

HOME HEALTH REGISTRATION TEMPLATE

ALL FIELDS WITH * ARE REQUIRED

Provider EDS/CMAP ID # (Medicaid 9-digit ID): _____

Facility/Provider Name: _____ Contact # & Ext: _____

Facility/Provider Service Location: _____

Name of clinician who filled out this form: _____ Credentials/Title: _____

Member Name: _____

Medicaid/Consumer ID#: _____ DOB: _____ and/or SSN: _____

QUESTIONS:

1. * Requested start date (EX: 09/01/2010): _____
2. * Is this a new registration for a client already in outpatient treatment within your agency/practice? Yes No
3. * Referral Source: (who encouraged this member to obtain services?)
 - Access-Eastern CCCI Access-No Central CCCI Access-Nowestern CCCI Access-Socentral CT Agency on Aging
 - Access-Sowestern Agency on Aging CMP DMHAS EMPS Hospital Emergency Department
 - Independent/Group Practice Inpt Provider LMHA – Birmingham Grp Hlth Svcs LMHA – Bridges A Comm Support
 - LMHA – Cap Reg MH Ctr LMHA - CHR LMHA - CMHA LMHA – CT Mental Health Center
 - LMHA – F.S. Dubois Ctr (state operated) LMHA – Genesis Ctr, Inc LMHA – Grtr Brpt Comm MH Ctr
 - LMHA – Harbor Hlth Svcs LMHA – Intercomm MH Grp LMHA – Nrth Central Cnslng Svcs LMHA – River Vily Svcs
 - LMHA – River Vily Svcs-Old Saybrook LMHA – Rushford Center LMHA – SE MH Auth LMHA – SW CT MH System
 - LMHA – United Svcs LMHA – Western CT MH Ntwrk LMHA – Western CT MH Ntwrk-Danbury
 - LMHA – Western CT MH Ntwrk-Torrington LMHA – Western CT MH Ntwrk-Waterbury Mobile Crisis Team Other
 - Other Agency PCP/Med Provider Self/Family Mbr Step Down Inpt/Intermediate LOC
4. *Name and credentials of licensed prescribing practitioner: _____
5. *Referral type: Emergent Routine Urgent
 - a. If Routine or Urgent:
Date of 1st Appt. Accepted by Member: _____
6. Behavioral Diagnoses (*Primary is Required*)
 - *PRIMARY Diagnostic Category _____ *Diagnosis Code: _____
 - *Description: _____
 - ADDITIONAL Diagnostic Category _____ *Diagnosis Code: _____
 - Description: _____
 - ADDITIONAL Diagnostic Category _____ *Diagnosis Code: _____
 - Description: _____

7. Primary Medical Diagnoses (Primary is required or indicate "None" or "Unknown")

*PRIMARY Diagnostic Category _____ *Diagnosis Code: _____

*Description: _____

ADDITIONAL Diagnostic Category _____ *Diagnosis Code: _____

Description: _____

ADDITIONAL Diagnostic Category _____ *Diagnosis Code: _____

Description: _____

8. *Social Elements Impacting Diagnoses (Required - Check all that apply)

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

9. Functional Assessment (Optional)

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

10. Current Risks

Key: 0 = None 1 = Mild or Mildly Incapacitating 2 = Moderate or Moderately Incapacitating 3 = Severe or Severely Incapacitating N/A = Not Assessed

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

11. 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 impairment.

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, binging, 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

12. *Does member have co-occurring mental health and substance abuse conditions?

- Yes No Not Assessed

Treatment Plan

13. *Do family members or significant others actively participate in the member's treatment

and recovery? Yes No N/A

a. If yes, are any of the family members/significant others receiving their own MH or SA treatment? Yes No N/A

14. Have you obtained consent to contact:

a. *Medical provider: Yes No Denied

b. *Previous behavioral health treatment provider: Yes No Denied N/A

15. *Please provide rationale for Home Health services:

16. *The treatment plan was developed with the member (or his/her guardian) and has measurable time limited goals.

- Yes No

17. *Does a documented goal oriented treatment plan exist? Yes No

18. *Anticipated/Target Date for Achievement of Current Treatment Plan Goals: _____

19. *Current Plan of Treatment, Goals of Services Requested & Discharge Plan:

20. 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:

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

C. *Skilled Nursing

Yes No

D. *Physical Therapy

Yes No

E. *Speech Therapy

Yes No

F. *Occupational Therapy

Yes No

G. *Med Tech

Yes No

21. *Primary place Home Health services will be provided (Select only one):

- Family Home Independent Living Mental Health Group Home Residential Care Home
 Supervised Housing Supportive Housing

22. *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

23. *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

24. *Plan in place to promote independence in med administration: Yes No N/A

25. *RE-REGISTRATION ONLY Indicate degree of progress from previous registration:**

None Minimal Moderate High

***Psychotropic Medications**

1. Medication _____ **Description** _____

a. Dosage _____ **Frequency** _____

b. Side Effects: Yes No

c. Usually Adherent: Yes No

d. Prescriber: Primary Care Physician Psychiatrist Other

e. Is Medication found to be effective? 0 1 2 3 N/A

Key: 0 = Not Effective 1 = Minimally Effective 2 = Effective 3 = Very Effective N/A = Not Assessed

2. Medication _____ **Description** _____

a. Dosage _____ **Frequency** _____

b. Side Effects: Yes No

c. Usually Adherent: Yes No

d. Prescriber: Primary Care Physician Psychiatrist Other

e. Is Medication found to be effective? 0 1 2 3 N/A

Key: 0 = Not Effective 1 = Minimally Effective 2 = Effective 3 = Very Effective N/A = Not Assessed

- 3. Medication** _____ **Description** _____
- a. **Dosage** _____ **Frequency** _____
- b. **Side Effects:** Yes No
- c. **Usually Adherent:** Yes No
- d. **Prescriber:** Primary Care Physician Psychiatrist Other
- e. **Is Medication found to be effective?** 0 1 2 3 N/A

Key: 0 = Not Effective 1 = Minimally Effective 2 = Effective 3 = Very Effective N/A = Not Assessed

****NOTE:** Please attach documentation in regards to all additional psychotropic medication or indicate in the text field below

***Medical Medications**

- 1. Medication** _____ **Description** _____
- f. **Dosage** _____ **Frequency** _____
- g. **Side Effects:** Yes No
- h. **Usually Adherent:** Yes No
- i. **Prescriber:** Primary Care Physician Psychiatrist Other
- j. **Is Medication found to be effective?** 0 1 2 3 N/A

Key: 0 = Not Effective 1 = Minimally Effective 2 = Effective 3 = Very Effective N/A = Not Assessed

- 2. Medication** _____ **Description** _____
- f. **Dosage** _____ **Frequency** _____
- g. **Side Effects:** Yes No
- h. **Usually Adherent:** Yes No
- i. **Prescriber:** Primary Care Physician Psychiatrist Other
- j. **Is Medication found to be effective?** 0 1 2 3 N/A

Key: 0 = Not Effective 1 = Minimally Effective 2 = Effective 3 = Very Effective N/A = Not Assessed

- 3. Medication** _____ **Description** _____
- a. **Dosage** _____ **Frequency** _____
- b. **Side Effects:** Yes No
- c. **Usually Adherent:** Yes No
- d. **Prescriber:** Primary Care Physician Psychiatrist Other
- e. **Is Medication found to be effective?** 0 1 2 3 N/A

Key: 0 = Not Effective 1 = Minimally Effective 2 = Effective 3 = Very Effective N/A = Not Assessed

****NOTE:** Please attach documentation in regards to all additional medical medication or indicate in the text field below

Requested Services

26. *Place of Service (Select only one):

- Ambulance Ambulance Air or Water Ambulatory Surgical Center Assisted Living Facility
- Birthing Center Community Mental Health Center Comprehensive Inpt Rehab Facility
- Comprehensive Outpt Med Rehab Facility Custodial Care Facility ER End State Renal Disease Tx Facility
- Federally Qualified Health Center Group Home Home Homeless Shelter Hospice
- Independent Clinic (Blended) Independent Laboratory Indian Health Services – Free Standing Facility
- Indian Health Services – Provider Based Facility Inpt Chemical Dependency Rehab Inpt Psych Facility
- Intermediate Care Facility MR Military Tx Facility Mobile Unit (Offsite) Non-Residential SA Tx Facility
- Nursing Facility Office Outpt Hospital Pharmacy Prison/Correctional Facility Psych Fac Partial Hosp (Onsite)
- Psych Residential Tx Ctr Residential Tx SA Tx Rural Hlth Clinic School Skilled Nursing Facility
- State or Local Public Health Clinic Temp Lodging Termed 10/18/10 Otpt Chemical Dep Program
- Tribal 638 Free Standing Facility Tribal 638 Provider Based Facility Urgent Care Facility Other Unlisted Facility

*CPT or HCPC Code:	*Modifier 1 (if applicable):	*Modifier 2 (if applicable):	*Modifier 3 (if applicable):	*Modifier 4 (if applicable):	*Visits / Units:
_____	_____	_____	_____	_____	_____

*CPT or HCPC Code:	*Modifier 1 (if applicable):	*Modifier 2 (if applicable):	*Modifier 3 (if applicable):	*Modifier 4 (if applicable):	*Visits / Units:
_____	_____	_____	_____	_____	_____

*CPT or HCPC Code:	*Modifier 1 (if applicable):	*Modifier 2 (if applicable):	*Modifier 3 (if applicable):	*Modifier 4 (if applicable):	*Visits / Units:
_____	_____	_____	_____	_____	_____

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_____	_____	_____	_____	_____	_____

*CPT or HCPC Code:	*Modifier 1 (if applicable):	*Modifier 2 (if applicable):	*Modifier 3 (if applicable):	*Modifier 4 (if applicable):	*Visits / Units:
_____	_____	_____	_____	_____	_____

*CPT or HCPC Code:	*Modifier 1 (if applicable):	*Modifier 2 (if applicable):	*Modifier 3 (if applicable):	*Modifier 4 (if applicable):	*Visits / Units:
_____	_____	_____	_____	_____	_____

*CPT or HCPC Code:	*Modifier 1 (if applicable):	*Modifier 2 (if applicable):	*Modifier 3 (if applicable):	*Modifier 4 (if applicable):	*Visits / Units:
_____	_____	_____	_____	_____	_____

***Total Visits/Units:**

27) 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): _____

