

Targeted Case Management (TCM) Level III Request

Targeted Case Management - Level III Request Details

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Provider/Facility Contact Information

Provider Contact/UR Name:*

Contact Phone:*

Extension:

Contact E-Mail:*

Is this a telephonic request (INTERNAL OPTUM USE ONLY)?**

Yes No

Clinical Information

PBHS Specialty Mental Health DSM 5 Diagnosis:*

Does participant have a co-occurring alcohol or drug disorder?*

Yes No

Does the participant have any medical diagnoses?*

Yes No

Participant is at-risk of, or needs continued community treatment to prevent inpatient psychiatric treatment:*

Yes No

Participant continues to be at risk of, or in need of continued community treatment to prevent treatment in a residential treatment center (RTC):*

Yes No

Participant continues to be at risk of out of home placement due to multiple behavioral health stressors:*

Yes No

Participant continues to be at risk of, or in need of continued community treatment to prevent emergency room utilization due to multiple behavioral health stressors:*

Yes No

Participant requires community treatment and support in order to prevent or address homelessness or housing instability, or otherwise lacking in permanent, safe housing:*

Yes No

Participant requires community treatment and support in order to prevent or address arrest or incarceration due to multiple behavioral health stressors:*

Yes No

Is the participant currently in RTC and is expected to discharge within the next 30 days?*

Yes No

Has the participant been hospitalized since the last review period?*

Yes No

Is the participant's current available living environment suitable for stabilizing the participant during crisis?*

Yes No

Describe participant's current clinical presentation (including current symptoms, impairments or dysfunctions):*

Clinical Information

Which social elements impact diagnosis? (check all that apply)

None

Problems with access to healthcare services

Housing problems (not homeless)

Educational problems

Problems related to social environment

Legal System/Crime

Occupational problems

Homelessness

Financial problems

Problems w/primary support group

Unknown

Other psychosocial and environmental problems

Risk Assessment

Suicide attempts/ideation**

Yes No

History of clinical deterioration:**

Yes No

Aggressive behavior/violence:**

Yes No

Treatment Plan/Goals

Please list and describe any multi-agency involvement, such as DSS, PCP, Homeless Services, Supports, etc:

Please list any current or previous mental health and/or addiction treatment such as Outpatient Services, PRP, Case Management, ACT, Inpatient, Methadone etc:

Has participant made progress towards treatment goals?*

Yes No

Has the treatment plan been updated since the last review?*

Yes No

Describe current planning for transition to a less intensive level of care:*

Any additional clinical information not captured above:

Data Capture Required:

Yes