Form completed by: Click or tap here to enter text. Date: Click or tap to enter a date.

DSS County name: Click or tap here to enter text.

DSS staff (name, email and phone#): Click or tap here to enter text.

MCO Care Coordinator (name, email and phone#): Click or tap here to enter text.

**Child’s demographic information**:

Name: Click or tap here to enter text. Gender: Click or tap here to enter text.

Race: Click or tap here to enter text.

Medicaid #: Click or tap here to enter text. DOB: Click or tap to enter a date.

Where is child currently (name of facility, city): Click or tap here to enter text.

At this location (date) From: Click or tap to enter a date.

Prior to this, child was at (name of facility, city): Click or tap here to enter text.

At this location (date) From: Click or tap to enter a date. To: Click or tap to enter a date.

List the child’s diagnoses**:** Click or tap here to enter text.

**Does the child have a diagnosed Intellectual Developmental Disability?** (If yes, please note type)
Click or tap here to enter text.

 **Precipitating factors that led to current crisis status:** (describe relevant/current symptoms/behaviors including risk behaviors such as self-injury, aggression, sexualized behavior, elopement, adherence; include any systemic, including family systems and legal systems, issues that contributed to the crisis):
Click or tap here to enter text.

 **Trauma history: *(****if yes, please explain*)
Click or tap here to enter text.

**List current medications:**Click or tap here to enter text.

**List any medical conditions:**Click or tap here to enter text.

**List current BH/IDD/SU provider(s)and service(s):**Click or tap here to enter text.

 **List current treatment recommendations:**

* Service(s) Recommended by MCO:

Click or tap here to enter text.

* Service(s) Recommended by Provider/CCA:

Click or tap here to enter text.

* Service(s) Recommended by DSS/Guardian:

Click or tap here to enter text.

**Provide status of service request(s):**Click or tap here to enter text.

 **Reasons Case is being reviewed:**

* Provide any additional information to explain the complexities of the child’s needs that are creating barriers to meeting treatment recommendations:

 Click or tap here to enter text.

* Describe any system barriers to meeting treatment needs:

 Click or tap here to enter text.

**This section is for the Response Team Only**

RECORD TEAM RECOMMENDATIONS with RATIONALE, ACTION ITEMS, ASSIGNMENTS, DUE DATES):

Click or tap here to enter text.

**When the Response Team meets to review the case you have submitted, they may need additional information. The Team may call or email you for this information. We have listed some of the kinds of information we may request**:

* Past Treatment: (Summarize in detail treatments over the past year, and summarize briefly treatments prior to the past year including INPT/Crisis, Residential, Enhanced/Community, Basic and other; with each treatment list the year(s) member was in the service and LOS if known)
* Diagnoses/Testing:
	+ (LIST all current MH/SUD/DD dx);
	+ (LIST all current Physical health diagnoses);
	+ (LIST relevant past psychiatric diagnoses if different from current dx).
	+ (LIST relevant psych/neuropsych testing date/results here, include if evaluator was masters/doctorate level or if was school eval, if known).
* Current condition: (summarize additional relevant information. Also note mood, psychosis and behavior status. If continued stay request, list progress made/not made especially as related to goals).
* Developmental/Trauma History: childhood trauma, milestones, suspicion of IDD, in-utero exposure
* Course of Illness (describe course of member’s symptoms over time since onset,
	+ MH:
	+ SUD:
	+ DD: (Note general support needs for ADLs, community integration, exceptional medical/behavioral supports.

Social History: (Briefly summarize legal including charges/incarceration/probation; social services involvement; educational history including IEP/504/BIP, family history for ID/MH/SUD