**Section 125.110 Reporting responsibilities and methods**

The duties and responsibilities of all Department DLA staff and the responsibilities agreed to by the receiving agency/facility shall be broadly outlined within the regional DLA plan. Active participation includes, but is not limited to representation on a discharge planning team and participation in the development of the individualized services plan, by communication and consultation with designated follow-up staff, of the community agency/facility in discharge planning is highly desirable as linkage can be more readily achieved and the recipient may be more willing to follow through on the discharge plan. Outlined below are those responsibilities which must be incorporated into and provided for in the regional DLA plan.

a) Designated DLA staff responsibilities for referral to agencies reporting through the extramural system consist of ensuring the accomplishment of the following functions:

1) Securing recipient's agreement for linkage to an agency for aftercare treatment/habilitation services and consent for release of information confirming that the recipient has received initial service in accordance with the discharge plan (form DMHDD-146, "Authorization for Release of Information").

2) Communication with the proposed receiving agency to achieve the following:

A) Obtaining the agency's identification (ID) number for the recipient (current number if an open case); or the ID number for a recipient whose case has been closed and is now being reopened; or the new ID number assigned to a recipient being opened to the agency for the first time;

B) Active participation by the receiving agency in the development of the discharge plan;

C) Definite appointment for the recipient (day, time, location, and the name of the staff person the recipient is to see) to receive the initial service indicated in the discharge plan;

D) Prompt completion and dispatch of the completed parts one and two of form DMHDD-20, "Discharge Summary", within 48 hours after discharge, excluding Saturdays, Sundays and holidays.

3) Communication with proposed receiving licensed long-term care facility for those recipients being placed in such settings to achieve the following:

A) Active participation in the development of the discharge plan;

B) Confirmation of the date of placement;

C) Copies of the completed form DMHDD-20, parts one and two, "Discharge Summary", and form DMHDD-189, parts one and two, "Recipient Transfer Summary", must accompany the recipient at the time of placement.

4) Retention of all Department forms used in the discharge process in the recipient's State-operated facility medical record.

b) Designated DLA staff responsibilities for referral to agencies/facilities not reporting through the system consist of ensuring the accomplishment of the following functions:

1) Recipient's agreement for linkage to an agency/facility for aftercare treatment/habilitation services and consent for release of information confirming that recipient has received initial service in accordance with the discharge plan (form DMHDD-146, "Authorization for Release of Information").

2) Communication with proposed receiving agency/facility to achieve the following:

A) Active participation by the receiving agency/facility in the development of the discharge plan;

B) Definite appointment for the recipient (day, time, location, and the name of the staff person the recipient is to see) to receive the initial service indicated in the discharge plan;

C) Prompt receipt (within 48 hours after discharge, excluding Saturdays, Sundays and holidays) of copies of the completed form DMHDD-20, "Discharge Summary", parts one and two;

D) Confirmation of the initial service provided to the recipient after discharge.

3) Notification of the Department's Bureau of Information Services of recipient information, including confirmation of receipt of initial service after discharge, on the form DMHDD-1001 series, "Inpatient Statistical Reporting Form".

4) Retention of all Department forms used in the discharge process in the recipient's State-operated facility medical record.

c) Responsibilities of receiving agency reporting through the extramural system ensuring the accomplishment of the following functions:

1) Recipient's authorization for release of information to the Department discharging facility for the confirmation of linkage and initial service delivery after discharge.

2) Communication with the discharging facility to achieve the following:

A) Providing the agency's ID number for the recipient (current number if an open case); or the ID number for a recipient whose case had been closed and is now being reopened; or the new ID number assigned to a recipient being opened to the agency for the first time;

B) Active participation in the development of the discharge plan;

C) Definite appointment for the recipient (day, time, location, and the name of the staff person the recipient is to see) to receive the initial service indicated in the discharge plan.

3) Confirmation and accounting for services provided to the recipient through the extramural system and the aftercare linkage system.

d) Responsibilities of receiving agency/facility not reporting through the extramural system consist of ensuring communication with the discharging facility to achieve the following:

1) Active participation in the development of the discharge plan.

2) Definite appointment for the recipient (day, time, location, and the name of the staff person the recipient is to see) to receive the initial service indicated in the aftercare services plan.

3) Confirmation of the initial service provided to the recipient after discharge.