

## Behavioral Health Service Eating Disorder Re-Authorization Request

>> Incomplete forms may delay reauthorization <<

>> One form per provider <<

**Please fax completed form to the Behavioral Health Access (BHA) fax number listed below.** BHA Fax: 206-630-1683 / Phone: 206-630-1680 or toll-free 1-888-287-2680  
Mailed forms are accepted as well: Kaiser Permanente, BHA, P.O. Box 34799, Seattle WA

**Provider Name:** BHSRUEXC \_\_\_\_\_

**Today's Date:** 9/14/2016

**Agency:** Armenian Eating Healing, Inc. \_\_\_\_\_

**Consumer Name:** Jane Doe \_\_\_\_\_

**Phone Number:** 123-456-7890 \_\_\_\_\_

**Consumer Number:** 01234567 \_\_\_\_\_

**Fax Number:** 206-555-1212 \_\_\_\_\_

**Date of Birth:** 1/1/1985 \_\_\_\_\_

**PLEASE SEE SAMPLE FORM\* FOR GUIDANCE ON HOW TO COMPLETE THIS FORM. THANK YOU.**

Level of Care:  PHP  IOP  OP Estimated LOS: 45 Days

1. **Starting BMI:** 14 **Current BMI:** 18 **Weight:** ADA Ideal 140 lbs, Current 105 lbs, Current Goal 120 lbs,  
Weight is Stable:  Yes  No Rate of Weight  Gain or  Loss per Week 1 lbs,  
Calorie Intake Goal/Day 1700 Actual Cal Intake/day: 1600

2. **Suicidal/ Homicidal Ideation/ Thoughts of Serious Self Harm:** Current:  Yes  No Past:  Yes  No  
Current Suicide Plan:  Yes  No Current Suicide Intent:  Yes  No Past Attempts:  Yes  No  
Current Homicide Plan:  Yes  No Current Homicide Intent:  Yes  No Past Attempts:  Yes  No  
If "yes" to any Suicidal/Homicidal symptoms, please address in Treatment Plan, below.

3. **Does the patient have an active alcohol/substance use problem?**  Yes  No  
Has the patient been referred for treatment?  Yes  Yes, but patient declined  No

4. **Current Symptoms** (since last review/request)  
% of Food Intake: Breakfast: 90 % Lunch: 80 % Dinner: 90 % Snacks: 75 %  
Level of Adherence to Current Dietary Plan: 85%  
Binging  Yes  No # Times/Day: \_\_\_\_\_ # Days/Week: \_\_\_\_\_ Last review: \_\_\_\_\_ times/day, \_\_\_\_\_ days/week  
Purging  Yes  No # Times/Day: 1 # Days/Week: 4 Last review: 2 times/day, 4 days/week  
Exercising  Yes  No # Times/Day: 2 # Days/Week: 6 Average Duration: 2 hours  
Bathroom Use: # Times/Day: 1 ; Require Supervision:  Yes  No : \_\_\_\_\_  
Pharmaceutical Use (e.g. Laxatives, Diuretics)  Yes  No (If Yes, Please list) \_\_\_\_\_  
# Times/Day: \_\_\_\_\_ # Days/Week: \_\_\_\_\_  
Medical Symptoms: Occasional Mild Light-headedness on standing  
Requiring Medical Treatment:  Yes  No Frequency Seen by MD: Twice/year: PCP: Jay Ford MD

5. **Functional Impairment** (e.g. Self-Care, Role function):  None  Mild  Mild-Mod  Moderate  Severe  
Elaborate: Patient requires prompting and encouragement to eat lunch and snacks. Continued monitoring also required to limit excessive exercising.

6. Is patient taking psychotropic medication(s)?  Yes  No  Not Recommended  Pt Declined  
If patient is taking medications, who is prescribing them?  Psychiatrist  ARNP  PCP  
 Other \_\_\_\_\_  Name of Prescriber Happy Jones, MD  
List medications: (Name, Dosage, Instructions): Citalopram 20 mg/day; Trazodone 50 mg qhs

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7. Have you communicated with: Patient's Treating Prescriber?  Yes  No  N/A Pt's PCP?  Yes  No

8. Family involvement in patient's treatment:  supportive  engaged  not supportive or engaged  
 agrees to be engaged

### Treatment Plan

Please Note: In order for KPWA to authorize continuing mental health care, treatment needs to be medically necessary, as determined by review of clinical and treatment information provided/available and Medical Necessity Criteria.

Primary Diagnosis: Anorexia Nervosa\_

Code: 307.51  DSM 5  ICD-10

Outline or Describe Associated Symptoms being treated: Patient continues to restrict intake (now eating at approx 85% of meal plan); some renewed excessive exercise (2 hours/day), but has cut back from purging 8 times/week to 4 times/week.

Duration of Symptoms being treated:  <30 Days  1-6 Months  7-12 Months  >1 Year

Current Symptom Severity:  None  Mild  Mild-Mod  Moderate  Mod-Severe  Severe

Goal (Specific, Measurable): Return to sustainable, age/height appropriate weight and ability to manage and maintain weight and eating lifestyle. 1. Patient to decrease purging behaviors from 4x/week to 2x/week. 2. Decrease exercising from 120 hrs to 60 minutes from 12x/week to 6x/week. 3. Increase caloric consumption at lunch from 80% to 90%, and snacks from 75% to 90%.

Treatment Modality:  CBT  DBT  IPT  Other \_\_\_\_\_

Current Frequency of Visits:	Individual Therapy	Psychiatrist	Groups	Dietary/Nutrition
# Days/Week	2x/wk	2x/mo	1ED+2DBTskills/wk	1x/wk
# Hours/Day	1	1	3	1

Planned Frequency of Visits:	Individual Therapy	Psychiatrist	Groups	Dietary/Nutrition
# Days/Week	2x/wk	2x/mo	1ED+2DBTskills/wk	1x/wk
# Hours/Day	1	1	3	1

**Current Treatment Interventions to Meet Goal** (Specific; Frequency and Duration) Focusing Jane on Stage 1 target of reducing then eliminating therapy-interfering behaviors like not completing her diary card/thought record, arriving late to sessions. patient must complete card prior to session starting. Will require her to solicit support from her best friend and her mother to get this done at home prior to coming to program. We will complete all Behavior Chain Analyses on purging behaviors and intermittent adherence to medication regimen and exercising regimen in each 1:1 session. She will apply and share in group her Mindfulness strategies to address the reduction of her exercising behavior and track how she is improving weekly.

**Outline Progress towards goal** (including any changes in symptoms, patient's adherence to treatment, and response to treatment and as evidenced/measured by (e.g. frequency, duration, intensity): Jame has made improvements in her 3rd week of IOP as evidenced by daily attendance, completion and sharing of diary card without prompting 4 days/week, and observable participation in groups without prompting. She has reduced some of her disruptive behaviors around exercising, by decreasing from 3x/day, 6 days/week to 2x/day, 6 days/week. She continues to practice mindfulness exercises as directed through the skills manual and group review, which she state is assisting in reducing therapy-interfering behaviors as she becomes increasingly aware of how she procrastinates and arrives late to sessions.

**Rate Level of Response to Treatment:**

Resolved  Significant Progress  Moderate Progress  Little Progress  No Progress  Declining

**If patient is not progressing toward meeting therapeutic goals:**

1. Describe reason for lack of progress: Patient is progressing with treatment, but continues to require ongoing treatment.

2. What changes in treatment (Treatment Modality, Specific, Measurable Goals and Interventions) are being made to help patient progress in treatment? Patient is responding to program. Considering requesting a further increase in SSRI treatment for treatment of obsessive tendencies.

**Can care be provided at a lower level of care at this time?**  Yes  No Elaborate: Patient is approaching, but has not yet

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met agreed-upon goals, with decreased exercise to 45min/day, 5 days/week, decreased purging to less than 3x/week, and improved compliance (goal: 90%) of meal plan.

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**Secondary Diagnosis:** Major Depression, Recurrent, Moderate\_ Code: 296.32  DSM 5  ICD-10

Outline or Describe Associated Symptoms being treated: Sad, Decreased interest, energy and concentration; motor slowing

Duration of Symptoms being treated:  <30 Days  1-6 Months  7-12 Months  >1 Year

Current Symptom Severity:  None  Mild  Mild-Mod  Moderate  Mod-Severe  Severe

Goal (Specific, Measurable): Improve Mood. Attend at least one social event with friends per week. Decrease body checking.

As measured by: Depression: Reduction in Beck Depression Inventory score from 22 (Moderate) to 18 or under (Mild) over the next 2 weeks. Decreased Interest: Self-Report of Activity. Body Checking: Self-Report/Journaling

Treatment Modality:  CBT  DBT  IPT  Other \_\_\_\_\_

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**Current Treatment Interventions to Meet Goal** (Specific; Frequency and Duration) Meeting 2x/week in Individual therapy, reviewing obstacles noted in journal that impact her mood and activity level; patient to explore & develop strategies to overcome fears, low self-esteem, self-defeating behaviors, body-checking, with goal to improve both her mood and activity level.

**Outline Progress towards goal** (including any changes in symptoms, patient's adherence to treatment, and response to treatment and as evidenced/measured by (e.g. frequency, duration, intensity): Patient is attending individual therapy more consistently. Patient's mood improved from 29 (High Moderate Depression) to 22 (Moderate) as she has begun to work on self-criticism. Patient continues to require encouragement from family to be active, and inconsistently meets activities with friends (inconsistently going out once/week with friends). Patient continues to body-check: but down from 8 times/day to 5 times/day.

**Rate Level of Response to Treatment:**

Resolved  Significant Progress  Moderate Progress  Little Progress  No Progress  Declining

**If patient is not progressing toward meeting therapeutic goals:**

1. Describe reason for lack of progress: Patient currently making progress with treatment.
2. What changes in treatment (Treatment Modality, Specific, Measurable Goals and Interventions) are being made to help patient progress in treatment? Consider consultation with PCP re: possible further increase in Dose of Anti-depressant medication.

**Can care be provided at a lower level of care at this time?**  Yes  No Elaborate: Patient currently responding to treatment, but given impact of mood on eating disorder and eating disorder behaviors, twice weekly therapy is still required, along with other treatments in IOP level of care.

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**Requesting the following:**

Additional 7 Days in PHP; Type of Services (CPT Codes) \_\_\_\_\_

**QR**

Additional 14 Days in IOP; Type of Services (CPT Codes) 90853, 90836, 97802

**QR**

Additional \_\_\_\_\_ Number of Outpatient Visits over 90 days; Type of Services (CPT Codes) \_\_\_\_\_

**Start Date:** 9/11/2016

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Person Completing Form: Haig Smith, LICSW \_\_\_\_\_  
Name, Title (print)

\_\_\_\_\_  
Signature

SAMPLE

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