

BEHAVIORAL HEALTH PROFESSIONAL CONSULTATION SUMMARY**INSTRUCTIONS**

When a verbal dialogue between the Support Coordinator and Behavioral Health Professional (BHP) is not possible, this form will be used to initiate a two-way dialogue regarding the member's care coordination needs. The Support Coordinator shall complete all applicable sections of this form and email or fax it to the Behavioral Health Professional. The receiving Behavioral Health Professional shall complete the remaining applicable sections of the form and return it to the Support Coordinator by the identified date.

SECTION I: SUPPORT COORDINATION COMMUNICATION

This section is to be completed by the Support Coordinator.

To: Provider Agency Name: _____

Behavioral Health Professional Name: _____

Behavioral Health Professional Title: _____

Behavioral Health Professional Email: _____

Behavioral Health Professional Fax No.: _____

Re: Member Name (*Last, First, M.I.*): _____

Date of Birth: _____ AHCCCS ID: _____

DDD Support Coordinator Update:

Document a status update regarding the member's progress towards treatment goals and current needs, such as housing, medical stability, psychosocial stressors, etc. List specific concerns that need the attention of the Behavioral Health Professional, such as regression, unmet needs, symptoms and/or side effects from medications, etc.

Support Coordinator Name: _____

Support Coordinator Phone: _____ Support Coordinator Fax No.: _____

Support Coordinator Email: _____

Behavioral Health Professional to complete the below and return to Support Coordinator by (date): _____

SECTION II: BEHAVIORAL HEALTH PROFESSIONAL COMMUNICATION

This section is to be completed by the Behavioral Health Professional.

Date of Behavioral Health Professional Communication: _____

Behavioral Health Professional Update:

Document clinical impressions and significant changes with member's progress or treatment.

Treatment Recommendations *(Check all that apply):*

Continue with current treatment plan, no changes needed.

The following changes to the treatment plan are recommended:

A verbal consultation is needed to discuss urgent matters, contact my office to schedule a consultation.

The member is considered stable (e.g. stable on medications and not receiving any behavioral health services other than medication management; and has not experienced medication changes, adverse side effects of medications, hospitalizations or crisis contacts within a three-month period) and consultations are no longer necessary.

Other Comments:

BHP Signature/Credentials: _____ Date: _____