



**AETNA BETTER HEALTH® OF KENTUCKY  
 Targeted Case Management (TCM) Request Form**

Can be submitted through the Availity portal or faxed to AETNA BETTER HEALTH OF KENTUCKY  
 Fax Numbers: 1-855-301-1564; For SKY 1-833-689-1424

Member Information			
Member Name (First, Last):	Member Medicaid ID #:	Member Date of Birth:	
Provider Information			
TCM Name:	TCM TRIS ID#:	TCM Supervisor Name:	TCM Supervisor TRIS ID #:
If there is no TRIS ID, state reason, and TCM hire date if applicable:			
Provider Group Name:	Provider Group NPI:	Provider Group TIN:	
Provider Name (direct contact person)	Provider Phone:	Provider Fax:	

Service Request Details				
Service Code	Units Requested	Modifier (HE, UA, HF, or TG)	Request Start Date:	Request End Date:
T2023				
Request Type: Initial <input type="checkbox"/> Continued <input type="checkbox"/>		If continued request, how long has the member been receiving TCM services?		
Primary Diagnosis (Code and Description)			Chronic/Complex Co-Occurring Physical Health Diagnoses/Medical Conditions:	
SED? <input type="checkbox"/> SMI? <input type="checkbox"/>				

**Documentation Checklist (additional documents to be included with this form)**

- Most recent TCM Assessment
- Most recent Care Plan
- If TG, documentation of recipient’s complex physical health diagnosis signed and dated by a qualified medical professional.
- Assessments and/or documentation supporting TCM eligibility criteria have been met.  
 For example- Psychiatric, psychological or other comprehensive behavioral health assessments or evaluations. LOCUS/CALOCUS assessment or other functional impairment evaluations SMI/SED Checklist signed by licensed behavioral health practitioner

Clinical Justification	
If continued request, description of TCM services/activities provided during the prior service period:	Description of services/resources needed that require TCM services:
Child welfare involvement or custody?	Justice System Involvement?
Risk of out of home placement? If yes, provide explanation.	At risk of inpatient MH treatment? If yes, provide explanation.

For TG Requests Only (individuals with mental health or substance use disorder <u>and</u> chronic or complex physical health condition)	
Description of clinically significant symptoms caused by chronic or complex physical health diagnosis:	Duration of symptoms:
Has the individual been hospitalized as a result of the chronic or complex physical health condition? If yes, when?	

Functional Rating Scale (Select the degree of impairment in the following categories)				
Category	N/A	Mild	Moderate	Severe
<b>Societal/Role Functioning</b> (Functioning in the role most relevant to his/her contribution to society and, in making that contribution, how well the person maintains conduct within societal limits prescribed by laws, rules and strong social mores.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe symptoms/impairment:				
<b>Interpersonal Functioning</b> (How well the person establishes and maintains personal and/or family relationships.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Describe symptoms/impairment:				

<b>Daily Living/Personal Care Functioning</b> (How well the person can care for him/herself and provide for his/her own needs such as personal hygiene, food, clothing, shelter and transportation. The capabilities covered are mostly those of making reliable arrangements appropriate to the person's age, gender and culture)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Describe symptoms/impairment:</b>				
<b>Physical Functioning</b> (Person's general physical health, nutrition, strength, abilities/disabilities and illnesses/injuries.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Describe symptoms/impairment:</b>				
<b>Cognitive/Intellectual Functioning</b> (Person's overall thought processes, capacity, style and memory in relation to what is common for the person's age, gender, and culture. Person's response to emotional and interpersonal pressures on judgments, beliefs and logical thinking should all be considered in making this rating.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Describe symptoms/impairment:</b>				
<b>Educational/Occupational Functioning</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Describe symptoms/impairment:</b>				