

NOT TO BE USED FOR APS HEALTHCARE OUTPATIENT REQUESTS

State of Oklahoma Integrated BH Treatment Plan

___ Low Complexity ___ Moderate Complexity

I. MEMBER NAME: _____
First MI Last Designation (Sr., Jr., III, etc.)
Medicaid/Member ID #: _____

II. ADMIT DATE TO CURRENT FACILITY: _____

III. DSM DIAGNOSES:
Axis I (code and title): _____

Axis II (code and title): _____

Axis III: _____

Axis IV: Problems related to: ___ Primary support group ___ Social environment
___ Education ___ Housing ___ Economic ___ Occupation ___ Access to health care
services ___ Interaction with legal system/crime ___ Other _____
SEVERITY LEVEL: NA/None MILD MODERATE SEVERE
Axis V: Current GAF: _____ Highest Level in the Past Year: _____

IV. CAR DOMAIN SCORES:

	Past	Current
Feeling Mood/Affect	_____	_____
Thinking Mental Processes	_____	_____
Substance Abuse	_____	_____
Medical/Physical	_____	_____
Family	_____	_____
Interpersonal	_____	_____
Role Performance	_____	_____
Socio-Legal	_____	_____
Self Care/Basic Needs	_____	_____

COMMUNICATION (ICF/MR level of care) ___ ESL ___ Hearing impaired ___ Non-verbal
___ Uses interpreter ___ Signs ___ Uses mechanical device ___ Speech impaired ___ Fluency

ASI SCORES (18 and over):
Scoring system below:
0 - 1 No problem, treatment not necessary
2 - 3 Slight problem, treatment probably not necessary
4 - 5 Moderate problem, treatment probably necessary
6 - 7 Considerable problem, treatment necessary
8 - 9 Extreme problem, treatment absolutely necessary
____ Medical ____ Employment/Support
____ Drug Use ____ Legal Status ____ Family/Social Relations ____ Psychiatric Status

Stages of Change:
 Precontemplation
 Contemplation
 Preparation
 Action
 Maintenance
____ Alcohol Use

Member Last, First Name _____ ID# _____ Date _____

T-ASI Scores (under 18, scoring 0-4):

____ Chemical ____ School ____ Employment/Support
____ Family ____ Peer/Social ____ Legal ____ Psychiatric

V. GOALS AND OBJECTIVES

NEEDS 1: _____

GOAL 1: _____

OBJECTIVES/ACTION STEPS: (specific & measurable) **TARGET DATE**

1a: _____

1b: _____

1c: _____

1d: _____

NEEDS 2: _____

GOAL 2: _____

OBJECTIVES/ACTION STEPS: (specific & measurable) **TARGET DATE**

2a: _____

2b: _____

2c: _____

2d: _____

Progress on or Barriers to Current/Previous Goal(S) & Objectives/Clinical Interpretive Summary:

Member Last, First Name _____ ID# _____ Date _____

Type of Service	Treatment Methodology	Frequency Pr Wk/Mth/Yr	LeadStaff/Credentials (print)
Ind Psy	_____	_____	_____
Int Psy	_____	_____	_____
Grp Psy	_____	_____	_____
Fam Psy	_____	_____	_____
P/S Reh-G	_____	_____	_____
P/S Reh-I	_____	_____	_____
A/D Skill/Dev -G	_____	_____	_____
A/D Skill/Dev-I	_____	_____	_____
Psy Test	_____	_____	_____
Med T/ S	_____	_____	_____
C/M	_____	_____	_____
Pharm Mgmt	_____	_____	_____
BH Aide (Systems of Care only)	_____	_____	_____

DISCHARGE PLAN:

a. CRITERIA (member-specific behaviors):

b. ESTIMATED DATE OF DISCHARGE (M/Y) from program and/or agency:

c. AFTERCARE PLAN:

COLLABORATION WITH SCHOOL SYSTEM (school age children only): _____

I/We (member/guardian) have actively participated in the development of this service plan and understand the treatment goals and objectives listed. I have the following comments/response: _____

Member Signature, 14 or older _____ Date _____ Parent/Guardian Signature _____ Date _____
(If unable to sign, document reason: _____)

Responsible LBHP Signature, Degree/License/Under Supervision _____ Date _____

Member Last, First Name _____ ID# _____ Date _____

ADDENDUM:

COMMUNITY INTEGRATION: _____

CAREGIVER RESOURCES (for members under the age of 21):

MEMBER'S STRENGTHS/ABILITIES (in member's own words):

MEMBER'S LIABILITIES/NEEDS (in member's own words):

THEORETICAL APPROACH BEING UTILIZED WITH INDIVIDUAL PSYCHOTHERAPY:

REFERRALS TO OTHER COMMUNITY SERVICES:

SAMPLE