Questionnaire: General

Clinical Presentation

1. *Is this request a new treatment/episode of care?*
   (Please select one.)
   - ○ Yes
   - ○ No

2. *Is this service being rendered via telehealth?*
   (Please select one.)
   - ○ Yes
   - ○ No

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

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

5. *What has been the progress toward goals?*
   (Please select one.)
   - ○ None
   - ○ Minimal
   - ○ Moderate
   - ○ Significant

If you answered "None" on question 5

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

If you answered "Minimal" on question 5

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

If you answered "Moderate" on question 5

6. *Is member engaged in treatment?*
(Please select one.)
- ○ Yes
- ○ No

If you answered "No" on question 6

6.2.1. *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.

7. *What is the date of the most current diagnostic assessment?*

8. *Are there any medication changes since last request?*
(Please select one.)
- ○ Yes
- ○ No

If you answered "Yes" on question 8

8.1.1. *Please Explain:*

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

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

Impairments	regarding substance use	Ideation	and use of language	Aggression	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.)

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

2. *Select the member"s current vocational/employment status:*
(Please select one.)

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

○ 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?*