

Questionnaire: General

Clinical Presentation

1. *Is this request a new treatment/episode of care?*

(Please select one.)

- Yes
- No

2. *Please discuss member's current presentation; symptoms, and behaviors (frequency, intensity, and duration, that support the level of care request at this time:*

3. *Provide a description of how the provider will use the requested units (breakdown of units) in this request review period:*

4. *What has been the progress toward goals?*

(Please select one.)

- None
- Minimal
- Moderate
- Significant

If you answered "None" on question 4

4.1.1. *Please provide barriers to progress and interventions planned to overcome barriers*

If you answered "Minimal" on question 4

4.2.1. *Please provide barriers to progress and interventions planned to overcome barriers*

If you answered "Moderate" on question 4

5. Is member engaged in treatment?

(Please select one.)

- Yes
- No

If you answered "No" on question 5

5.2.1. Please provide current barriers to member engagement, and interventions planned to overcome barriers.

Instructions: REQUIRED – Date of Diagnostic Assessment must be a date in the following format MM/DD/YYYY. Please do not enter a date in any other format.

6. What is the date of the most current diagnostic assessment?

7. Are there any medication changes since last request?

(Please select one.)

- Yes
- No

If you answered "Yes" on question 7

7.1.1. Please Explain:

8. What are the symptoms since last review? Please select all that apply

- | | | | | | |
|---|--|--|--|---|--|
| <input type="checkbox"/> Activities of Daily Living (ADL) | <input type="checkbox"/> Aggression | <input type="checkbox"/> Agitation | <input type="checkbox"/> Appetite Impairments | <input type="checkbox"/> Auditory Hallucinations | <input type="checkbox"/> Capacity for Independent Living |
| <input type="checkbox"/> Delusions | <input type="checkbox"/> Has met pharmacological criteria of substance use | <input type="checkbox"/> Homicidal Ideation | <input type="checkbox"/> Learning | <input type="checkbox"/> Impaired control regarding substance use | <input type="checkbox"/> Memory Impairments |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Physical Aggression | <input type="checkbox"/> Problem Sexualized Behaviors | <input type="checkbox"/> Racing Thoughts |
| <input type="checkbox"/> Risk/Danger to others | <input type="checkbox"/> Risk/Danger to self | <input type="checkbox"/> Risky Use of Substances | <input type="checkbox"/> Self Care | <input type="checkbox"/> Self-Direction | <input type="checkbox"/> Sensory Hallucination |
| <input type="checkbox"/> Sleep Impairments | <input type="checkbox"/> Social impairment regarding substance use | <input type="checkbox"/> Suicidal Ideation | <input type="checkbox"/> Understanding and use of language | <input type="checkbox"/> Verbal Aggression | <input type="checkbox"/> Visual Hallucination |

Discharge Planning

Instructions: A discharge plan should include a specific plan to decrease utilization, refer to appropriate level of care, and indicate the use of natural supports.

1. *What is the discharge/transition plan? (explain measurable criteria for discharge or decrease in utilization of units)*

 2. *What is the projected discharge/transition date?*
-

General

1. *Select the member's current living situation:*

(Please select one.)

- | | | |
|---|--|---|
| <input type="radio"/> Assisted Living Facility | <input type="radio"/> Community Residential Facility | <input type="radio"/> Dorothea Dix |
| <input type="radio"/> Foster Care | <input type="radio"/> Homeless Shelter or on the Streets | <input type="radio"/> Hospitalized for Medical Reasons |
| <input type="radio"/> Incarcerated in a State Prison or County Jail | <input type="radio"/> Nursing Home | <input type="radio"/> Other Psychiatric Inpatient Unit or Facility |
| <input type="radio"/> Own Apartment or Home | <input type="radio"/> Residential Crisis unit | <input type="radio"/> Residential Treatment Facility (Group Home Arrangement) |
| <input type="radio"/> Riverview Psychiatric Center | <input type="radio"/> Supported Apartment | <input type="radio"/> Temporarily staying with others |

2. *Select the member's current vocational/employment status:*

(Please select one.)

- | | | |
|---|---|--|
| <input type="radio"/> Clubhouse Transitional Employment | <input type="radio"/> Competitively employed full-time (32 or more hours per week) | <input type="radio"/> Competitively employed part-time (Less than 32 hours per week) |
| <input type="radio"/> Not employed - looking for work | <input type="radio"/> Not employed - not looking for work | <input type="radio"/> Self-employed |
| <input type="radio"/> Stay-at-home parent of a child under the age of 18 | <input type="radio"/> Student | <input type="radio"/> Volunteer on a regular basis (in the last 30 days) |
| <input type="radio"/> Working with supports full-time (32 or more hours per week) | <input type="radio"/> Working with supports part-time (Less than 32 hours per week) | |

3. *Is this member of transition age (16-20 years)?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 3

- 3.1.1. *What is the member's current grade level?*

(Please select one.)

- 9
- 10
- 11
- 12
- College
- Technical College
- Not in school

If you answered "Not in school" on question 3.1.1

3.1.1.7.1. *What was the last grade completed before leaving school?*

3.1.2. *In the past three (3) months has attendance at school been an issue for this member?*

(Please select one.)

- Yes
- No

3.1.3. *Was this member involved with the Department of Corrections within the past six (6) months?*

(Please select one.)

- Yes
- No

4. *If the member has a guardian, is the guardian engaged in treatment?*

(Please select one.)

- Yes
- No
- N/A

If you answered "No" on question 4

4.2.1. *Describe the barriers to engagement:*

5. *Does the member require an interpreter?*

(Please select one.)

- Yes
- No

If you answered "Yes" on question 5

5.1.1. *What language and dialect will the interpreter need to know?*

