ILLINOIS DEPARTMENT OF HUMAN SERVICES
Division of Substance Use Prevention and Recovery
AUTOMATED REPORTING AND TRACKING SYSTEM
CLIENT/PATIENT DISCHARGE WITH NATIONAL OUTCOME MEASURES (NOMS)
DARTS DATA ENTRY FORM

TRANSFER/DISCHARGE INFORMATION

> Discharge in DARTS is critical to reduce the incidence of submission errors and to ensure correct reporting of National Outcome Measures (NOMs). Discharge means the termination of all services for the prescribed intervention or treatment by some action initiated by the organization and/or the client/patient. The prescribed intervention/treatment should be assumed to have ended if the client/patient has not received a service in three days in the case of residential services and 30 days in the case of intervention or outpatient services. All discharge questions should be completed relative to the client/patient's condition at last known contact and submitted to SUPR.

PROVIDER: ☐☐☐☐   UNIQUE CLIENT/PATIENT IDENTIFIER: ☐☐☐☐☐☐☐☐☐

OPEN DATE: ☐☐ / ☐☐ / ☐☐☐☐

Name (L, F, MI): _____ , _____ , ___

Enter the date of discharge from all services:

SERVICE SETTING TABLE

Service Setting Code	Start Date	End Date	Transfer/Discharge 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: ☐☐ / ☐☐ / ☐☐☐☐
         month   *date*   *year*

The date of the last contact with the client/patient even if this date is the same as the discharge date. **Do not complete if Discharge type is "T" or "U" or "V".**

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)
B - Street/Outdoors - (Sidewalk, Doorway, Park, Public or Abandoned Building)
C - Institutional - (Hospital, Nursing Home, Jail/Prison)
D - Owned or Rented Apartment, Room or House
E - Someone Else's Apartment, Room or House
F - Dormitory/College Residence
G - Residential Extended Care
H - Residential Treatment
I - Recovery Home
J - Other Housed

Employment Status: ☐

1 - Full-time (working 35 hours or more each week; includes members of the uniformed services)
2 - Part-time (working fewer than 35 hours each week)

3 - Unemployed (looking for work in the past 30 days or on layoff from a job)
4 - Not in Labor Force (NILF) (not looking for work in the last 30 days or homemaker, student, disabled, retired or an inmate of an institution)

Not in Labor Force (NILF) Detail (Required when "Employment Status" = '4' - Not in Labor Force): ☐

1 - Homemaker
2 - Student
3 - Retired

4 - Disabled
5 - Inmate of Institution
6 - Other

7 - Not Applicable
8 - Volunteer Work
9 - Not Looking for Work

School/Job Training Enrollment: ☐

For incarcerated persons, this field must be "Not Enrolled"

1 - Not Enrolled
2 - Enrolled, Full Time
3 - Enrolled, Part Time

Educational Level: ☐

Number of Arrests in **"30"** days preceding discharge: ☐

> The number of times, if any, that the client/patient has been arrested in the thirty days 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 supportive interaction with family and friends and the level of involvement with self-help groups and other recovery support organizations at the time of discharge.

Specify if the client/patient has, in the past 30 days, attended any self-help groups for recovery that were affiliated with a religious or faith-based organization or a peer-operated organization devoted to helping individuals with substance use related problems (i.e., Alcoholic Anonymous, Narcotics Anonymous, Oxford House, Secular Organization for Sobriety or Women for Sobriety, etc.).

Self-Help Group: ☐ Y - Yes   N - No   R - Refused   D - Does Not Know

Self-Help Group Detail:

Number of Times: ☐   or RF - Refused: ☐   or DK - Does Not Know: ☐

Supportive Interaction: ☐ Y - Yes   N - No   R - Refused   D - Does Not Know

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: