

**TARGETED CASE MANAGEMENT
INITIAL REVIEW**

Client Demographic Information:

Enrollee Name: _____
Enrollee Medicaid #: _____
Date of Birth: _____
Current Provider and
Level of Care: _____
Address/Phone #: _____

1. Call Demographics:

Date called to Magellan: _____
Name of Coordinator: _____
Response/review appt
date and time: _____
Follow up issues: _____

2. Requested Level/Service:

Provider Name: _____
Address/Zip: _____
Contact Person: _____
Phone #Email: _____
Fax #: _____
Requested Begin Date: _____

3. Reason for requested service (referral source, why now)?

**TARGETED CASE MANAGEMENT
INITIAL REVIEW**

4. Clinical Diagnosis (all five axes):

| | CODE | DESCRIPTION |
|-------------|-----------------------------------|--------------------|
| I. | | |
| | | |
| II. | | |
| III. | | |
| | | |
| IV. | Current Psychosocial Stressor(s): | |
| V. | GAF (Current): | GAF (Past Year): |

5. Risk Assessment (e.g. suicidal, homicidal, plan):

6. Medical/Medications (physical and behavioral): [include dosage & frequency]

7. Psychosocial Summary (abuse/neglect, cultural, legal, substance abuse):

8. School (grade, special ed, absenteeism, suspension/expulsion):

9. Location where problem behaviors occur:

**TARGETED CASE MANAGEMENT
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10. Previous treatment:

| | |
|--|--|
| Type of Service/Support: | |
| Date: | |
| Outcome: | |
| Type of Service/Support: | |
| Date: | |
| Outcome: | |
| Type of Service/Support: | |
| Date: | |
| Outcome: | |
| At Risk for Higher Level Care? | |
| Why? | |
| If no prior treatment, what has been considered? | |

11. Current providers and supports:

| | |
|--------------------------|--|
| Type of Service/Support: | |
| Date Began: | |
| Type of Service/Support: | |
| Date Began: | |
| Type of Service/Support: | |
| Date Began: | |
| Type of Service/Support: | |
| Date Began: | |

12. Strengths:

13. Goals (behavior-based):

**TARGETED CASE MANAGEMENT
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14. Barriers:

15. Discharge plan:

16. Anticipated length of treatment:

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CONCURRENT REVIEW**

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Contact Person _____
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Fax #: _____
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3. Clinical Diagnosis (all five axes):

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| I. | | |
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| II. | | |
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| | | |
| IV. | Current Psychosocial Stressor(s): | |
| V. | GAF (Current): | GAF (Past Year): |

**TARGETED CASE MANAGEMENT
CONCURRENT REVIEW**

4. Risk Assessment (e.g. suicidal, homicidal, plan):

5. Changes in medical/medications (physical and behavioral): [include dosage & frequency]

6. Changes in psychosocial situation (abuse/neglect, cultural, legal, substance abuse):

7. Changes in school (grade, special ed, absenteeism, suspension/expulsion):

8. Changes in current providers and supports (type of service/support, date began):

9. Strengths:

10. Progress toward goals (behavior-based):

**TARGETED CASE MANAGEMENT
CONCURRENT REVIEW**

11. Barriers:

12. Discharge plan:

13. Anticipated discharge date:
