

## *Behavioral Health Initial Review Form for Inpatient, Residential Treatment Center, Partial Hospital Program and Intensive Outpatient Program*

Instead of faxing this form, you may submit your request electronically using our preferred method at <https://www.availity.com>. \* If you use this form, you may fax it to 1-877-434-7578.

Today's date:		
<b>Contact information:</b>		
<b>Level of care:</b> <input type="checkbox"/> Inpatient psych <input type="checkbox"/> Inpatient detox <input type="checkbox"/> Inpatient substance abuse rehab <input type="checkbox"/> Psychiatric RTC <input type="checkbox"/> Substance abuse RTC (ASAM level, if appropriate: [      ]) <input type="checkbox"/> PHP mental health <input type="checkbox"/> IOP mental health <input type="checkbox"/> IOP Substance abuse <input type="checkbox"/> PHP Substance abuse		
Member name:	Member ID or reference number:	Member DOB:
Member address:		Member phone number:
Facility account number:	For child/adolescent, name of parent/guardian:	Primary spoken language:
Name of utilization review (UR) contact:		UR phone number:
Admit date:		UR fax number:
<input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary If involuntary, date of commitment:		
Admitting facility name:		Facility provider number or NPI:
Attending physician (first and last names):		Attending physician phone number:
Provider number or NPI:	Facility unit:	Facility phone number:
Discharge planner name:		Discharge planner phone number:
<b>Diagnoses (psychiatric, chemical dependency and medical)</b>		

\* Availity, LLC is an independent company providing administrative support services on behalf of Amerigroup.

<https://providers.amerigroup.com/TX>

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TXPEC-3763-20

June 2020

<b>Precipitant to admission</b> Be specific. Why is the treatment needed now?	
<b>Risk of harm to self</b>	<b>Risk rating (check all that apply)</b>
If present, describe:  If prior attempt, date and description:	<input type="checkbox"/> Not present <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Prior attempt
<b>Risk of harm to others</b>	<b>Risk rating (check all that apply)</b>
If present, describe:  If prior attempt, date and description:	<input type="checkbox"/> Not present <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Prior attempt
<b>Psychosis risk rating: (0 = None; 1 = Mild or Mildly Incapacitating; 2 = Moderate or Moderately Incapacitating; 3 = Severe or Severely Incapacitating; N/A=Not Assessed)</b>	<b>Symptoms (check all that apply)</b>
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A If present, describe:	<input type="checkbox"/> Auditory/visual hallucinations <input type="checkbox"/> Paranoia <input type="checkbox"/> Delusions <input type="checkbox"/> Command hallucinations
<b>Substance use (risk rating: (0 = None; 1 = Mild or Mildly Incapacitating; 2 = Moderate or Moderately Incapacitating; 3 = Severe or Severely Incapacitating; N/A = Not Assessed)</b>	<b>Substance (check all that apply)</b>
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A If present, describe last use, frequency, duration, sober history:	<input type="checkbox"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> PCP <input type="checkbox"/> LSD <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Opioids <input type="checkbox"/> Barbiturates <input type="checkbox"/> PCP <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Other (describe):
<b>Urine drug screen?</b>	<b>Result (if applicable)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Positive (if checked, list drugs):  <input type="checkbox"/> Negative <input type="checkbox"/> Pending
<b>BAL?</b>	<b>Result (if applicable)</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Value: <input type="checkbox"/> Pending
<b>Substance Use Screening (check if applicable and give score)</b>	
<input type="checkbox"/> CIWA _____ <input type="checkbox"/> COWS _____	

**For substance use disorders, please complete the following additional information:**

<b>Current assessment of American Society of Addiction Medicine (ASAM) criteria</b>	
<b>Dimension (describe or give symptoms)</b>	<b>Risk rating</b>
Dimension 1 (acute intoxication and/or withdrawal potential) (such as vitals, withdrawal symptoms)	<input type="checkbox"/> Minimal/none — not under influence, minimal withdrawal potential <input type="checkbox"/> Mild — recent use but minimal withdrawal potential <input type="checkbox"/> Moderate — recent use, needs 24-hour monitoring <input type="checkbox"/> Significant — potential for or history of severe withdrawal, history of withdrawal seizures <input type="checkbox"/> Severe — presents with severe withdrawal, current withdrawal seizures
Dimension 2 (biomedical conditions and complications)	<input type="checkbox"/> Minimal/none — none or insignificant medical problems <input type="checkbox"/> Mild — mild medical problems that do not require special monitoring <input type="checkbox"/> Moderate — medical condition requires monitoring but not intensive treatment <input type="checkbox"/> Significant — medical condition has a significant impact on treatment and requires 24-hour monitoring <input type="checkbox"/> Severe — medical condition requires intensive 24 hour medical management
Dimension 3 (emotional, behavioral or cognitive complications)	<input type="checkbox"/> Minimal/none — none or insignificant psychiatric or behavioral symptoms <input type="checkbox"/> Mild — psychiatric or behavioral symptoms have minimal impact on treatment <input type="checkbox"/> Moderate — impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADL's <input type="checkbox"/> Significant — suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24-hour monitoring <input type="checkbox"/> Severe — active suicidal/homicidal ideations and plans, acute psychosis, severe emotional lability or delusions; unable to attend to ADLs; psychiatric and/or behavioral symptoms require 24-hour medical management
Dimension 4 (readiness to change)	<input type="checkbox"/> Maintenance — engaged in treatment <input type="checkbox"/> Action — committed to treatment and modifying behavior and surroundings <input type="checkbox"/> Preparation — planning to take action and is making adjustments to change behavior; has not resolved ambivalence <input type="checkbox"/> Contemplative — ambivalent, acknowledges having a problem and beginning to think about it, has indefinite plan to change <input type="checkbox"/> Pre-contemplative — in treatment due to external pressure, resistant to change
Dimension 5 (relapse, continued use or continued problem potential)	<input type="checkbox"/> Minimal/none — little likelihood of relapse <input type="checkbox"/> Mild — recognizes triggers, uses coping skills <input type="checkbox"/> Moderate — aware of potential triggers for MH/SA issues but requires close monitoring

	<input type="checkbox"/> Significant — not aware of potential triggers for MH/SA issues, continues to use/relapse despite treatment <input type="checkbox"/> Severe — unable to control use without 24-hour monitoring, unable to recognize potential triggers for MH/SA despite consequences
Dimension 6 (recovery living environment)	<input type="checkbox"/> Minimal/none — supportive environment <input type="checkbox"/> Mild — environmental support adequate but inconsistent <input type="checkbox"/> Moderate — moderately supportive environment for MH/SA issues <input type="checkbox"/> Significant — lack of support in environment or environment supports substance use <input type="checkbox"/> Severe — environment does not support recovery or mental health efforts; resides with an emotionally/physically abusive individual or active user; coping skills and recovery require a 24-hour setting
If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?	
<b>Previous treatment</b> Include provider name, facility name, medications, specific treatment/levels of care and adherence.	
<b>Current treatment plan</b> Standing medications:	
As-needed medications administered (not ordered):	
Other treatment and/or interventions planned (including when family therapy is planned):	
<b>Support system</b> Include coordination activities with case managers, family, community agencies and others. If case is open with another agency, name the agency, phone number and case number.	

<b>Results of depression screening?</b>	
<b>Readmission within last 30 days?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes and readmission was to the discharging facility, what part of the discharge plan did not work and why?	
<b>Initial discharge plan</b>	
List name and number of discharge planner and include whether the member can return to current residence.	
<b>Planned discharge level of care:</b>	
<b>Describe any barriers to discharge:</b>	
<b>Expected discharge date:</b>	
<b>Submitted by:</b>	<b>Phone number:</b>