



Adirondack Health Institute

Lead Empower Innovate

### Discharge Checklist - Children

<b>Have you held a Discharge meeting with Member and members of the team?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Reason for "No" or "N/A" \_\_\_\_\_

Plan for Completion \_\_\_\_\_

<b>Have you written a Discharge Note in GSI for the Member?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for "No" \_\_\_\_\_

Plan for Completion \_\_\_\_\_

<b>Have you closed out all goals on the Plan of Care in GSI and shared with the Member?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for "No" \_\_\_\_\_

Plan for Completion \_\_\_\_\_

<b>Have you created a Discharge Summary for the Member?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for "No" \_\_\_\_\_

Plan for Completion \_\_\_\_\_

<b>Have you mailed, or given the Discharge Summary to the Member?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for "No" \_\_\_\_\_

Plan for Completion \_\_\_\_\_

<b>Is the DOH 5202 Health Home Withdrawal of Health Home Enrollment and Information Sharing Consent Form For Use with Children and Adolescents Under 18 Years of Age Signed?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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Reason for "No" or "N/A" \_\_\_\_\_

Plan for Completion \_\_\_\_\_



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<b>Is the DOH 5235 Notice of Determination for Disenrollment signed and sent to Member?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for "No" \_\_\_\_\_  
Plan for Completion \_\_\_\_\_

<b>Is the DOH 5204 Withdrawal of Release of Educational Records signed by the Member?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for "No" \_\_\_\_\_  
Plan for Completion \_\_\_\_\_

<b>Is the DOH 5230 Functional Assessment Consent signed by the Member withdrawing consent?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Reason for "No" \_\_\_\_\_  
Plan for Completion \_\_\_\_\_