APS Healthcare

State of Oklahoma Care Connection

Request ID: Consumer: Medicaid ID:

Administrative

Organization

Provider

Authorization Type

Is this request for services an extension of a service previously authorized by OFMQ?

Status

Start date for current authorization request

Request Submitted

Date Request Created

Review Type

Consumer Information

First Name:

Last Name:

Middle Name/Initial:

Member SSN:

Member ID (Medicaid Number):

Date of Birth

Gender:

Address of Record Line 1:

Address of Record Line 2:

City:

County:

State:

Zip Code:

Phone No. (with area code):

Race:

Requesting Facility / Agency / Clinician

Medicaid ID and Name:

Request ID: Consumer: Medicaid ID:

Staff First Name:
Staff Middle Name/Initial:
Staff Last Name:
Staff Phone No. (with area code):
Staff E-mail:
Utilization Manager/Supervisor Name:
Utilization Manager/Supervisor Phone:
Utilization Manager/Supervisor E-mail:
Is this agency/individual the treating provider?
Treating Facility/Agency/Provider Name:
Treating Facility/Agency/Provider Contact Name:
Treating Facility/Agency/Provider Phone Number:

Responsible Party – Under Age 18

Member's Residence:
Individual Home : False
Residential Care Facility : False
Group Home : False
Nursing Home : False
Shelter : False
ICF/MR : False
DHS/OJA/IH Custody : False
Foster Care : False
TFC : False
No. of Placements in the Past 2 Years:

Level :
Admit Date :
Worker Name :
Worker Phone :
Placement Date :

Responsible Party – Age 18 and Older

Consumer have a legal guardian No
Guardianship Type:

Legal Custodian Demographic Information

Parent/Guardian/Juvenile Services First Name:
Parent/Guardian/Juvenile Services Last Name:
Parent/Guardian /Juvenile Services Address Line 1:
Parent/Guardian/Juvenile Services Address Line 2:
Parent/Guardian/Juvenile Services City:
Parent/Guardian/Juvenile Services State: OK
Parent/Guardian/Juvenile Services Zip Code:
Parent/Guardian/Juvenile Services Phone (with area code):

Request ID: Consumer: Medicaid ID:

Multiaxial Assessment

Primary ICD-9 Diagnosis:
Axis I ICD-9 Diagnosis:
Axis I ICD-9 Diagnosis:
Axis II ICD-9 Diagnosis:
Axis II ICD-9 Diagnosis:
Axis III:

Axis IV - Psychosocial Stressors (choose all that apply)

Problems related to Primary Support Group:
Problems in Friendship/Social Relations:
Legal Issues:
School/Work Problems:
Custody/Placement Issues:
Financial Difficulties:
Problems in Living Situation:
Physical Health:
Access to Health Care Services:

Axis V – GAF

Axis V Current:
Highest Level in the last year:
Since last authorization request, GAF score has
Historical Information relevant to the current diagnosis and treatment
Historical :

Current :

Services Requested

Level Level I

Type of Service	Auth Provider ID	Start Date	Length of Service	Auth End Date	Units	Value	Auth#
Note to Provider :							

Total Value 2970

Request ID: Consumer: Medicaid ID:

Client Assessment Record

Domain

1. FEELINGS/ MOOD/ AFFECT

Past Score

Current Score

Problem Area

Specific examples of problem areas, including specific examples; symptom frequency; duration and intensity; impact on daily functioning

2. THINKING/ MENTAL/ PROCESS

Past Score

Current Score

Problem Area

Oriented X:

MMSE Score:

IQ Score:

Specific examples of problem areas, including specific examples; symptom frequency; duration and intensity; impact on daily functioning

3. SUBSTANCE USED

Past Score

Current Score

Drug	Amount Used	Frequency of Use	First Used	Last Used
none				

Functional impact of current use, give examples of level of dependency

4. MEDICAL/ PHYSICAL

Past Score

Current Score

Current Medical/Physical Conditions :

Current Medical/Physical Conditions :

Medication	Dosage Frequency	Reason

Prozac	10mg/d	Depression

5. FAMILY

Past Score

Current Score

Problem Area

Currently Resides with:

Specific examples of problem areas, including specific examples; symptom frequency; duration and intensity; impact on daily functioning

6. INTERPERSONAL

Past Score

Current Score

Problem Area

Specific examples of problem areas, including specific examples; symptom frequency; duration and intensity; impact on daily functioning

7. ROLE PERFORMANCE

Past Score

Current Score

Problem Area

Effectiveness of function in identified role:

Specific examples of problem areas, including specific examples; symptom frequency; duration and intensity; impact on daily functioning

8. SOCIO-LEGAL

Past Score

Current Score

Problem Area

Specific examples of problem areas, including specific examples; symptom frequency; duration and intensity; impact on daily functioning

9. SELF-CARE

Past Score

Current Score

Problem Area

Specific examples of problem areas, including specific examples; symptom frequency; duration and intensity; impact on daily functioning

10. COMMUNICATION

Level of Functioning

Total Past Score:

Total Current Score:

INTERPRETIVE SUMMARY/ADDITIONAL INFORMATION:

.

Treatment and Service History

Number of Inpatient Admissions in Last 12 Months:

Number of ER or other crisis episodes last 12 months::

Number of years of active mental health treatment:

Number of lifetime jail/prison terms?

Currently on probation/parole/conditional release?

For youth in school, number of suspensions last 12 months?

For youth under age 18, number of times run away:

Service Plan

Select Complexity type Low

Needs, Functional Domains and/or Skills to be Addressed in Treatment Plan

Need/Skill Area/Domain :

Degree :

Treatment Goal :

Current Measurable Objective :

Intervention/Type of service :

Progress on Current/Previous Goal Since Last Authorization:

Date Initiate :

Request ID: Consumer: Medicaid ID:

Target Date for Objective :

Need/Skill Area/Domain :

Degree :

Treatment Goal :

Current Measurable Objective :

Progress on Current/Previous Goal Since Last Authorization:

Date Initiate :

Target Date for Objective :

Need/Skill Area/Domain :

Degree :

Treatment Goal :

Current Measurable Objective :

Intervention/Type of service :

Progress on Current/Previous Goal Since Last Authorization:

Date Initiate :

Request ID: Consumer: Medicaid ID:

Target Date for Objective :

Transition/ Discharge Plan

Is Discharge Anticipated During the Authorization Period? No

Projected Date of Transition/ Discharge:

Anticipated Step Down Service:

Plan for Transition/ Discharge: