maximus

PRTF Referral PRTF Utilization Review

U21

PRTF Referral Screen









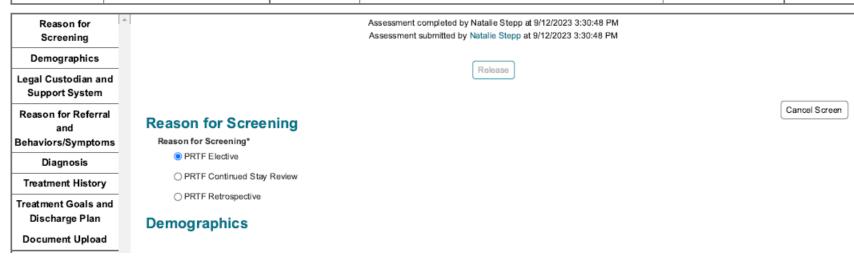


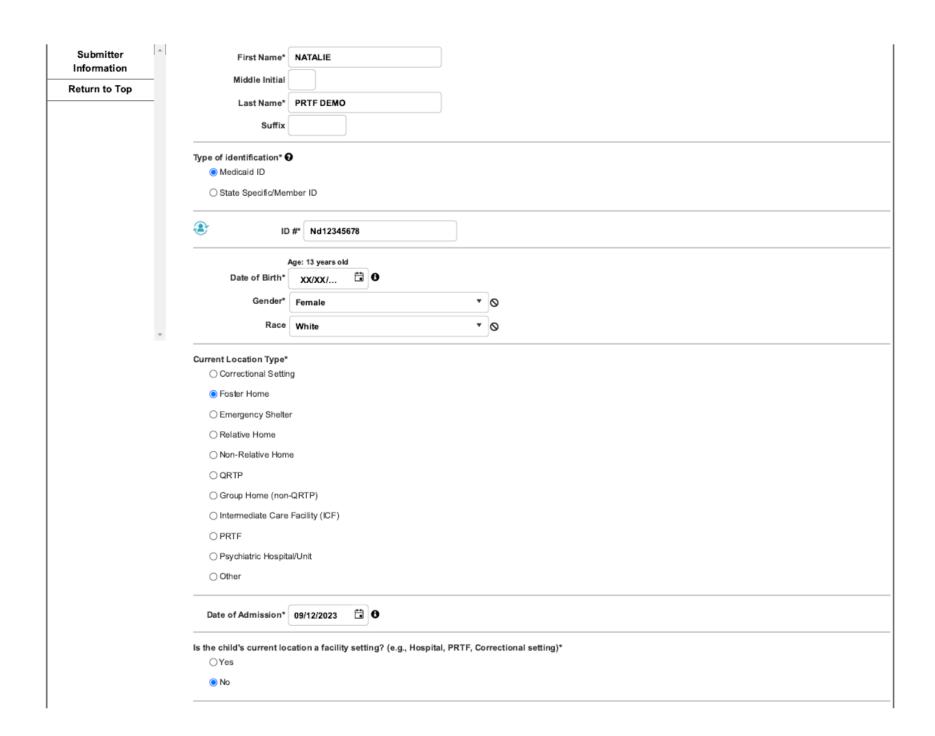
Review



Outcome: Completed

F	First Name	Prtf Demo	Last Name	Prtf Demo	Medicaid ID	XXXXXXXXX1111	Individual ID	1945678
	Contract	North Dakota Under 21	Address	,		Assessment ID	2951997	





Living Arrangements Prior Alone	to Admission*
O Correctional Setting (or Detention)
Foster Home	
O Relative Home	
O Non-Relative Home	
○ PRTF	
○ QRTP	
○ Group Home (non-QF	(TP)
O Intermediate Care Fa	cility (ICF)
○ Other	
Is the child currently being Yes (check all that ap	referred to any other services or treatment location types other than PRTF?* ply)
☐ Therapeutic Fo	ster Care
✓ QRTP	
Other	
○ No	
Ounknown	
Legal Custodian	and Support System
Legal Custodian	
Name* P	RTF Demo
Legal Custodian Relations	hip*
O Parents	
O Court	
○ Government Agency	
Other	
Speci	fy* Foster Parents
	y Tosel Tulvino
Legal Custodian Address	
Address Line One*	1111 TEST
Address Line Two	

City*	TEST				
State*	ND ▼ ◎				
Coun	ty* Adams	▼ ◎			
Zipcode*	11111				
Phone		ext.			
Email Address					
Agency					
□ N/A (check if there is Key Support System* Name	no identified key support system	n) tionship	Involvement	Delete	
Natalie Test	Foster Parent		Consistent with Limited Engagement		
Example: Child previo support. She will act a shelter due to ongoing children in the home, herself and the other of	•	er, Mary Jones, (last child is approved f rdian's home (e.g. C er); Grandmother is	10 years) who is the primary or PRTF. Child was placed at a child has struck the other sworried about the safety of		

Reason for Referral and Behaviors/Symptoms

Why is treatment at a PRTF being sought now? Provide a timeline including details of pertinent events that led to the referral, including current behaviors or safety risks that require treatment.

(If this referral is for an emergency placement, please indicate here.)

Details outside of 1 year not required; focused on WHY PRTF is required NOW.

If a child has been placed on a PRTF waitlist, please note behavioral and emotional need descriptions are required during that period of time.

Example: Child was placed in a shelter on 10/20/2022 due to being a risk to herself and the other children in grandmother's home (e.g., hitting other children and grandmother frequently with the last incident being on 10/19/22). Child also began experiencing suicidal ideation with a plan and intent, disclosed to current therapist on 11/15/2022. She was then detained for use of marijuana and methamphetamine on 11/20/2022 with pending legal charges.

Describe why a less restrictive treatment setting is considered insufficient to meet the child's needs. For Continued Stay reviews, describe why discharging to a less restrictive treatment setting would not be sufficient to meet the child's needs.*

What was tried in the community and not effective.

Example: The following treatment services have been provided and didn't provide adequate treatment or support for the child given continued behaviors (e.g., physical aggression, running away, suicidal ideation, illegal substance abuse): in-home family therapy, individual therapy, medication management, psychological evaluation, partial hospitalization, inpatient hospitalization, juvenile probation including detention, informal placement with relatives, IEP, shelter placement

Be

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Behaviora	II, Emotional, and Substance Abuse Needs	
	all of the following behavioral and/or emotional needs experienced by the child recently or in the past. Fo Current Symptom include a clear description of how this symptom has presented for the child during the c	
🟖 🗆 The	ere are no known behavioral, emotional, and substance use needs	
🚇 🗹 Hal	lucinations, delusions, or disorganized thinking or behavior	
	☐ Past Symptom	
	☐ Current Symptom	
	② Chronic Symptom	
æ	Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including	g the frequency and severity.*
	By selecting Past Symptom, Current Symptom or Chronic Symptom, Maximus is able to distinguish between historical Risk Behaviors no longer present, current Risk Behaviors with a recent onset, and Risk Behaviors fairly typical for an individual.	
	Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.	
	Example: Actively experiences auditory hallucinations; reports hearing them daily; onset approx. 6 months ago.	
☐ Problem	ns with impulse control or impulsive behaviors	
🚇 🗹 Dep	pression	
	☐ Past Symptom	
	☐ Chronic Symptom	
æ	Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including	g the frequency and severity.*

By selecting Past Symptom, Current Symptom or Chronic Symptom, Maximus is able to distinguish between historical Risk Behaviors no longer present, current Risk Behaviors with a recent onset, and Risk Behaviors fairly typical for an individual.	
Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.	
Example: Experiences symptoms such as withdrawn, isolating, somber behavior; avoidant of family and peers. Expresses suicidal ideation at least 1x per month; safety plan required. Onset at age 10.	
② Anxiety including significant fears or panic attacks	
☐ Past Symptom	
☐ Chronic Symptom	
Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including	g the frequency and severity.*
By selecting Past Symptom, Current Symptom or Chronic Symptom, Maximus is able to distinguish between historical Risk Behaviors no longer present, current Risk Behaviors with a recent onset, and Risk Behaviors fairly typical for an individual.	
Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.	
Example: Actively experiences panic attacks when requested to go in an automobile; occurs daily; requires home schooling for the past 6 months; onset of panic attacks approx. 10 months ago after car accident resulting in death of sibling.	
☐ Past Symptom	
Current Symptom	
☐ Chronic Symptom	
Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including the	e frequency and severity.*
☐ Past Symptom	
☐ Chronic Symptom	
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By selecting Past Symptom, Current Symptom or Chronic Symptom, Maximus is able to distinguish between historical Risk Behaviors no longer present, current Risk Behaviors with a recent onset, and Risk Behaviors fairly typical for an individual. Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs. Example: Punched resident in the face causing facial fracture and concussion 1 week ago; in therapy when asked why, response was, "She deserved it, I don't care she was taken to the hospital"; hit parent in head with bat approx. 6 weeks ago and reported "they had it coming". Active display of violence towards others at least 1x week; no sense of remorse based on therapist report ☑ Difficulty adjusting to a traumatic life experience ☐ Past Symptom Current Symptom Chronic Symptom 😰 Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including the frequency and severity.* By selecting Past Symptom, Current Symptom or Chronic Symptom, Maximus is able to distinguish between historical Risk Behaviors no longer present, current Risk Behaviors with a recent onset, and Risk Behaviors fairly typical for an individual. Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs. Witnessed sibling death in automobile accident; experiences night terrors and panic attacks daily; inability to focus or concentrate; experiences flashbacks; onset was immediately after accident 8 weeks ago. Difficulty forming healthy attachments with caregivers ☐ Substance abuse Risk Behaviors Check any or all of the following risk behaviors displayed by the child recently or in the past. For Continued Stay reviews, ensure that any needs marked as a Current Symptom include a clear description of how this symptom has presented for the child during the current review period.* There are no known risk behaviors Suicidal thoughts or statements ☐ Past Symptom Current Symptom Chronic Symptom ___Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including the frequency and severity.*

By selecting Past Symptom, Current Symptom or Chronic Symptom, Maximus is able to distinguish between historical Risk Behaviors no longer present, current Risk Behaviors with a recent onset, and Risk Behaviors fairly typical for an individual.
Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.
Example: Expresses suicidal ideation at least 1x per month; safety plan required.
Suicide attempts or gestures
Current Symptom
☐ Chronic Symptom
Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including the frequency and severity.*
By selecting Past Symptom, Current Symptom or Chronic Symptom, Maximus is able to distinguish between historical Risk Behaviors no longer present, current Risk Behaviors with a recent onset, and Risk Behaviors fairly typical for an individual.
Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.
Example: Jan 2023; SI attempt and hospitalized; SI attempt through consumption of 50 medication tablets with "hopes I never wake up".
☐ Past Symptom
Current Symptom
② Chronic Symptom
Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including the frequency and severity.*
Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.
Example: Frequent cutting behavior; occurs 1-2xs per week; has required medical attention in July, 2023.
☐ Past Symptom
☐ Current Symptom
② Chronic Symptom
Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including the frequency and severity.*

Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.	
Example: At least 1x per week; verbally threatens foster mother; in October 2023, threatened to choke foster mother if she stepped foot into his room; often triggered if requested to complete basis chores.	
② Physical aggression toward others	
② Past Symptom	
☐ Current Symptom	
☐ Chronic Symptom	
Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including	g the frequency and severity.*
Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.	
Example: August 2023, threw chair at peer and punched teacher in the face with closed fist, resulting in fracturing her cheek bone. Intervention required law enforcement to de-escalate incident.	
Sexually abusive behaviors Runaway behavior Behaviors that pose a risk to the community and have resulted in legal involvement or put the child at risk of legal involvement.	olvement (such as reckless driving, theft by force,
violence toward animals, fire setting) ② Past Symptom	
Current Symptom	
Chronic Symptom	
Describe how this symptom looks for the child (or looked in the past, if not current) for the child, including	g the frequency and severity.*
Focus on frequency, severity, intensity, and duration, highlighting details requiring residential level of care needs.	
Example: Set fire to parent home in September 2023; stated "It's their punishment and will continue to burn the place down". Stole foster parent's vehicle in October 2023 and led law enforcement on high speed chase, resulting in car accident. Victims of crash required hospitalization.	
Exposure to sexual exploitation or victimization	
ınctional Needs	
neck any or all of the following functional needs displayed by the child recently or in the past. For Continued Stay rev Imptom include a clear description of how this symptom has presented for the child during the current review period	
☐ There are no known functional needs	
☐ Problems with social skills and social relationships	
Problems with sleep	

