Behavioral Health CareConnection®

Tier I (Core) Data Collection Form

MEMBER DEMOGRAPHIC	INFORMATION	
Member Name:	Member ID:	
Request Created By:		
Clinician Name:	Clinician Phone Number:	
REQUEST INFORMATION		
Is this a Retrospective Auth	Request? Yes No	
MEMBER INFORMATION		
Member ID:	Medicaid Number:	
CareConnection®		
Completion Date:	Upd	v Admission Discharge ate Readmission of A Discharged Case nge in Level of Care Crisis
Member's First Name:	Middle Last Na	ame:
Member's Mailing Address:		State:Zip Code:
Date of Birth: / /	/ Social Security Number:	
Member's County of Residence:		gle Divorced Unknown/Not Available rried Widow/Widower varated Never Married
Member Referral Source:	Alcohol Inpatient/Residential Program Indi Behavioral Health Info Community Residential Organization Inpa Court or Correction Agency Mel Developmental Disabilities Program Mul Drug Court Nur Drug Court Nur Employer/Employee Assistance Program Oth Family or Friend Oth	meless/Abuse Shelter Other Referral Source vidual / Self Outpatient Alcohol Program urmation and Referral Agency Outpatient Drug Program utient Residential Organization Outpatient Psychiatric Agency ntal Hygiene Partial Day Organization t-Disciplinary Team (MDT) Police ti-Disciplinary Team (MDT) Private Psychiatrist sing Home / Extended Care School System or Education Agency er Inpatient/Residential Program State or County Psychiatric Program er Physician State or County Psychiatric Program wV DHHR WV DHHR
Male Female Member Participation Status: Voluntary Voluntary Involuntary Emergent Court Ordered Observation		
Financial and Household Information (for BHHF Eligibility Only)		
Gross Monthly Income: Household Dependents:		
CLINICAL INFORMATION: EVALUATION AND ASSESSMENT		
Disability Group Diagnoses: Diagnos	1=Mental Health 2=Substance Abuse 3=Intellectual Disability/Developmental Disability 4=Mental Health & Substance Abuse is One	5= Mental Health & ID/DD 6=Substance Abuse & ID/DD 7= Mental Health, Sub Abuse & ID/DD 8=Early Childhood/Intervention 9=Public Inebriate 0 Diagnosis Three
		-
Diagnosis Four Diagnosis Five Diagnosis Five TREATMENT PLAN SUMMARY		
Indicate the primary prob TX Plan Summary:	Assessment/Evaluation Only Psy Co-Occurring MH and Sub. Abuse Problems Psy Interpersonal relations Sex Maintaining ADL Set	atment plan rsical Health chiatric Symptoms chological Distress rualized behaviors -injurious or suicidal behaviors estance abuse behaviors
TREATMENT PLAN STATUS		
Indicate the current treat		
Treatment Plan Type:	Initial Plan Treatment Plan Status:	Recent admission, initial plan Current plan maintained with no progress Current plan modified with changes in intensity of service. Current plan modified with changes in service array. Current plan modified with changes in both services and intensity Current plan modified with changes in both services and intensity Current plan modified with changes in both services and intensity
CASE DISCUSSION		