



**Instructions for Entering Data/Information in the Template:**

Enter data in the following cells:

Item/Element:	Format	Instructions
Reporting Month:	Date	Enter the 1st day of a month (e.g., 3/1/2017 will be read in as March-17)
Reporting E&T:	Text	Enter the name of the treatment provider facility.
Patient Name:	Text	<b>(Last)</b> Enter in UPPER CASE. No commas. Use hyphens when applicable.
	Text	<b>(First)</b> Enter in UPPER CASE. No commas. Use hyphens when applicable.
Age:	Numeric	Enter age as of the reporting month.
Gender:	Text	Male or Female. (Question: Shouldn't transgendered be included here?)
Date of Order:	Date	Enter the date of the order (e.g., 3/1/2017 will be read in 3/1/2017)
Type of Order:	Selection	Select the value from the drop down box. Only one type can be checked.
Days on Waitlist:	Numeric	Enter the number of days as of the reporting date.
Barriers to Community Discharge:	Text	Briefly list any barriers to discharge (maximum characters = 255)
HCS Involvement:	Text	Enter Yes or No in response to whether the individual has involvement with Home and Community Services.
DDA Involvement:	Text	Enter Yes or No in response to whether the individual has involvement with the Developmental Disabilities Administration.
Admission to State Hospital:	Text	Enter Yes or No in response to whether the individual had previously been admitted to a state psychiatric hospital.
Barriers to Community Discharge:	Text	Briefly describe the discharge plan (maximum characters = 255)
Discharge to LRA Treatment:	Text	Enter Yes or No in response to whether the individual will be discharged to a Least Restrictive Alternative setting for treatment.
Discharge Date:	Date	Enter the date of the discharge (e.g., 3/1/2017 will be read in 3/1/2017)