ILLINOIS DEPARTMENT OF HUMAN SERVICES

Division of Alcoholism and Substance Abuse

AUTOMATED REPORTING AND TRACKING SYSTEM

CLIENT/PATIENT DISCHARGE WITH NATIONAL OUTCOME MEASURES (NOMS) DARTS DATA ENTRY FORM

TRANSFER/DISCHARGE INFORMATION

B - Street/Outdoors - (Sidewalk, Doorway, Park, Public or

C - Institutional - (Hospital, Nursing Home, Jail/Prison)

D - Owned or Rented Apartment, Room or House

Abandoned Building)

Measures (NOMs). Discharge means the termination of all ser- initiated by the organization and/or the client/patient. The prese the client/patient has not received a service in three days in the	ission errors and to ensure correct reporting of National Outcome vices for the prescribed intervention or treatment by some action cribed intervention/treatment should be assumed to have ended if case of residential services and 30 days in the case of intervention eted relative to the client/patient's condition at last known contact
PROVIDER: UNIQUE CLIENT/PATIE	ENT IDENTIFIER:
OPEN DATE: / / / /	
Name (L, F, MI):	
Enter the date of discharge from all services: SERVICE SE	TTING TABLE
Service Setting Code Start Date	Transfer/Discharge End Date Reason
 A - Admission assessment resulted in a diagnosis of V71.09 (entered by default if Problem Area #5 is selected) B - Completion of Intervention or Treatment services C - Left against staff advice D - Terminated by facility F - Incarcerated G - Death H - Discharged to another Provider. Utilization Management decision. I - External Transfer to another Provider. Non-completion of the current level of care treatment plan, transferred to another provider. 	 J - External Transfer to another Provider. Completion of the current level of care treatment plan, transferred to another provider. T - Internal Transfer within the same Provider. Completion of the current level of care treatment plan, transferred to a different level of care. U - Internal Transfer within the same Provider. Non-completion of the current level of care treatment plan transferred to a different level of care. V - Internal Transfer within the same Provider. Transferred to another level of care. Utilization Management decision.
Date of Last Contact:	is the course of the discharge date. Do not consolete if Discharge
the date of the last contact with the client/patient even if this date type is "T" or "U" or "V".	e is the same as the discharge date. Do not complete if Discharge
Living Arrangement (NOMs):	
Describes the current living arrangement.	
A - Shelter (Safe Havens, Transitional Living Centers (TLC), Low Demand Facilities, Reception Centers, other Temporary Day or Evening Facilities)	E - Someone Else's Apartment, Room or HouseF - Dormitory/College ResidenceG - Halfway House

H - Residential Treatment

I - Recovery Home

J - Other Housed

1 - Independent living2 - Dependent living3 - Homeless				
Employment Status:				
1 - Full-time (working 35 hours or members of the uniformed service2 - Part-time (working fewer than 35	es)	layoff from a job 4 - Not in Labor Ford	oking for work in the party) ce (NILF) (not looking for ker, student, disabled, re	For work in the last 30
Not in Labor Force (NILF) Detail	(Required when "Employn	nent Status'' = '4' - N	lot in Labor Force):	
1 - Homemaker2 - Student3 - Retired	4 - Disabled5 - Inmate of Institution6 - Other	8	7 - Not Applicable 8 - Volunteer Work 9 - Not Looking for Wo	rk
School/Job Training Enrollment:				
For incarcerated persons, this field m	ust be "Not Enrolled"			
 Not Enrolled Enrolled, Full Time Enrolled, Part Time 				
Educational Level:				
Number of Arrests in "30" days prece	eding discharge:			
The number of times, if any, that the	client/patient has been arre	ested in the thirty day	s preceding the date of	discharge.
Baby Delivered During Treatment:	"Y" - Yes OR	"N" - No		
If yes, was the baby drug free?	"Y" - Yes OR "	N" - No		
Social Connectedness				
Identifies the client/patient's support and other recovery support organization.			evel of involvement wit	h self-help groups
Specify if the client/patient has, religious or faith-based organiza problems (i.e., Alcoholic Anony for Sobriety, etc.).	ation or a peer-operated or	ganization devoted to	o helping individuals w	ith addiction related
Self-Help Group: Y - Yes	N - No	R - Refused	D - Does Not Know	
Self-Help Group Detail:				
Number of Times:	or RF - Refused	l: or DI	K - Does Not Know:	
Supportive Interaction: Y	- Yes N - No	R - Refused	D - Does Not I	Know

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PRIMARY Problem Code: (REFER TO PRIMARY SUBSTANCE ABUSED TABLE)
Primary Frequency:
 1 - None within one month prior to discharge 2 - 1-3 times in the past month 3 - 1-2 times in the past week 4 - 3-6 times per week 5 - Daily
SECONDARY Problem Code, Frequency: (SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO SECONDARY SUBSTANCE, DO NOT COMPLETE.)
Secondary Problem Code: Frequency:
TERTIARY Problem Code, Frequency: (SELECT FROM THE SAME CODE CHOICES AS THOSE DESIGNATED UNDER PRIMARY. IF THERE IS NO TERTIARY SUBSTANCE, DO NOT COMPLETE.)
Tertiary Substance Abused: Frequency:

Client/Patient Discharge with National Outcome Measures (NOMs) DARTS Data Entry Form

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