



## Phase 1: Assessment Instrument Selection

<b>Contact name:</b>	<b>Title:</b>
<b>Phone:</b>	<b>E-mail:</b>
<b>Provider name and address:</b>	
<b>Provider type:</b>	<input type="checkbox"/> Individual practitioner/non-hospital-based group <input type="checkbox"/> Facility/hospital-based group

Note to the provider: If you are a multi-site and/or provide multiple levels of care (LOC), please submit only one form for the organization.

**1) Please check off the instrument(s) the provider has chosen to implement (check as many that apply):**

- Adolescent Treatment Outcomes Module (ATOM)
- Behavioral and Emotional Rating Scale (BERS)
- Behavior and Symptom Identification Scale (BASIS)
- Brief Psychiatric Rating Scale (BPRS) - Adult and Child
- Brief Symptom Inventory (BSI)
- Child-Adolescent Functional Assessment Scale (CAFAS/PECFAS)
- Child and Adolescent Needs and Strengths (CANS)\*
- Child Behavior Checklist (CBCL)
- Connor's Rating Scales – Revised (CRS-R)
- Current Evaluation of Risk and Functioning – Revised (CERF-R)
- Global Appraisal of Individual Needs (GAIN)
- Methadone Treatment Quality Assurance System (MTQAS)
- Patient Health Questionnaire (PHQ)
- Personal Experience Inventory (PEI, PEI-Adult)
- Quality of Life Inventory (QOLI)
- SF8, 12, 36
- SOCRATES
- Symptom Checklist-90-Revised (SCL-90-R)
- Treatment Outcome Package (TOP, TOP-SA)
- Youth Outcome Questionnaire (YOQ)
- Other: \_\_\_\_\_  
(If requesting the use of an alternative instrument - also submit request form)
  
- I provide exempt services only (as listed on page 6 of the Outcomes Management Program Protocol)

\*Effective 11/30/08, the CANS is required for all Members under age 21 receiving services that require a CANS assessment.

**I understand that the chosen instrument(s) are to be administered to all MBHP Members receiving treatment and that the information I have provided is subject to onsite or telephonic review. I also understand that if there are changes to the information I have provided, it is the responsibility of the provider to notify MBHP by updating the information on this page. I verify that all statements are accurate to the best of my knowledge.**

**Provider signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please submit this completed *Phase 1* form with the MBHP credentialing application.**

*If you have any questions regarding this form or the Outcomes Management Program please e-mail MBHP at [MBHPOutcomes@valueoptions.com](mailto:MBHPOutcomes@valueoptions.com).*



## Alternate Instrument Request Form

1) What standardized assessment instrument(s) is the provider requesting approval to use?

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2) With which population(s) will the Provider administer the tool?

- Child
- Adolescent mental health
- Adolescent substance abuse
- Adult mental health
- Adult substance abuse

3) Describe rationale for the use of the requested standardized tool(s) as opposed to an MBHP-approved assessment instrument.

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**If selecting an alternate instrument, please submit this completed *Alternate Instrument Request* form with the *Phase 1: Assessment Instrument Selection Verification* form and include with the MBHP Credentialing Application.**