

Targeted Case Management-Child & Adolescent-Levels I & II

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Provider/Facility Information

Person completing this form: * Contact Phone #: * E-mail: * Secure Fax #: Is this a telephonic request (OPTUM INTERNAL USE ONLY)?**
 Yes No

Request Information:

Request Type:** Initial Concurrent Request for:** Level I Level II Participant is being referred to receive Targeted Case Management services in the following county: *

Is participant between the ages of 18 and 21? **
 Yes No

Clinical Information

Does the participant have a PBHS specialty mental health DSM 5 diagnosis which requires, and is likely to respond to, therapeutic intervention? **
 Yes No

Participant is at-risk of, or needs continued community treatment to prevent inpatient psychiatric treatment: **
 Yes No

Participant is at-risk of, or needs continued community treatment to prevent treatment in a residential treatment center (RTC): **
 Yes No

Participant is at-risk of and out of home placement due to multiple behavioral health stressors: **
 Yes No

Participant requires community treatment and support in order to prevent or address 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 linked to mental health and medical services? **
 Yes No

Does the participant lack basic supports for shelter, food and income?*

Yes No

Is the participant transitioning from one level of care to another level of care?*

Yes No

Does the participant need to maintain community-based treatment and services?*

Yes No

Has the participant experienced multiple behavioral health stressors within past 12 months, such as history of psychiatric hospitalizations, repeated visits or admissions to emergency room psychiatric units, crisis beds, or inpatient psychiatric units?*

Yes No

Has the participant had any ER visits without being admitted?*

Yes No

Does the participant have a history of abuse or trauma?*

Yes No

Has the participant experienced any family disruptions/re-locations/school changes?*

Yes No

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

Yes No

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

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

Yes No

Does the participant have any medical diagnoses?

Yes No

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

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

What service and/or benefits does the participant need the Targeted Case Management Program to assist with?*

Any additional clinical information not captured above:

Data Capture Required:

Yes