



OH Mental Health and Addiction Services
CPST Prior Authorization

<i>Referral Information</i>			
Date Sent to Permedion:	2/24/16		
Agency Name:	St. Peter Center		
Agency NPI Number (10 digits):	1448484760		
Clinical Contact Person: (manager recommended)	Jill Sams MSW, LISW-S	Title:	Director of Clinical Services,
Email address:	jsams@stpeter.org		
Phone:	740-334-9854	Fax:	740-334-9855
Address - City, St, Zip:	5 Bart Rd., Suite 40, Langley, Ohio 44432		
Billing Contact Person:	Gloria Rick	Title:	
Email address:	grick@stpeter.org		
Phone:	740-334-9854	Fax:	740-334-9855
<input checked="" type="checkbox"/>	Address same as Clinical Contact person		
Address - City, St, Zip:			

<i>Recipient Information</i>			
Recipient Last Name:	Sanders	First Name:	Justine
		Suffix:	
Social Security #:	333-22-3333	Medicaid ID#:	125434566545
Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Race:	Caucasian
		DOB:	8/2/62
		Age:	53
Marital Status:	<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Other: (explain)	
Living Arrangements:	<input type="checkbox"/> Alone	<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Group Home/Half-Way House
	<input type="checkbox"/> Homeless/Shelter	<input type="checkbox"/> Non-Relatives	<input type="checkbox"/> Foster Home
	<input checked="" type="checkbox"/> Relatives	<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Assisted/Supervised
	<input type="checkbox"/> Parents/Guardian	<input type="checkbox"/> Spouse/Significant Other	<input type="checkbox"/> Other: (explain)
Address - City, St, Zip:	15 Martins Ave., Langley, Ohio 44432		
Telephone:	740-555-5555		

<i>Responsible Party Information</i>			
Responsible Party (Last Name, First Name):	Self		
Telephone:	NA		
Relationship:	<input type="checkbox"/> Parent(s) <input type="checkbox"/> Court <input type="checkbox"/> Gov. Agency <input type="checkbox"/> Guardian		
<input checked="" type="checkbox"/>	Address same as recipient		
Address - City, St, Zip:	NA		

<i>Diagnoses</i>			
Provide all Diagnoses	Diagnosis	DSM5	OR ICD-10
	(Complete per DSM5 procedure)		

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Self-Harm/Harm to Others

Suicide attempts during the last year: Number:

Methods used:

Typical frequency of suicidal thoughts that do not result in plan or attempt:

Typical frequency of non-suicidal self-injurious behavior:

Methods used and level of injury:

Have self-injurious behaviors decreased as a result of CPST? Yes No

Provide specific, individualized examples of CPST interventions related to decreasing self-injury:

Provide specific, individualized examples of client's improved ability to manage self-injurious thoughts/behaviors:

Describe all aggressive behaviors:

Verbal aggression:

Sexual aggression:

Physical aggression:

Homicidal Ideations: Yes No

Homicidal Behavior: Yes No

Domestic violence Physically injures others Legal charges resulting from aggression

Has aggression decreased as a result of CPST? Yes No

Provide specific, individualized examples of CPST interventions related to decreasing aggression:

Provide specific, individualized examples of client's improved ability to manage aggressive thoughts/behaviors:

Psychiatric Hospitalizations

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Have psychiatric hospitalizations decreased as a result of CPST? Yes No NA- Skip this section

Explain: Ct had historically been hospitalized 2-3 times a year and was inconsistent re: using CPST services. Moving in with her sister has afforded improved opportunity for the CPST worker to better engage the ct. Initially the worker engagement was more intensive in order to improve stabilization. The stabilization has resulted in ct cooperation with additional mh services (i.e. therapy, psychiatry).

Number of hospitalizations during the last year: 1

Medication Compliance

List all medication names (dosages and frequency not required) (medication names)

Is client medication compliant? Yes No

<input type="checkbox"/> Refuses	<input type="checkbox"/> Gets confused	<input type="checkbox"/> Sells
<input type="checkbox"/> Misplaces	<input type="checkbox"/> Forgets	<input type="checkbox"/> Runs out of
<input type="checkbox"/> Misuses	<input type="checkbox"/> Gives away	<input type="checkbox"/> Unable to afford
<input type="checkbox"/> Medications are stolen	<input type="checkbox"/> Misses doctor appointments meant to provider prescriptions	

Symptoms

Describe all behavioral symptoms: Ct slams doors, destroys property and throws things.

Describe all mood symptoms: Irritability, low self-esteem, poor eating habits

Does client recognize symptoms as they occur? Yes No Sometimes

Does client actively address symptoms as they occur? Yes No Sometimes

Has symptom management improved as a result of CPST? Yes No

Provide **specific and current** examples of how client symptoms impact quality of life (i.e., social, academic, work, legal, leisure, relationships, housing, healthcare, financial, ADLs):

Ct is unable to hold volunteer jobs and has significant difficulties making relationships. Much of her family will not have contact with her. She was banned from her church due to angry/ aggressive behavior and had to change physicians due to inappropriate behavior in their offices. She lives with her sister because she does not pay her bills and loses housing. Ct quickly spends her money unless her sister intervenes. Her child was placed in foster care in 2011 due to neglect and inability to provide, and she is permitted supervised visits at DJFS only. Ct ignores her physical health and as a result will become very ill before seeking medical attention. Ct hoards belongings which causes stress within her sister's home and repeatedly results in lost housing.

Substance Abuse Treatment

Client abuses: Drugs: Yes No

Alcohol: Yes No

Is client in Substance Abuse Treatment? Yes No N/A – Skip Section

Explain:

Ct reports using marijuana 1-2 times weekly with a friend. She does not see this as a problem and refuses AOD assessment. Her usage is monitored by CPST worker and her therapists. It is also always addressed with treatment plan reviews. There is an AOD component to CPST group.

Does substance abuse negatively impact treatment compliance? Yes No

If Yes, describe how:

NA

Treatment Goals

PROVIDE SPECIFIC EXAMPLES, RATHER THAN GENERAL INFORMATION, RELATED TO CLIENT INTERVENTIONS, PROGRESS AND LACK OF PROGRESS. IF THE CLIENT IS A CHILD, INCLUDE EXAMPLES OF PARENT AND GUARDIAN INTERVENTIONS.

Goal #1: Improve social skills.

CPST Interventions: Use videos to teach ct to how good verses poor social skills. Introduce ct to peers/activities at Hope House. Review with ct the positive peer responses that occur when treating them with respect and her behavior is socially appropriate. Teach ct how to properly greet others in social settings. Encourage ct

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	to identify good things in people rather than the negative that discourage social skill efforts. Demonstrate to ct proper boundaries related to physical space and redirect her when too physically close to others. Help ct identify appropriate dating behavior.
Progress:	Ct social skills are slowly improving. She is becoming somewhat more polite and helpful toward others. She sometimes initiates conversation and is noticeably making effort to show interest in others. She is less often getting into personal space. Ct is beginning to show increased respect for a select few individuals. Verbal aggression is decreasing.
Lack of Progress:	Ct efforts at good social skills are inconsistent. She continues to regularly offend and reject others through inappropriate behavior. Client picks and chooses who she will respect, rather than viewing all individuals as worthy of respect. Although she is making some relationships, they are largely superficial in nature. Sometimes ct's positive social skill efforts are for the negative reasons of getting something she wants or out of something unpleasant.
Goal #2:	Develop and utilize a safety plan.
CPST Interventions:	Assist ct with creating a safety plan that includes supports, feelings/behaviors/triggers associated with crisis, as well as strategies for managing. Orient ct to professional supports and how to access them (i.e. phone, walk-in). Teach ct how to distinguish crisis from non-crisis. Clarify with ct as to under what circumstances the ER should be used and how to improve interactions with ER staff in order to better meet her needs when in crisis. Furnish ct with a Support worksheet and guide her efforts to identify supportive others, their contact information and how each support can specifically help her. Refer ct to her plan and support her usage efforts when presenting in crisis.
Progress:	Ct better identifies when it is appropriate to use the ER and as a result ER visits have been cut in half. She is utilizing Hope House and her sister for support. With CPST support she well utilized her crisis plan in 1/14 and 3/14, thus avoiding hospitalization. Ct increasingly seeks the assistance of CPST workers and group when needing emotional support. She sometimes successfully uses her plan in the initial stages of crisis rather than waiting until crisis is substantial. She engages in the coping strategies listed on her plan.
Lack of Progress:	Ct most often rejects male professionals, thus limiting her support options. When extreme anger accompanies crisis ct will refuse to use her crisis plan. On occasion Ct uses only pieces and parts of her plan, when she would benefit from engaging in it completely. Rather than being accountable for meeting her own safety needs, ct still predominately wants others to fix things for her.
Goal #3:	Improve money management
CPST Interventions:	Accompany ct to bank and teach banking tasks. Support good banking/spending decisions by utilizing a budget worksheet. Reinforce extra money in her account and being able to afford essentials when she budgets. Use a faux checkbook to demonstrate check writing/balancing and teach how to use the bank machine. Strategize with ct how to organize bills in her desk and ensure they get paid. Accompany ct to pay her gas and electric bills- orienting her to the processes and how to relate to employees at each location. Develop a plan with the ct on where to keep her cash on hand in order to prevent it from being lost.
Progress:	Ct shows increased skill in writing checks and banking. She is more at ease with paying her bills at their specific locations. She verbalizes feeling more in control of her life and "grown-up" when she well manages her money. Ct is putting her bills in the designated location so that they do not get lost. She willingly pays her bills with CPST and sister supporting her efforts. Because she is better managing her money she is less often going without necessities.
Lack of Progress:	Ct is not yet independent regarding banking tasks and still mishandles her daily spending money. She becomes angry and depressed when she has no money to spend. When motivated to spend money outside of budget, she resists CPST support and teaching efforts. Ct still regularly goes to her sister for spending money. She sometimes asks strangers for money, and will try to sell belongings she needs or cares about in order to get money.
Goal #4:	
CPST Interventions:	
Progress:	
Lack of Progress:	

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Goal #5:	
CPST Interventions:	
Progress:	
Lack of Progress:	
Service Linkage	
Describe mental health services, in addition to CPST, that are received by the client- both within and outside your own agency.	
Agency/Service	Purpose
Woodland Centers	therapy
Woodland Centers	psychiatry
Woodland Centers	art therapy
Delivery of Service	
Is Health Home engaged with this client?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
CPST compliance history:	Poor <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Good <input type="checkbox"/>
Describe compliancy concerns:	NA
What is the current number of weekly CPST hours the client is using?	
Individual hours with CPST worker:	2 Group CPST Hours: 3
Medical Necessity	
IN ACCORDANCE WITH OAC5160-1-01 THAT DEFINES MEDICAL NECESSITY, PLEASE ANSWER THE FOLLOWING QUESTIONS IN DETAIL:	
Provide any additional client information that is not previously covered, but supports medical necessity of CPST.	
CPST worker links ct to numerous community resources- teaching under what circumstances to acquire services and how to maintain benefits. CPST accompanies ct to professional appointments, develops lists of questions with her in preparation, demonstrates appropriate interactions with professionals and orients her to paperwork. Pre-CPST ct had history of medication non-compliance and believed her psychiatrist was trying to control her mind. CPST worker emphasizes medication compliance, challenges illogic related to non-compliance and reviews with her evidence that the doctor can be trusted. Worker role plays with ct how to talk calmly with the doctor and use self-soothing techniques to decrease anxiety prior to appointments. As a result, except for a few brief periods, ct has been medication compliant for the last 8 months and the relationship with her psychiatrist is improved. Ct continues to struggle with recognizing symptoms, so worker monitors these as well and regularly educates regarding them. CPST worker educates ct's sister in how to support ct's safety plan and reinforces with her the use of calm/assertive communication vs. arguing back with her.	
Describe how CPST is clinically appropriate to the client illness in terms of services and interventions:	
Ct continues to engage in a number of socially inappropriate and aggressive behaviors. Although improved in this area, they continue at unsafe levels and put ct at high risk for legal concerns. Continued CPST interventions are essential to achieve meaningful progress. Emotional regulation continues to be problematic and continued skill development will support decrease in the incidence of both self-injury and physically harming others. As a result of CPST ct symptom management is improving, but continues to require ongoing CPST monitoring and intervention. Improved skills as a result of CPST interventions are integral for ct to continue living successfully with her sister. As a result of skills being learned through CPST ct is enjoying improved acceptance by peers. However, this success typically occurs only in protective environments and/or is reliant upon the support of others. She continues to require CPST education in order to become more socially independent. Ct continues to rely upon her sister and CPST staff to monitor symptoms as her recognition/motivation to address them remain problematic. Ct is better utilizing her crisis management plan, but does not do so independently. She remains at high risk for psychiatric hospitalizations and increased self-injury. Ct is not yet independent in any of the CPST skill development areas, but is well responding to CPST interventions. Although she currently requires almost daily CPST, crisis needs are decreasing as a result of CPST.	
Describe any plan to transfer client to either a lower level, more cost effective service OR a higher level of service:	
NA	
Explain any expected decrease in future CPST usage:	
Due to ct stabilization, a plan to decrease the number of CPST hours the ct attends groups will begin in June.	

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Explain any expected increase in future CPST usage:

Ct's sister is going on vacation in May and so CPST will increase for a 2 week time period. Historically when the sister is away, ct behavior and mood management decreases and she requires additional support.

Units Requested

Total CPST hours and units that have been used:	120	Hours X 4 units per hour =	480	Total Units
Total hours and units being requested:	52	Hours X 4 units per hour =	208	Total Units
How many of these hours are retroactive:	16	Hours X 4 units per hour =	64	Total Units
What is the date on which the initial 104 hours /416 units were completely used or are expected to be used?				4/16/14

Please list all individuals who participated in the completion of this form.

NOTE: THIS IS A CLINICAL DOCUMENTATION FORM THUS REQUIRING CLINICAL STAFF PARTICIPATION.

Name: Jill Sams, MSW, LISW-S	Title: Director of Clinical Services
Name: Kerry Jordon, BA, CDCA, QMHS	Title Case Manager
Name:	Title:
Date:	

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