

CARE COORDINATION OUTCOME REPORT

CLIENT NAME: _____

Address: _____ Medicaid #: _____

City: _____ State: _____ Zip: _____

PROVIDER

AGENCY: _____ Agency Code: _____

Provider #: _____ Date Case Management Started: _____

Case Manager: _____ Date of Discharge: _____

INITIAL GOALS (Circle one primary goal)	GOALS AT DISCHARGE
<ol style="list-style-type: none"> 1. To assist client to remain in his/her own home with supports, as necessary. 2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities. 3. To assist in arranging institutional Placements as appropriate with either client/guardian consent or court orders. 4. Short-term assistance to access services. 	<ol style="list-style-type: none"> 1. To assist client to remain in his/her own home with supports, as necessary. 2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities. 3. To assist in arranging institutional placements as appropriate with either client/guardian consent or court orders. 4. Short-term assistance to access services.

REASON FOR DISCHARGE:

1. Client Institutionalized (NH or ACR)
2. Client No Longer Meets CM Criteria (<2ADLs/<2 unmet needs)
3. Care Plan Complete
4. Client/Family Withdrew From Service.
5. Client Left The Area
6. Client Died
7. Agency Terminated Services
8. All Unmet Needs Addressed to Extent Possible

PLACE AT TIME OF DISCHARGE:

1. House
2. Apartment
3. Rented Room
4. Adult Care Residence
5. Adult Foster Home
6. Nursing Facility
7. Mental Health/Mental Retardation Facility
8. Homeless/Emergency Shelter

Describe Reasons for Discharge/Summary of Client's Situation:

WHAT IS A SUCCESSFUL OUTCOME?

Goals

1. To assist client to remain in his/her own home with supports, as necessary.
2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities.
3. To assist in arranging institutional placements as appropriate with either client/guardian consent or court orders.
4. Short-term assistance to access services.

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HOW TO MEASURE A SUCCESSFUL OUTCOME:

If Goal	Then it will be a successful outcome if Place at Time of Discharge is:
1	1, 2, 3, 5
2	1, 2, 3, 5
3	4, 6, 7
4	1, 2, 3, 5

INSTRUCTIONS – CARE COORDINATION OUTCOME REPORT

Outcome reports are completed when clients are discharged from case management services. All completed outcome reports go to data entry. For Medicaid clients, mail a copy of the outcome report to the Medicaid Utilization Review Analyst assigned to the case management agency. Follow the procedures below for completing the outcome report:

1. **Client Name:** Client's last name, first name and middle initial.
2. **Client Address:** Street, city, state and zip code of the place of residence of the client at the time of discharge.
3. **Medicaid #:** Client's Medicaid Number.
4. **Provider Agency Name:** Full name of the case management agency.
5. **Agency Code:** 3-digit code for the case management agency.
6. **Provider #:** Medicaid provider number for the case management agency.
7. **Date Case Management Started:** Date case management services were implemented.
8. **Case Manager Name:** Last name, first name and middle initial of the case manager.
9. **Date of Discharge:** Date case management services were terminated.
10. **Initial Goals:** Pick one primary goal. Pick the option that most accurately describes the goal of case management services when the service was implemented.
 1. To assist client to remain in his/her own home with supports, as necessary.
 2. To assist client in attaining and maintaining appropriate independent functioning based on his/her capabilities.
 3. To assist in arranging institutional placements as appropriate with either client/guardian consent or court orders.
 4. Short-term assistance to access services.
11. **Goals at Discharge:** Circle the option that most accurately describes the goal of case management services at the time of discharge.
12. **Reason for Discharge:** Circle only one option. Pick the option that most accurately describes why the client was discharged from case management services. Use the space in the box to provide details.
 1. **Client Institutionalized (NH or ACR)** – The client is being placed in nursing home or adult Care Residence upon discharge from the program.
 2. **Client No Longer Meets Criteria (<2ADLs/<2unmet needs)** – The client's situation has improved and the client no longer is dependent in 2 ADLs and has less than 2 identified service needs for case management services.

3. **Care Plan Completed** – All identified service needs on the Care Plan have been resolved.
 4. **Client/Family Withdrew From Service** – The client and/or a representative withdrew from case management services.
 5. **Client Left the Area** – Client moved out of the case management agency's service area.
 6. **Client Died** – Case management services were terminated because the client died.
 7. **Agency Terminated Services** – The case management agency terminated services for reasons such as difficulty with the client, lack of personnel to serve the client and/or other management **reasons**.
 8. **All Unmet Addressed to Extent Possible** – Case manager has exhausted all available resources to address client's needs.
13. **Place at Time of Discharge:** The place in which the client is residing at the time of discharge from case management services. Circle only one option.