

SENIOR & LONG TERM CARE DIVISION COMMUNITY SERVICES BUREAU

COMMUNITY FIRST CHOICE

Policy Manual

Subject: Self-Direct
Unable to Admit/Discharge
SLTC-158

PURPOSE: The Unable to Admit/Discharge form informs the member/personal

representative and MPQH if the agency is unable to admit or is

discharging a member from personal assistance services.

PROCEDURE: The provider agency completes this form in two circumstances.

1. The provider agency must complete this form if they are unable to intake a member who has been referred for services

from MPQH.

2. The provider agency must complete the form when a member is

discharged from their services.

INSTRUCTIONS: Member Information: Enter the member's name and Medicaid

number. Enter the date of discharge from

the agency, if applicable.

Discharge Code: For all member discharges, indicate the

reason for discharge. If reason is not listed,

explain in "Other."

Member requests

referral sent to: If the member requests services from

another agency document the name of this

agency and the city.

Unable to Admit Code: For all unable to admit cases; indicate the

reasons that the provider agency was

unable to admit the member.

			SD-CFCPAS 907
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Narrative Provide any pertinent information

explaining the provider agency was unable

to admit.

Signature: The person completing the discharge

should sign and date form and enter the

agency name.

DISTRIBUTION:

- Agency Discharge: The Agency Unable to Admit/Discharge Form is completed by the provider agency and faxed to MPQH. The provider agency retains the white copy for the member's file. In all unable to admit circumstances and discharges (except death) the member receives the yellow copy.
- Agency Unable to Admit: The Agency Unable to Admit/Discharge
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 provider agency retains the white copy for the member's file. In all
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 member receives the yellow copy.