



# Integrated System News Bulletin

## REQUEST TO REMOVE DISCHARGE DATE

Attention: All Providers Using Clinical Module  
Bulletin #001 ~ 5/25/2005 REVISED 9/19/05

Attached is the new form providers will complete to request to have a discharge date removed on a closed episode in the Integrated System. After the request is completed, the form should be faxed to the appropriate service area liaison (see attached listing). The liaison will fax the form to the CIOB and you will be notified when the date has been removed.

The form provides three basic reasons for removing a discharge date:

- 1) To modify/correct a discharge date
- 2) The episode was opened in error and it will be deleted
- 3) To continue services within a previously closed episode

The service area liaisons will apply the following criteria when approving a request to remove a discharge date to continue services within a previously closed episode. This criterion, based on service type, was developed in conjunction with the Office of the Medical Director.

- Discharge dates may be lifted to continue services within a previously closed episode if the client returns for services within 24 hours of departure from the facility for these types of services:
  - Acute Inpatient
  - Crisis Stabilization
  - Emergency Rooms
  - IMD, SNF, PHF, MH Rehab Facility
- Discharge dates may be lifted to continue services within a previously closed episode if the client returns for services within 7 days of the discharge date for these types of services:
  - Crisis Residential
  - Transitional Residential
  - Day Treatment/Rehabilitation
  - Day Socialization & Vocational Services
  - All Outpatient

Providers should begin using this new form immediately. If you have questions regarding the use or processing of this form, please contact the CIOB Help Desk at (213) 351-1335. If you have questions regarding the time frames for continuing services within a previously closed episode, please contact Standards & Quality Assurance at (213) 738-2289.

**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH  
CHIEF INFORMATION OFFICE BUREAU**

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_

**From:** \_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Number

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Area Code/Telephone Number

**Subject:                   REQUEST TO REMOVE DISCHARGE DATE**

I am requesting the discharge date on the following episode(s) be removed:

Client name: \_\_\_\_\_

DMH ID#: \_\_\_\_\_

Reporting unit: \_\_\_\_\_

Episode#: \_\_\_\_\_

Admission date: \_\_\_\_\_

\* Service type: \_\_\_\_\_

Current discharge date: \_\_\_\_\_

Modify/correct discharge date to: \_\_\_\_\_

Episode opened in error, will be deleted

Continue services within a previously closed episode in accord with DMH procedures \*

Client name: \_\_\_\_\_

DMH ID#: \_\_\_\_\_

Reporting unit: \_\_\_\_\_

Episode#: \_\_\_\_\_

Admission date: \_\_\_\_\_

\* Service type: \_\_\_\_\_

Current discharge date: \_\_\_\_\_

Modify/correct discharge date to: \_\_\_\_\_

Episode opened in error, will be deleted

Continue services within a previously closed episode in accord with DMH procedures \*

**PROGRAM APPROVAL:**

\_\_\_\_\_  
Program Manager/Designee

\_\_\_\_\_  
Date

**DMH ADMINISTRATION APPROVAL:**

\_\_\_\_\_  
DMH Manager/Designee

\_\_\_\_\_  
Date

**\*Service types:**

Discharge dates may be lifted to continue services within a previously closed episode if the client returns for services within 24 hours of departure from the facility for these types of services:

Acute Inpatient (IP), Crisis Stabilization (CS), Emergency Rooms (ER), IMD, SNF, PHF, HRehabFAC

Discharge dates may be lifted to continue services within a previously closed episode if the client returns for services with 7 days of the entered discharge date for these types of services:

Crisis Residential (CRes), Transitional Residential (TRes), Day Treatment (DTx)/Rehabilitation (DR), Day Socialization (DSoc) & Vocational Services (DVoc), Outpatient (OP)