is chosen as the discharge reason because the client never appeared for a billable service, skip questions 5-6 & 9-18 and complete questions 1-4, 7-8 & 19-21 for this form to be accepted as complete).
9. If Reason is "Other" Describe Reason: Please describe the specific reason with a brief statement.
10. Last Billable Date of Service Prior to Client's Discharge: Last billable date of service prior to client's discharge.
11. List all (if any) Continuing Services for the Client: All of the BPA funded services the client will continue to use.

Section C: Clinical Discharge Questions

All areas of this section need to be completed by the agency providing Treatment Services for the CSD form to be accepted by BPA. If this form is being completed by an agency that is not providing Treatment Services to the client, skip this section & leave it blank.

Substance Involved & Frequency of Use

12-14: Substance & Frequency of Use as documented in client's treatment plan. (Document Secondary and Tertiary substance use as applicable).

Client Status at Discharge

15. Living Arrangements: Refer to the SUD-Discharge & Transfer Key.
16. Employment Status: Refer to the SUD-Discharge & Transfer Key.
17. Number of Arrests in the 30 Days Prior to Discharge: Number of arrests in the 30 days previous to discharge.



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18. The number of times the client has attended a self-help program in the 30 days preceding the date of discharge from treatment services. Includes attendance at AA, NA and other self-help/mutual support groups focused on recovery from substance abuse and dependence: Refer to the SUD-Discharge & Transfer Key.

19. DSM IV Diagnosis Code at Discharge: Current DSM IV Diagnosis Code at time of discharge.

****Note: This Form is a Discontinuation of Service Authorization "Only". (This form does not replace the Discharge Summary requirements per IDAPA 16.06.03.)**

Section D

All areas of this section must be completed for the CSD form to be accepted by BPA.

20. Provider Name & Title: Name and title of the individual completing the form.
(please print)

21. Provider Signature: Signature of the individual completing the form.

22. Date: Date completed by the agency submitting the form.