PRTF Admission Assessment*

PA#: _____ **Name:** _____
RID#: _____
DOB: _____

Please answer or list the following information:

1.	Current DSM Diagnoses on Axes I & II within the SED criteria as specified by DMHA/Medicaid a. b. c.	
2.	Identify which of the following risk behaviors is/are present:	
a.	☐Yes ☐No	History of severe physical, sexual or emotional maltreatment
b.	☐Yes ☐No	History of disruptive adoption or multiple foster placements
c.	☐Yes ☐No	Physical assault against a parent or adult caregiver
d.	☐Yes ☐No	History of sexual assault by the individual
e.	☐Yes ☐No	History of fire setting resulting in damage to a residence
f.	☐Yes ☐No	Runaways from 2 or more community placements by a child <14 y/o
g.	☐Yes ☐No	Other impairment of family functioning or social relatedness of similar severity
h.	Other:	a)
		b)

3.	Identify which of the following interventions have been utilized: NA = not available	
a.	☐Yes ☐No ☐NA	Family or relative placement with outpatient therapy
b.	☐Yes ☐No ☐NA	Day or after school treatment
c.	☐Yes ☐No ☐NA	Foster care with outpatient therapy
d.	☐Yes ☐No ☐NA	Therapeutic foster care
e.	☐Yes ☐No ☐NA	Group child care supported by outpatient therapy
f.	☐Yes ☐No ☐NA	Partial hospitalization
g.	☐Yes ☐No ☐NA	Intensive Outpatient Counseling (IOC)
h.	Other:	a)
i.		b)

4.	Are any of the following present which cause a threat to self or others?	
a.	☐Yes ☐No	Self care deficit severe and longstanding including refusal to comply with treatment
b.	☐Yes ☐No	Self care deficit places child in life threatening physiological imbalance
c.	☐Yes ☐No	Sleep deprivation or significant weight loss
d.	☐Yes ☐No	Threats accompanied by depression, loss, suicide A/G/T, substance abuse, aggression
e.	☐Yes ☐No	Verbalization escalating in intensity accompanied by gesture or plan
f.	☐Yes ☐No	Impaired thought processes with disruption of safety to self or others
g.	☐Yes ☐No	Nonresponsive to outpatient trial of medication or supportive care
h.	☐Yes ☐No	Severe dysfunction patterns of behavior that prohibit lower level of care

5.	Please indicate level of family engagement: ☐high ☐medium ☐low ☐unknown	
6.	Date of last CANS:	LON as last determined: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6
7.	Date and findings of Neuropsychological testing: ☐Not done ☐Not available	
	a.	
	b.	
	c.	
8.	Please indicate level of academic or school problems: ☐high ☐medium ☐low ☐none	
9.	Please attach documentation regarding the following:	
	a. A list of current medications, including drug, indication and dosage	
	b. Any additional information in support of PRTF including past pertinent events and interventions	

10.	Do any of the following apply regarding the admission?	
☐Yes	☐No	Non-DMHA/Medicaid approved DSM diagnoses e.g. anti-social personality disorder
☐Yes	☐No	Recurrent criminal behavior or conviction
☐Yes	☐No	Admission for respite care for parents who are not participating in the treatment process
☐Yes	☐No	Admission to avoid prosecution, incarceration or other legal consequences
☐Yes	☐No	Provided for the convenience of the parent(s) or provider or for custodial purposes only
☐Yes	☐No	Persistent developmental delay is documented
☐Yes	☐No	Family was informed of potential community-based options prior to placement and/or upon discharge from PRTF.

Submitted by:	Signature:	Date:
☐ HSPP ☐MD ☐DO Other		

*This form is required for prior authorization requests for admission to Psychiatric Residential Treatment Facilities .