#### **ATTACHMENT 7**

# **Client Level Service Utilization Report**

### PHYSICAL HEALTH SERVICES

Since the last scheduled report	Response Options
The total number of visits patient has attended for physical health	Number of visits
SCREENING or ASSESSMENT.	
Was this patient <b>REFERRED</b> to physical health treatment?	Yes, No, DK
The total number of visits patient has attended for physical health	Number of visits
TREATMENT PLANNING.	
The total number of visits this patient has attended including physical	Number of visits
health MEDICATION MANAGEMENT.	
The total number of <b>HOSPITALIZATIONS</b> for a physical health problem.	Number of
	hospitalizations

### MENTAL HEALTH SERVICES

Since the last scheduled report	Response Options
The total number of visits patient has attended including mental health	Number of visits
SCREENING or ASSESSMENT.	
Was this patient <b>REFERRED</b> to mental health treatment?	Yes, No, DK
The total number of visits patient has attended including mental health	Number of visits
TREATMENT PLANNING.	
The total number of visits this patient has attended including mental	Number of visits
health MEDICATION MANAGEMENT.	
The total number of visits this patient has attended including mental	Number of visits
health COUNSELING.	
The total number of visits this patient has attended including mental	Number of visits
health EVIDENCE-BASED PRACTICES.	
List all EVIDENCE-BASED PRACTICES included in patient's treatment	List EBPs
for mental health issues.	
The total number of <b>HOSPITALIZATIONS</b> for a mental health problem.	Number of
	hospitalizations

## SUBSTANCE ABUSE SERVICES

Since the last scheduled report	Response Options
The total number of visits patient has attended including substance abuse	Number of visits
SCREENING or ASSESSMENT.	
Was this patient <b>REFERRED</b> to substance abuse treatment since the last	Yes, No, DK
report?	
The total number of visits patient has attended including substance abuse	Number of visits
TREATMENT PLANNING.	
The total number of visits this patient has attended including substance	Number of visits
abuse MEDICATION MANAGEMENT.	
The total number of visits this patient has attended including substance	Number of visits
abuse COUNSELING.	
The total number of visits this patient has attended including substance	Number of visits

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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0371. The time required to complete this information collection is estimated to average 8 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

abuse EVIDENCE-BASED PRACTICES.	
List all EVIDENCE-BASED PRACTICES for substance abuse included in	List EBPs
patient's treatment.	
The total number of <b>HOSPITALIZATIONS</b> for substance abuse.	Number of hospitalizations

## **WELLNESS SERVICES**

Since the last scheduled report	Response Options
Was this patient <b>REFERRED</b> to wellness programs?	Yes, No, DK
The total number of <b>WELLNESS SESSIONS</b> patient has attended.	Number of sessions
List all types of WELLNESS SESSIONS this patient has attended (e.g.,	List wellness programs
smoking cessation, diabetes management, stress reduction).	attended

## **PROVIDER CONTACTS**

Since the last scheduled report	Response Options
The total number of contacts this patient has had with CARE	Number of contacts
MANAGERS.	
The total number of contacts this patient has had with PRIMARY CARE	Number of contacts
PROVIDERS (MDs, LPNs, PAs).	
The total number of contacts this patient has had with PSYCHIATRISTS	Number of contacts
or PSYCHIATRIC NURSES.	
The total number of contacts this patient has had with COUNSELORS	Number of contacts
(LSW, Psychologist, Substance abuse counselor, etc.)	
The total number of contacts this patient has had with PEER	Number of contacts
SPECIALISTS.	
The total number of contacts this patient has had with OTHER	Number of contacts
SPECIALIST PROVIDERS (Dentists, Nutritionists, etc.)	