

Outpatient Behavioral Health Outcome Tool Selection Form

Completed forms can be faxed to the following locations:

- **Tufts Health Together - Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs):** 888-977-0776
- **Tufts Health Unify:** 857-304-6304

If you are a multisite organization, please only submit one form for the entire organization.

Provider Information

Provider Type: ☐ Individual practitioner or non-hospital-based group ☐ Facility or hospital-based group

Practice Name: _____

Practice address: _____

Practice City/State/Zip: _____

Provider name: _____ Title: _____

Email address: _____

Tufts Health Public Plans-approved Assessment Tools (Please indicate all tools you have chosen to implement)

- | | |
|--|---|
| <input type="checkbox"/> Adolescent Treatment Outcomes Module (ATOM) | <input type="checkbox"/> Global Appraisal of Individual Needs (GAIN) |
| <input type="checkbox"/> Behavioral and Emotional Rating Scale (BERS) | <input type="checkbox"/> Methadone Treatment Quality Assurance System (MTQAS) |
| <input type="checkbox"/> Behavior and Symptom Identification Scale (BASIS) | <input type="checkbox"/> Patient Health Questionnaire (PHQ) |
| <input type="checkbox"/> Brief Psychiatric Rating Scale (BPRS) – Adult and child | <input type="checkbox"/> Personal Experience Inventory (PEI, PEI-Adult) |
| <input type="checkbox"/> Brief Symptom Inventory (BSI) | <input type="checkbox"/> Quality of Life Inventory (QOLI) |
| <input type="checkbox"/> Child-Adolescent Functional Assessment Scale (CAFAS/PECFAS) | <input type="checkbox"/> SF8, 12, 36 |
| <input type="checkbox"/> Child and Adolescent Needs and Strengths (CANS)* | <input type="checkbox"/> SOCRATES |
| <input type="checkbox"/> Child Behavior Checklist (CBCL) | <input type="checkbox"/> Symptom Checklist-90 – Revised (SCL-90-R) |
| <input type="checkbox"/> Connor's Rating Scales – Revised (CRS-R) | <input type="checkbox"/> Treatment Outcome Package (TOP, TOP-SA) |
| <input type="checkbox"/> Current Evaluation of Risk and Functioning – Revised (CERF-R) | <input type="checkbox"/> Youth Outcome Questionnaire (YOQ) |
| | <input type="checkbox"/> Other: _____ |

Please also fill out the alternate assessment tools section below.

* The CANS assessment is required for all Tufts Health Together members younger than 21.

Alternate assessment tools (If you have checked "other" above, please fill in detail below.)

List the alternate assessment tools you are requesting approval to use:



With which population(s) will you administer the tool?

- ☐ Children ☐ Adolescents — behavioral health ☐ Adults — mental health
☐ Adolescents — substance use ☐ Adults — substance use

Describe why you want to use an alternate assessment tool instead of a Tufts Health Public Plans-approved assessment tool:

Attestation

I understand that the chosen instrument(s) are to be administered to all Tufts Health Public Plans members receiving treatment and that the information I have provided is subject to on-site or telephonic review. I also understand that if there are changes to the information I have provided, it is my responsibility to notify Tufts Health Public Plans by updating the information on this page and resubmitting this form. I verify that all statements are accurate to the best of my knowledge.

Provider Signature: _____ Date: _____