



# Outpatient Review Form - Kentucky

Please Fax to Beacon at 1-800-441-2281

Health Plan

☐ Passport

☐ Humana/CareSource

## Member Information *(verify eligibility before rendering services)*

Member Name: \_\_\_\_\_

Member ID: \_\_\_\_\_ DOB: \_\_\_\_\_

Request is:

☐ Initial

☐ Concurrent

## Current Psychotropic Medications

Are Psychotropic Meds being prescribed? ☐ Yes ☐ No ☐ Unknown

If yes, prescribed by : ☐ MD ☐ RN, CS/NP ☐ PCP

Prescriber: \_\_\_\_\_

List of Meds: \_\_\_\_\_

Is Member currently compliant with meds? ☐ Yes ☐ No

Is the Member court order to treatment? ☐ Yes ☐ No

Is the Member SPMI or SED? ☐ Yes ☐ No

## DSM-IV Diagnosis

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV: \_\_\_\_\_

GAF (0-100): \_\_\_\_\_ HGAF: \_\_\_\_\_

Have you communicated with member's PCP in past 12 months?

☐ Yes ☐ No With the prescriber? ☐ Yes ☐ No ☐ N/A

## Treatment Status

(Please rate the member's response to treatment since last review or since start of treatment if this is first report.)

Behavioral Symptoms that are focus of treatment:

☐ Much Worse ☐ Slightly Worse ☐ No Changes ☐ Slight Improvement

☐ Major Improvement

Ability to perform work/school/household tasks:

☐ Much Worse ☐ Slightly Worse ☐ No Changes ☐ Slight Improvement

☐ Major Improvement

## Provider Information

Agency Name: \_\_\_\_\_

Provider ID: \_\_\_\_\_

Clinician Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Ext: \_\_\_\_\_

Fax#: \_\_\_\_\_

☐ IMPACT Plus Provider

## Current Risk Indicators (check all that apply)

☐ Current substance abuse ☐ Fire setting

☐ Caring for ill family member ☐ Impulsive behavior

☐ Self-mutilation/cutting ☐ Assaultive behavior

☐ Sexually offending behavior ☐ Psychotic symptoms

☐ Current family violence (abuse, domestic)

☐ Coping with significant loss (job, relationship, financial)

☐ Other: \_\_\_\_\_

## Risk Assessment (check all that apply)

### Suicidal Tendency:

☐ Not present ☐ ideation ☐ plan ☐ means ☐ prior attempt (date): \_\_\_\_\_

### Homicidal Tendency:

☐ Not present ☐ ideation ☐ plan ☐ means ☐ prior attempt (date): \_\_\_\_\_

Rate member's level of psychological distress:

☐ 1 (minimal) ☐ 2 (mild) ☐ 3 (moderate) ☐ marked ☐ severe

Current Risk of Psychiatric Hospitalization:

☐ 1 (low) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (high). If 3 or higher, explain: \_\_\_\_\_

Status of the three most significant targeted goals since treatment initiation using the following scale:

N = New Goal 1 = Much Worse 2 = Somewhat Worse 3 = No Change 4 = Slight Improvement

5 = Major Improvement R = Resolved

Goal	Modality (Indiv/Grp/Hm/Collateral)	Progress (since tx initiation – indicate rating #
1.		
2.		
3.		

Previous Treatment: Please indicate total number in last 12 months:			
	<b>IP Admits</b>	<b>OP Visits</b>	<b>PHP/IOP/Day Tx</b>
Mental Health			
Substance Abuse			

**Request for Services- Traditional Outpatient:**

Service	# of Units	Start Date	Anticipated Completion Date	Frequency of sessions:
Diagnostic Interview				
Individual Therapy				
Individual w/ med management				
Family Therapy				

**Request for Services- Community Support Services – IF UNABLE TO USE eSERVICES**

Service	# of Units	Start Date	Anticipated Completion Date	Frequency of sessions:
Therapeutic Rehabilitation/Day Tx				
Therapeutic Behavioral Services (under 21)				
Targeted Case Management				
Personal Care Services				
Home Visit/Wrap				
Community Psychiatric Support				

**Request for Services- IMPACT Plus ONLY – please submit Collaborative Service Plan along with request for services**

Service	# of Units	Start Date	Sessions over the next (30, 60 90 days)	Provider Rendering Service
Targeted Care Management				
Behavioral Health Evaluation				
Therapeutic Child Support (professional)				
Therapeutic Child Support (para-professional)				
Parent-to-Parent Service				
After School Program				
Summer School Program				
Intensive Outpatient Behavioral Health				
Day Treatment				
Partial Hospitalization				
Individual Therapy				
Individual Therapy with MD				
Individual Therapy (for professionals under supervision)				