

**NorthSTAR Counseling Outlier Request Form**

<i>Initial Request</i>	<i>Concurrent Request</i>
------------------------	---------------------------

Consumer's Name: \_\_\_\_\_ NS# \_\_\_\_\_  
(last) (first)

Date of Plan: \_\_\_\_/\_\_\_\_/\_\_\_\_ Provider : \_\_\_\_\_  
(mm) (dd) (yy)

---

---

**Principal Diagnosis**

Axis I: \_\_\_\_\_

Axis II: \_\_\_\_\_

Axis III: \_\_\_\_\_

Axis IV : A, B, C, D, E, F, G, H, I

Axis V: Current: \_\_\_\_\_ Prior year: \_\_\_\_\_

Current medications: \_\_\_\_\_

Problems associated with Symptoms that are a current focus of treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths \_\_\_\_\_

Barriers \_\_\_\_\_

Give specific examples of why request deviates from TRAG recommended Level of Care (LOC), including what benefit to consumer progress is being addressed through outlier request, and why consumer progress could not be addressed through recommended TRAG LOC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If member is in services with a SPN, list SPN contact and describe coordination

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(For Concurrent reviews only) What progress has occurred since last treatment plan? If no progress has occurred, how has treatment plan been adjusted?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consumer's Name:** \_\_\_\_\_ **NS#** \_\_\_\_\_  
(last) (first)

**Treatment Objectives & Measurable Outcomes:**

1. \_\_\_\_\_

As measured by: \_\_\_\_\_

Estimated sessions needed for achieving objective: \_\_\_\_\_ Intervention: \_\_\_\_\_  
Was this objective a goal on the prior treatment plan: YES / NO (If Yes Describe need for continued objective)

\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_

As measured by: \_\_\_\_\_

Estimated sessions needed for achieving objective: \_\_\_\_\_ Intervention: \_\_\_\_\_  
Was this objective a goal on the prior treatment plan: YES / NO (If Yes Describe need for continued objective)

\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_

As measured by: \_\_\_\_\_

Estimated sessions needed for achieving objective: \_\_\_\_\_ Intervention: \_\_\_\_\_  
Was this objective a goal on the prior treatment plan: YES / NO (If Yes Describe need for continued objective)

\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_

As measured by: \_\_\_\_\_

Estimated sessions needed for achieving objective: \_\_\_\_\_ Intervention: \_\_\_\_\_  
Was this objective a goal on the prior treatment plan: YES / NO (If Yes Describe need for continued objective)

\_\_\_\_\_  
\_\_\_\_\_

**Treatment Period Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_