Connecticut BHP
Supporting Health and Recovery

Resi Rehab Template – CT BHP

Member Demographics			
*Member Name: Mickey Mouse	*Member DOB: 12/22/76	*CT Medicaid #: CT000000000	*Requested Start Date: 10/13/2022

Level of Care		
*Level of Service: ☒Inpatient/HLOC ☐Outpatient/Community Based	*Type of Service: ☐Mental Health ☒Substance Abuse	*Select Type of Care: ☐Residential Rehab ☐Residential Rehab 3.1 ☐Residential Rehab 3.3 ☐Residential Rehab 3.5 ☐Residential Rehab 3.5 PPW ☒Residential Rehab 3.7 ☐Residential rehab 3.7 E ☐Residential Withdrawal Management
*Admit Date:10/13/2022	*Has the member already been admitted to the facility: ☒Yes ☐No	

*Calling Provider/Facility: Provider

After care follow up contact information for member		
Primary Care Coordination PCP Contacted Status	☐care plan sent to PCP ☒Facility has yet to make contact ☐Member AMA Discharge prior to PCP contact	☐member has no assigned PCP ☐member refused ☐PCP contacted
Admitting Physician	Name:	Phone Number:
*Preparer: Pearson completing the review	*Phone #: (860)000-0000	
Primary Requester / Referral Source:	X Court/Legal ☐ EAP Provider ☐ Employer ☐ Guardian ☐ Household Member ☐ Member ☐ Parent ☐ PCP ☐ Provider/Facility ☐ School ☐ Social Services ☐ Spouse ☐ Unmarried Partner ☐ Crises/Respite/Shelter/Safehome ☐ PRTF ☐ RTC/GH ☐ Foster Family ☐ DCF/Social Services ☐ CARES ☐ DMHAS ☐ LMHA	
If Member's LMHA involved, select LMHA:	☐ BHcare (Shoreline Offices) ☐ BHcare (Valley Offices) ☐ Bridges Healthcare ☐ Capital Region Mental Health Center (State Operated) ☐ Community Health Resources ☐ Community Mental Health Affiliates, Inc ☐ CT Mental Health Center-CMHC (State Operated) ☐ F.S. Dubois Center (State Operated) ☐ Greater Bridgeport Community Mental Health Center (State Operated) ☐ Intercommunity Health Care ☐ River Valley Services- Middletown (State Operated) ☐ River Valley Services-Old Saybrook (State Operated) ☐ Rushford Center ☐Southeastern Mental Health Authority (State Operated) ☐ United Services ☐ Western CT Mental Health Network-Danbury (State Operated) ☐ Western CT Mental Health Network-Torrington (State Operated) ☐ Western CT Mental Health Network-Waterbury (State Operated)	

*Name of Place/ Facility/ Institution who referred member (be specific): Member was referred by court.	
*If Child, DCF Legal Status:	☐ Committed ☐ CPS In-Home ☐ Delinquency Pending ☐Dual Committed ☐ FWSN ☐ FWSN Pending ☐ Juvenile Justice ☐ N/A ☐ Non Committed ☐ Open Investigation ☐ Order of Temporary Custody ☐ Pending 136 ☐ Probate ☐ Protective Supervision ☐ Termination of Parental Rights ☐ Unknown ☐ Voluntary (age of majority) ☐ Voluntary Services ☐ Voluntary Services Pending
DIAGNOSIS	
*Behavioral Diagnoses (Primary is required)	OPIOID-RELATED DISORDERS/ F11.20; STIMULANT-RELATED DISORDERS F14.20; SEDATIVE-, HYPNOTIC-, OR ANXIOLYTIC-RELATED DISORDERS F13.99; BIPOLAR AND RELATED DISORDERS F31.32 TRAUMA- AND STRESSOR-RELATED DISORDERS F43.10
Other Behavioral Diagnoses (Not Required)	(List Diagnosis Code/ Description/ Diagnostic Category)
Primary Medical Diagnoses (Primary is Required or indicate “None” or “Unknown”)	None
Other Medical Diagnoses(Not Required)	(List Diagnosis Code/ Description/ Diagnostic Category)
*Social Elements Impacting Diagnoses (check all that apply)	☐ None ☐ Educational Problems ☒Financial Problems ☐ Housing Problems (Not Homelessness) ☐ Occupational Problems ☐ Problems with access to Health Care Services ☐ Problems related to interaction with Legal System/Crime ☒Problems with Primary Support Group ☐ Problems related to Social Environment ☐ Unknown ☒ Homelessness ☐Other Psychosocial and Environmental Problems:____
Functional Assessment (Optional)	☐ CDC-HRQOL ☐ CGAS ☐ FAST ☐ OMFAQ ☐ SF12 ☐ SF36 ☐ WHO DAS ☐ OTHER ____________ Assessment Score:__________
Medical Implications	Are there any comorbid medical conditions that impact the treatment of the diagnoses MHSU conditions? ☐Yes ☒No ☐Unknown Is the member receiving appropriate medical care for the comorbid medical conditions? ☐Yes ☐No ☐Unknown

Metabolic Assessment Tool	Current weight: lbs Height: ft. in. Waist circumference in inches: BMI Categories: <18.5 Normal weight=18.524.9 Overweight=25-29.9 obese=BMI of 30 or greater Results of BMI indicate that the individual may be: Recommendation: Results of Metabolic Syndrome Assessment: ☒ BMI not assessed Narrative:

Current Risks

Symptomology	**Narrative:** Patient was admitted to a 3.7WM program at the end of September but left against medical advice before completing treatment; patient readmitted to a different 3.7WM program a few days later, at the beginning of October, but did not complete treatment. Patient has been using intravenous fentanyl and cocaine over the past few months. He presented reporting insomnia, restlessness, and irritability related to withdrawal from opioids. He also reported "cravings" to use substances. Opioid use disorder being treated with buprenorphine/naloxone 12mg/3mg per day. Patient had cellulitis and wounds on his arms associated with sites of IV substance use. He was evaluated by a physician and is requiring wound dressing. Also diagnosed with anemia (hemoglobin and RBCs not listed) and sent to emergency department for evaluation (returned to program and diagnosis with "chronic anemia"). Mental health symptoms included: hopelessness, loss of interest, worthlessness, insomnia, racing thoughts. PHQ-9 score was 20 and GAD-7 score was 18. Patient was evaluated by mental health practitioner and started on escitalopram, clonidine, quetiapine, prazosin, doxepin. Patient is still in the pre-contemplative stage of change and court requirement to participate in substance use disorder treatment is primary driver for admission. Patient has not been able to refrain from using substance outside of an inpatient treatment program, and has "relapsed" on several occasions in recent past. Patient has major psychosocial risk factors and vulnerabilities: recent incarceration, homelessness, unemployment.

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

	0	1	2	3	N/A	
Members Risk to Self	☒	☐	☐	☐		**Check all that Apply:** ☐ Ideation ☐ Intent ☐ Plan ☐ Means ☐ Current Serious Attempts ☐ Prior Serious Attempts ☐ Prior Gestures
Members Risk to Others	☒	☐	☐	☐		**Check all that Apply:** ☐ Ideation ☐ Intent ☐ Plan ☐ Means ☐ Current Serious Attempts ☐ Prior Serious Attempts ☐ Prior Gestures
Substance Use	☐	☐	☐	☒		

	0	1	2	3	N/A
***Legal**	☐	☐	☐	☒	☐

Urine Drug Screen? ☒Yes ☐No	Outcome of UDS ☒Positive ☐Negative ☐Pending Date of Urine drug screen: 10/13/22 COWS: CIWA: Positive for (check all that apply) ☐ Cannabis x Opiates x Cocaine Amphetamines Tricyclic Antidepressants ☐ Phenylpropanolamine x Benzodiazpines Barbiturates Methamphetamine ☐ PCP (Phencyclidine) LSD (lysergic acid diethylamide) Methadone Other ______________

PRIMARY ISSUES/SYMPTOMS ADDRESSED IN TREATMENT

Danger to Self-Symptom Complex (Only needed if SI is present)

PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY; DESCRIBE ANY ATTEMPT, RESCUE, SELF-RESCUE, LETHALITY, MEDICAL TREATMENT RECEIVED):
IDEATION:
PLAN:
INTENT:
MEANS:
BASELINE (INCLUDE ANY SUICIDALITY, PARASUICIDALITY OR SELF-INJURIOUS BEHAVIOR AT BASELINE):
DESCRIBE ANY HISTORY OF ATTEMPTS:
TREATMENT HISTORY:
ICM NEEDS (INCLUDING COMMUNITY, BEACON, CM, DM, ETC):
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

Danger to others (Only needed if HI is present)

PRESENTING PROBLEM (WHO IS THE INTENDED VICTIM? WHY DOES THE MEMBER WANT TO COMMIT HOMICIDE OR HARM?):
IDEATION:
PLAN:
INTENT:
MEANS:
HOW IS THIS REFLECTIVE OF MENTAL ILLNESS VERSUS MALADAPTIVE SOCIAL BEHAVIOR?
IS THERE A DUTY TO WARN?
WILL PROVIDER DO THE DUTY TO WARN? (NOTE, IF PROVIDER WILL NOT DO DUTY TO WARN SPEAK WITH YOUR SUPERVISOR):
BASELINE:
DESCRIBE ANY HISTORY OF VIOLENCE (INCLUDING IF MEMBER HAS EVER ATTEMPTED TO KILL OR INFLICT SERIOUS HARM):
LEGAL INVOLVEMENT (PAST OR PRESENT)?
TREATMENT HISTORY:
ICM NEEDS (INCLUDING COMMUNITY, BEACON, CM, DM, ETC):
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

Psychosis Symptom Complex (Only needed if psychosis is present)
PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF SYMPTOMATOLOGY):
DELUSIONS:
HALLUCINATIONS:
COMMAND HALLUCINATIONS:
THOUGHT DISORDER:
BASELINE:
FIRST EPISODE?
NEUROLOGICAL WORKUP NEEDED?
IS MEMBER MEDICATION COMPLIANT?
HAS PROVIDER EXPLORED PAST MEDICATIONS, COMPLIANCE, EFFECTIVENESS?
IS THERE A NEED FOR DIFFERENT MEDICATION(S)?
DESCRIBE PLAN FOR MEDICATION COMPLIANCE (INCLUDING SUPPORTS TO ASSIST PRN):
TREATMENT HISTORY:
ICM NEEDS (INCLUDING COMMUNITY, BEACON, CM, DM, ETC):
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

Child/adolescent Behavioral Symptom (Only needed if an adolescent)
(Use this for children or adolescents with behavioral issues, not simply because one is under 18 years of age).
PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF BEHAVIORAL ISSUES):
WHEN DO THESE BEHAVIORS TEND TO HAPPEN?
WHEN WAS THE LAST TIME THESE BEHAVIORS OCCURRED?
DO THESE BEHAVIORS OCCUR IN THE SCHOOL?
IS SCHOOL INVOLVED IN CURRENT TREATMENT PLAN? DESCRIBE COORDINATION WITH SCHOOL.
IS MEMBER INVOLVED WITH SPECIAL ED?
DO THESE BEHAVIORS OCCUR IN THE HOME?
HAVE FAMILY SESSIONS OCCURRED AS OFTEN AS NECESSARY?
DO THE BEHAVIORS OCCUR IN THE COMMUNITY?
LEGAL/SOCIAL SERVICE INVOLVEMENT?
BASELINE:
TREATMENT HISTORY:
SPECIFIC TO BEHAVIOR PLAN, WHAT ASSISTANCE WILL FAMILY/GUARDIANS NEED IN ORDER TO MAINTAIN BEHAVIOR PLAN?
ICM NEEDS (INCLUDING COMMUNITY, BEACON, CM, DM, ETC):
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:
Eating disorder
PRESENTING PROBLEM (DESCRIBE ANY BINGING, PURGING, RESTRICTING, OVER-EXERCISING, FOOD RITUALS, ETC):
% IBW:
ORTHOSTATIC BP: STANDING __/__; SITTING __/__
EKG, ELECTROLYTES, OTHER LAB INFO:
CO-MORBID MEDICAL ISSUES:
CO-MORBID PSYCHIATRIC ISSUES:
BASELINE:
TREATMENT HISTORY:
ICM NEEDS (INCLUDING COMMUNITY, BEACON, CM, DM, ETC):
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

Neurocognitive symptom complex

PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY):
MEDICAL WORK UP NEEDED TO RULE OUT CAUSALITY OF SYMPTOMS?
HAS A NEUROLOGICAL WORK UP BEEN COMPLETED?
DOES MEMBER HAVE A UTI?
OTHER LABS COMPLETED:
WHAT IS THE MEMBER'S BASELINE? AND WHEN WAS S/HE LAST AT BASELINE?
IS THE OP MED REGIMEN MONITORED FOR UNDER OR OVER MEDICATING?
TREATMENT HISTORY:
DOES THE FAMILY HAVE REASONABLE EXPECTATIONS ABOUT MEMBER'S ABILITY TO RETURN TO BASELINE (OR INABILITY TO RETURN TO BASELINE)?
IS THE MEMBER FROM A NURSING HOME? IF SO, WILL THE NURSING HOME HOLD THE BED FOR MEMBERâ S RETURN?
IF MEMBER WAS LIVING AT HOME, WILL MEMBER BE ABLE TO RETURN HOME IF RECENT BASELINE IS ACHIEVED?
ICM NEEDS (INCLUDING COMMUNITY, BEACON, CM, DM, ETC):
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

Substance use symptom complex (This information can be added to symptomatology box and this box can then be left blank)

Cocaine date of last use 10/5/22- 200$ worth
Opiates-4 bundles daily IV date of last use 10/12/22
Age of first use of both 16
Longest period of sobriety 3-4 months in 2021

ASAM DIM AS REPORTED BY PROVIDER

DIM 1: severity 2 as evidenced by Patient has been using intravenous fentanyl and cocaine over the past few months. He presented reporting insomnia, restlessness, and irritability related to withdrawal from opioids. He also reported "cravings" to use substances. Opioid use disorder being treated with buprenorphine/naloxone 12mg/3mg per day
DIM 2: severity 2, as evidenced by Patient had cellulitis and wounds on his arms associated with sites of IV substance use. He was evaluated by a physician and is requiring wound dressing. Also diagnosed with anemia (hemoglobin and RBCs not listed) and sent to emergency department for evaluation (returned to program and diagnosis with "chronic anemia")
DIM 3: severity 2, as evidenced by Mental health symptoms included: hopelessness, loss of interest, worthlessness, insomnia, racing thoughts. PHQ-9 score was 20 and GAD-7 score was 18. Patient was evaluated by mental health practitioner and started on escitalopram, clonidine, quetiapine, prazosin, doxepin
DIM 4: severity 3, as evidenced by Patient is still in the pre-contemplative stage of change and court requirement to participate in substance use disorder treatment is primary driver for admission.
DIM 5: severity of 4, as evidenced by Patient has not been able to refrain from using substance outside of an inpatient treatment program, and has "relapsed" on several occasions in recent past.
DIM 6: severity of 4, as evidenced by Patient has major psychosocial risk factors and vulnerabilities: recent incarceration, homelessness, unemployment.

Mood disorder (Only needed if there is a mood disorder present)

PRESENTING PROBLEM (BEHAVIORAL DESCRIPTION OF ACUITY):
BASELINE:
TREATMENT HISTORY:
IF THERE ARE ANY PSYCHOTIC SYMPTOMS, HOW ARE THEY BEING ADDRESSED?
IF AN ANTIPSYCHOTIC IS BEING USED (FOR PSYCHOSIS OR AS A MOOD STABILIZER), HAS METABOLIC TESTING BEEN DONE?
IS THERE A SEASONAL COMPONENT?
IS THIS POSTPARTUM ONSET?
ICM NEEDS (INCLUDING COMMUNITY, BEACON, CM, DM, ETC):
OTHER INFORMATION PERTINENT TO MEMBER'S HISTORY AND CURRENT TREATMENT REQUEST:

Best practices Endorsement	
I endorse that I follow Best Practice Guidelines for the Primary Behavioral Diagnosis. ☒yes ☐no	

Additional Information on Selected Conditions			
***Care Planning Team Includes:**	X AO / Parole Staff ☐Family / Guardian ☐ Outpatient Provider ☐ School ☐LMHA (if managed)	☐DCF ☐Member ☐Peer / FPS ☐Other	☐☐DDS Case Manager ☐Milieu Staff ☐CMP ☐Psychiatrist / Nursing

ASAM / Other Patient Placement Criteria		
Dimension 1 Intoxication/Withdrawal Potential ☐ Low ☒Medium ☐ High	**Dimension 2** Biomedical Conditions ☐ Low ☒Medium ☐ High	**Dimension 3** Emot/Beh/Cogn Conditions ☐ Low ☒Medium ☐ High
Dimension 4 Readiness to Change ☐ Low ☒Medium ☐ High	**Dimension 5** Relapse Potential ☐ Low ☐ Medium ☒High	**Dimension 6** Recovery Environment ☐ Low ☐ Medium ☒High

Recovery and Resiliency

Narrative: Member is unemployed, cannot return home and has legal issues. Provider is collaborating with probation officer. The plan is for member to attend IOP with housing post discharge, phone intake scheduled for 10/18/22.

Medications	cloNIDine HCL (CATAPRES) 0.2 mg tablet Take 1 Tablet by mouth 3 times daily doxepin (SINEQUAN) 25 mg capsule Take 1 Capsule by mouth nightly at bedtime escitalopram (LEXAPRO) 20 mg tablet Take 1 Tablet by mouth every morning ferrous sulfate 325 mg (65 mg iron) tablet Take 1 Tablet by mouth once daily with breakfast nicotine, polacrilex, (NICORETTE) 4 mg gum Take 1 Each by mouth as needed for smoking cessation prazosin (MINIPRESS) 1 mg capsule 3 Capsules by mouth nightly at bedtime as needed (nightmares) QUEtiapine (SEROQUEL) 100 mg tablet/ 2 Tablets by mouth nightly at bedtime for 30 days nicotine (NICODERM CQ) 21 mg/24 hr patch Place 1 Patch onto the skin once daily (every 24 hours) buprenorphine-naloxone (SUBOXONE) 12-3 mg SL film Place 1 Strip under the tongue once daily for 6 days
***Is there a child or adult in member's household in need of support or services?**	☐yes ☒no **If Yes, select primary support/services needed:** ☐ Behavioral Health Related ☐ Transportation Related ☐ Medical Related ☐ Housing Related ☐ Social Services Related
Also if yes, describe support/services recommended:	

***Is service requested for HLOC because appropriate LLOC not available?**	☐yes ☒no

If yes, what LLOC was needed and not available for member?

☐ Crisis Stabil ☐ OBS Bed ☐ IICAPS ☐ MST ☐ MDFT
☐ FFT ☐ FST ☐ Therapeutic Mentoring ☐ PHP ☐ IOP
☐ EDT ☐ Home Visit ☐ Home Health ☐ Psych Testing
☐ Meth Maintained ☐ EPSDT ☐ Outpatient ☐ RTC ☐ GH
☐ SA Rehab ☐ PRTF ☐ Other ______________________

If Yes, Reason why appropriate LLOC not available? Check All that Apply:

☐ Does not exist in geographic area
☐ At capacity / no openings
☐ Does not provide specialty needed
☐ Member Declined
☐ Hours Not Available
☐ Determine Not Crises
☐ Family Decline
Other: __________

Discharge Information	
Planned Discharge Level of Care	☐ Community Support Team ☐ Outpatient ☐ Targeted Case Mgt ☐ Inpatient ☐ RTC ☐ GH ☐ Halfway House ☐ Day Services ☒IOP / SOP ☐ Alternative ☐ Community Support ☐ Day Treatment ☐ Foster Care ☐ In-Home & Family Services ☐ Placement Services ☐ PRTF ☐ Residential Child Care ☐ Respite ☐ Specialty Children's Program ☐ Subacute ☐ Other ☐ Assertive Community Treatment ☐ Facility Based Crisis ☐ Intensive In-Home ☐ MST ☐ NCMC Only Ambulatory Detox ☐ NCMC Only Medically SPVSD/ADATC ☐ NCMC Only Non-Hospital Med Detox ☐NCMC Only SA Med Monitored Resi NCMC Only SA Non Med Resi Over 21 ☐ Opioid Treatment ☐ Psychosocial Rehab ☐ SACOT
Planned Discharge Residence	☐ AWOL ☐ CCP/High Meadow ☐ Correctional Facility ☐ Foster Home ☐ Home ☐ Independent Living ☐ Juvenile Detention ☐ Nursing Home/SNF/Assistant Living ☐ RTC/Group Home ☐ State Hospital ☐ Therapeutic Foster Care ☐ Transfer to Alt. Psych or Rehab Facility ☐ Transfer to Medical ☐ Unknown Other: IOP with housing
Expected Discharge Date	10/25/22