

## HOME HEALTH RE-REGISTRATION/CONCURRENT REVIEW TEMPLATE

ALL FIELDS WITH \* ARE REQUIRED

Provider EDS/CMAP ID # (Medicaid 9-digit ID) \_\_\_\_\_

Name of clinician who filled out this form \_\_\_\_\_ Credentials/Title \_\_\_\_\_

Contact number \_\_\_\_\_ Ext: \_\_\_\_\_

Facility/Provider Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Facility/Provider Service Location \_\_\_\_\_

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

Medicaid/Consumer ID# \_\_\_\_\_ DOB: \_\_\_\_\_ AND/OR SSN: \_\_\_\_\_

1) \*Is this a new registration for a client already in outpatient treatment within your agency/practice?  YES  NO

**If APPLICABLE, PLEASE INDICATE IF ANY OF THE FOLLOWING NEED TO BE UPDATED**

2) \*Behavioral Diagnoses (*Primary is Required*)

\*Diagnosis Code: \_\_\_\_\_ \*Description \_\_\_\_\_

\*Diagnostic Category: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_ Description \_\_\_\_\_

Diagnostic Category: \_\_\_\_\_

3) \*Primary Medical Diagnoses (Primary is required or indicate "None" or "Unknown")

\*Diagnosis Code: \_\_\_\_\_ \*Description \_\_\_\_\_

\*Diagnostic Category: \_\_\_\_\_

Diagnosis Code: \_\_\_\_\_ Description \_\_\_\_\_

Diagnostic Category: \_\_\_\_\_

4) \*Social Elements Impacting Diagnoses (Required - Check all that apply)

- None  Educational problems  Financial problems  Housing problems (Not Homelessness)
- Occupational problems  Other psychosocial and environmental problems \_\_\_\_\_
- Problems with access to health care services  Homelessness
- Problems related to interaction with legal system / crime  Problems with primary support group
- Problems related to social environment  Unknown

5) \*Functional Assessment (Optional)

- CDC- HRQOL  CGAS  FAST  GAF  OTHER  OMFAQ  SF12  SF36  WHO DAS
- OTHER \_\_\_\_\_  ASSESSMENT SCORE \_\_\_\_\_

6) \*Current Risks

A. \*Members Risk to Self:

- 0–None  1–Mild- ideation only  2– Moderate – ideation with either plan or history of attempts  3– Severe – ideation and plan, with either intent or means  N/A – Not assessed- assessment not completed for this risk

B. \*Members Risk to Others:

- 0–None  1–Mild- ideation only  2– Moderate – ideation with either plan or history of attempts  3– Severe – ideation and plan, with either intent or means  N/A – Not assessed - assessment not completed for this risk

## 7) Current Impairments

### A. \*Mood disturbances (depression or mania)

- 0 - Short-term, "normal" mood changes in response to expected triggers. No disturbance in work/school performance or normal daily activities.
- 1 - Occasional periods of sadness, depressed mood, lack of pleasure or irritability. No disruption in work/school performance or normal daily activities.
- 2 - Experiencing a depressive, hypomanic, or manic episode. No current evidence of psychosis or risk to self/others. Some disruption in work/school performance or normal daily activities or activities significantly limited to maintain stability.
- 3 - Experiencing an episode of severe depression or mania. Potential risk for harm to self/others or displaying psychotic symptoms. Inability to consistently work/attend school and may need assistance with normal daily activities.
- N/a - assessment not completed for this impairments

### B. \*Weight changes associated with behavioral diagnosis

- 0 - Weight within 10% (over or under) of ideal body weight. No symptoms of an eating disorder or other behavioral disorder affecting weight.
- 1 - Weight within 20% (over or under) of ideal body weight. Some symptoms of an eating disorder (preoccupation with weight, distortions in body image, restrictive eating, bingeing, compensatory behaviors) or other behavioral disorder affecting weight. Capable of self-monitoring behaviors to manage weight. No medical complications.
- 2 - Weight within 25% (over or under) of ideal body weight. Symptoms consistent with an eating disorder or other, behavioral disorder affecting weight. Requires some structure to manage weight. No medical complications, although regular medical monitoring may be recommended.
- 3 - Weight less than 75% or greater than 125% of ideal body weight. Symptoms consistent with an eating disorder or other behavioral disorder affecting weight. Requires ongoing, direct supervision of meals. Medically unstable.
- N/A - assessment not completed for this impairment.

#### For 2 or 3 rating:

Weight  gain  loss  n/a      past 3 mos \_\_\_\_\_ lbs  n/a      current wt \_\_\_\_\_ lbs  n/a      height \_\_\_\_\_ ft \_\_\_\_\_ in  n/a

### C. \*Anxiety

- 0 - Short-term anxiety or fear only in response to expected triggers. No disturbance in work/school performance, normal daily activities, or avoidance of situations.
- 1 - Clinical symptoms of anxiety (panic attacks, generalized anxiety, specific/social phobia, or obsessive-compulsive behaviors), occurring only occasionally or mild in intensity. Some avoidance of stressful situations or triggers, but no significant impairment in work/school performance or normal daily activities.
- 2 - Anxiety symptoms occur frequently and/or are moderate in intensity. Some disruption in work/school performance or normal daily activities or activities significantly limited to maintain stability.
- 3 - Anxiety symptoms occur nearly all the time and/or are severe in intensity. Inability to consistently work/attend school and may need assistance with normal daily activities.
- N/A - assessment not completed for this impairment.

### D. \*Psychosis / hallucinations / delusions

- 0 - no history of hallucinations, delusions, or other psychotic symptoms.
- 1 - No current symptoms, but at least one past occurrence of hallucinations, delusions, or other psychotic symptoms. Symptoms controlled due to one or more of the following: 1) consistent use of medication, with no re-occurrences in the past year or longer, 2) condition in complete remission, 3) precipitant was past substance use and member is now abstinent, or 4) precipitant was a medical condition that has been resolved. No disruption in work/school performance or normal daily activities.
- 2 - Current or past history of hallucinations, delusions, or other psychotic symptoms. Symptoms only partially controlled or continued risk for re-occurrence based on prognosis or history of non-compliance. No current risk for harm to self/others. Some disruption in work/school performance or normal daily activities or activities significantly limited to maintain stability.
- 3 - Current hallucinations, delusions, or other psychotic symptoms. Symptoms not currently controlled and potential risk for harm to self/others. Inability to consistently work/attend school and may need assistance with normal daily activities.
- N/A - assessment not completed for this impairment.

### E. \*Medical / physical conditions

- 0 - no medical/physical conditions or disabilities.
- 1 - One or more acute or chronic medical/physical conditions or disabilities. Condition usually well controlled through medication, physical aids, or other treatments. No disruption in work/school performance or normal daily activities. Examples include mild asthma, well-controlled diabetes, or use of hearing aids.
- 2 - One or more acute or chronic medical/physical conditions or disabilities; some difficulty in controlling condition or impaired physical functioning. Some disruption in work/school performance or normal daily activities or activities significantly limited due to the condition and/or required treatments. Examples include Parkinson's disease (early stages), curable forms of cancer, or blindness.
- 3 - unable to work/attend school due to severe medical/physical conditions or disabilities. Requires frequent assistance with many or all activities of daily living. Examples include end stage renal failure, Alzheimer's disease, or severe paralysis due to stroke.
- N/A - assessment not completed for this impairment.

**F. \*Thinking/cognitive/memory/concentration problems**

- 0 - no problems with cognitive skills.
- 1 - Occasional difficulties with cognitive skills, but symptoms generally controlled by medication or behavioral interventions. No evidence of delirium, dementia, or amnesia. No disruption in work/school performance or normal daily activities.
- 2 - Difficulties with cognitive functioning not managed by medication or other interventions, or some permanent cognitive deficits. Evidence of progressive dementia (early stages), periods of delirium or amnesia, or impaired intellectual functioning. Some disruption in work/school performance or normal daily activities or activities significantly limited to Maintain stability.
- 3 - Significant deficits in cognitive and/or intellectual functioning. Deficits may be permanent (Alzheimer's) or temporary (recovery from brain trauma). Inability to consistently work/attend school and requires assistance with normal daily activities.
- N/A - assessment not completed for this impairment.

**G. \*substance abuse / dependence**

- 0 - no alcohol or drug use; takes medications only as prescribed.
- 1 - Occasional alcohol and/or drug use. No evidence of social, occupational, physical, or legal problems related to alcohol or drug use.
- 2 - Alcohol and/or drug use consistent with episodic abuse but not dependence. Some disruption in social or occupational activities due to alcohol or drug use. History of or risk for legal and physical problems.
- 3 - Alcohol and/or drug use consistent with dependence. Evidence of compulsive drug-taking behavior, tolerance, and/or potential for physical withdrawal symptoms. Significant disruption in social and/or occupational activities and possible legal problems.
- N/A - assessment not completed for this impairment.

**For 2 or 3 rating:** check all that apply

- Alcohol illegal
- drugs
- prescription drugs

**H. \*Impulsive/reckless/aggressive behavior**

- 0 - no history of impulsive, reckless, or aggressive behaviors; adequate capacity for self-control.
- 1 - Occasional impulsive, reckless, or aggressive behaviors; self-control most of the time. No history of serious potential risk of harm to self/others. No significant social, occupational, or legal consequences.
- 2 - Often displays impulsive, reckless, or aggressive behaviors; limitations in capacity for self-control. Actions may result in moderate potential risk of intentional or unintentional harm to self/others. Some social, occupational, and/or legal consequences.
- 3 - Frequently displays impulsive, reckless, or aggressive behaviors; significant impairment in capacity for self-control. Actions may result in serious potential risk of intentional or unintentional harm to self/others. Significant social, occupational, and/or legal consequences.
- N/A - assessment not completed for this impairment.

**I. \*Job/school/performance problems**

\*\* if member is not currently working/attending school, please rate the capability of performing tasks in an employment or academic setting that is consistent with past history \*\*

- 0 - able to consistently attend work/school and perform regular duties.
- 1 - Occasional difficulty in attending work/school and/or performing regular duties due to emotional, behavioral, or recurrent physical problem(s). Generally able to manage or overcome these occasional difficulties; no risk for disciplinary action or demotion.
- 2 - Frequent difficulty in attending work/school and/or performing regular duties due to emotional, behavioral, or recurrent physical problem(s). May require special accommodations to perform tasks (such as limiting workload or getting assistance) or at risk for disciplinary action or demotion. May have chosen a less demanding job or curriculum due to these difficulties, despite successful past performance at a higher level.
- 3 - unable to attend work/school due to emotional, behavioral, or recurrent physical problem(s).
- N/A - assessment not completed for this impairment.

**J. \*Activities of daily living problems**

\*\* Examples of activities of daily living - member is able to perform tasks without assistance:

Eating, personal hygiene (bathing, grooming, dressing, etc.), communication (use telephone, reading, writing, etc.), walk short distances (or use a physical aid that does not require another person, such as a cane or wheelchair), take medication, routine household chores (basic cooking, cleaning, shopping for groceries, etc.), transportation (able to drive by oneself or use public transportation), manage money \*\*

- 0 - able to consistently perform routine activities of daily living.
- 1 - occasional difficulty in performing routine activities of daily living due to emotional, behavioral, or physical problem(s). (Scheduling issues are not considered "problems" for this rating.) Generally able to manage or overcome these occasional difficulties without assistance from others.
- 2 - Frequent difficulty in performing routine activities of daily living due to emotional, behavioral, or physical problem(s). Requires assistance with some tasks periodically or continuously.
- 3 - unable to perform many routine activities of daily living due to emotional, behavioral, or physical problem(s). Requires continuous assistance with many or all tasks.
- N/A - assessment not completed for this impairment.

**K. \*Social functioning/relationships/marital/family problems**

- 0 - no significant problems/ conflicts with family members/ friends; no major changes in important relationships. Adequate social support system.
- 1 - Problems/ conflicts with one or more family members/friends or significant changes in important relationship(s) due to a change in life circumstances (illness, death, relocation). Able to compensate for these difficulties; adequate social support system.
- 2 - problems/conflicts with one or more family members/friends; significant changes in important relationship(s) due to a change in life circumstances (illness, death, relocation); or deficits in social skills that interfere with maintaining relationships. One intact relationship, but inadequate social support system.
- 3 - No friends, family members, or other relationships that provide social support.
- N/A - assessment not completed for this impairment.

**L. \*Impairments related to loss/trauma**

- 0 - member has no known loss or trauma or there is no disturbance in work/school performance, normal daily activities if there is a trauma/loss history.
- 1 - Member has experienced a loss and/or traumatic event. Some occasional occurrence, of but not significant, clinical symptoms that occur occasionally or are mild in intensity.
- 2 - Member has experienced a loss and/or traumatic event and clinical symptoms occur frequently and/or are moderate in intensity. Member has some disruption in work/school performance or normal daily activities, or has had to significantly limit activities to maintain stability.
- 3 - Member has experienced a loss and/or traumatic event and clinical symptoms occur nearly all the time and/or are severe in intensity. The member is unable to consistently work or attend school, and may need assistance with normal daily activities.
- N/A - assessment not completed for this impairment.

**M. \*Legal**

- 0 - no current legal problems.
- 1 - Current legal problems, but no significant distress or interference with work/school performance or other normal activities.
- 2 - Current legal problems causing moderate distress and/or disruption of work/school performance or normal activities. No risk for serious consequences, such as incarceration or financial crisis.
- 3 - Current legal problems causing severe distress, disruption, and/or restriction of work/school duties and other activities. At risk for serious consequences, such as incarceration or financial crisis.
- N/A - assessment not completed for this impairment.

**For 1, 2 or 3 rating:** Check all that apply  
 Juvenile Justice  Probation  Parole  Other Court

7) Does member have co-occurring mental health and substance abuse conditions?  Yes  No  Not Assessed

8) Current Plan of Treatment, Goals of Services Requested & Discharge Plan:

---



---



---



---



---

**IF APPLICABLE. PLEASE INDICATE IF ANY OF THE FOLLOWING NEED TO BE UPDATED**

9) Treatment Modalities to be Used for this Request (Note: Requests for complex nursing, OB/PreNatal/Postpartum or 15 minute nursing visits must be requested through DSS or by calling 860-424-5192):

**A. \*Home Health Aide**

- Yes  No

If yes, Home Health Aide Frequency:

- > 14 Hrs/Wk (GT14)  Less or = 14 Hrs/Week

**B. \*Nursing Med Admin**

- Yes  No

If yes, Nursing Med Admin Frequency:

- Less or = 2 Visits/Week  3 Visits/Week  
 4-6 Visits/Week  Daily (QD)  
 Twice Daily (BID)  Three Times a Day (TID)  
 Prompting

**C. \*Skilled Nursing**

- Yes  No

**D. \*Physical Therapy**

- Yes  No

**E. \*Speech Therapy**

- Yes  No

**F. \*Occupational Therapy**

- Yes  No

**F. \*Med Tech**

- Yes  No

**10) Ability to self-administer meds without assistance or supervision:**

- 0     1     2     3     N/A

Key: 0 = None    1 = Poor    2 = Fair    3 = Good    N/A = Not Assessed

**11) Ability of family/natural supports/other to supervise medications:**

- 0     1     2     3     N/A

Key: 0 = None    1 = Poor    2 = Fair    3 = Good    N/A = Not Assessed

**12) Indicate degree of progress from previous registration:**       None       Minimal       Moderate       High

**13) Describe additional details for this request that will pend for review:**

a. Requested number of days or units: \_\_\_\_\_

b. Start Auth Date: \_\_\_\_\_

c. End Auth Date: \_\_\_\_\_

d. Rationale for continued request (maximum of 1000 characters):

---

---

---

---

---