

Targeted Case Management

Targeted Case Management Details

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Request Information:

Request for:** Participant is being referred to receive Targeted Case Management services in the following county:*

Level I Level II

Referring agency:

Person completing this form:

Contact Phone #:

Secure Fax #:

E-mail:

Is this a telephonic request (OPTUM INTERNAL USE ONLY)?**

Yes No

Clinical Information

Is the participant currently in RTC and is expected to discharge within the next 30 days?

Yes No

List any convictions, pending charges, or court dates:

Please list and describe any multi-agency involvement, such as DSS, PCP, Homeless Services, Supports, etc:

Does participant have a co-occurring alcohol or drug disorder?

Yes No

Which social elements impact diagnosis? (check all that apply)

None

Problems with access to healthcare services

Housing problems (not homeless)

Educational problems

Problems related to social environment

Legal System/Crime

Occupational problems

Homelessness

Financial problems

Problems w/primary support group

Unknown

Other psychosocial and environmental problems

Does the participant have any medical diagnoses?

Yes No

Risk Assessment

Suicide attempts/ideation**

Yes No

History of clinical deterioration:**

Yes No

Aggressive behavior/violence:**

Yes No

Please provide specific details, including dates when applicable:

Please list any current or previous mental health and/or addiction treatment such as Outpatient Services, PRP, Case Management, ACT, Inpatient, Methadone etc:

Request Information

Participant is an adult, age 18 or over, who has a serious and persistent mental health disorder:**

Yes No

Participant is at-risk of, or needs continued community treatment to prevent inpatient psychiatric treatment:**

Yes No

Participant requires community treatment and support in order to prevent or address homelessness or housing instability, or otherwise lacking in permanent, safe housing:**

Yes No

Participant requires community treatment and support in order to prevent or address arrest or incarceration due to multiple behavioral health stressors:**

Yes No

Is the participant currently linked to mental health and medical services?*

Yes No

Does the participant lack basic supports for shelter, food and income?*

Yes No

Is the participant transitioning from one level of care to another level of care?*

Yes No

Does the participant need to maintain community-based treatment and services?*

Yes No

What service and/or benefits does the participant need the Targeted Case Management Program to assist with?*

Any additional clinical information not captured above:

Data Capture Required:

Yes