

**OUTCOMES MEASUREMENT SYSTEM (OMS)  
DISCHARGE INFORMATION SHEET**

*[Version 3; December 13, 2014]*

*To be completed upon discharge for all clients  
6-64 years of age.*

*An asterisk (\*) denotes a question that is mandatory for submission*

**Discharge Information**

**Client Name:** \_\_\_\_\_  
*(pre-populated in online system)*

**Interviewer Name:** \_\_\_\_\_  
*(pre-populated in online system)*

**\*D1a. Discharge Date**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
MM      DD      YYYY

**\*D1b. Discharge Condition**

Improved     No Change     Worse     Unknown

**OMS Discharge Data**

**\*D2a. Date of last contact with client**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
MM      DD      YYYY

**\*D2b. Date OMS Discharge Form completed**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
MM      DD      YYYY

**\*D3. Was this discharge planned?**

- No
- Yes

**\*D4. Was this discharge Against Medical Advice?**

- No
- Yes

**\*D5. 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 services
- 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

**\*D6. Client or Child/Adolescent/Caregiver participation:**

- Client or child/adolescent/caregiver present or participating by phone – *in addition to this Discharge Information Sheet, you should conduct an OMS interview with the client or child/adolescent/caregiver using the appropriate questionnaire (either Adult or Child and Adolescent version).*
- Client or child/adolescent/caregiver not present (not participating by phone) – *in addition to this Discharge Information Sheet, you should complete the appropriate OMS Discharge Form (either Adult or Child and Adolescent version).*