Amerigroup RealSolutions in healthcare

https://providers.amerigroup.com/ga

Behavioral Health Concurrent Review

(For inpatient, residential treatment center, partial hospitalization program and intensive outpatient program)

Please submit this form on the Amerigroup Community Care provider website, https://providers.amerigroup.com/GA, on the last authorized day.

Today's date:		
Contact information		
Level of care: Inpatient psych: ☐ Inpatient detox: ☐ Inpatient chemical dependency: ☐ Psychiatric RTC: ☐ Chemical dependency RTC: ☐ PHP: ☐ IOP: ☐		
Member name:	Member Amerigroup ID or reference number:	Member date of birth:
Member address:		Member phone number:
Facility contact name and phone number (if changed):		Admitting facility name:
Facility provider number or NPI:	Facility unit and phone number (if changed since initial review):	
Diagnoses (document changes only):		
Risk assessment		
In the past 24 to 48 hours, has the member shown suicidal or homicidal thoughts or plans, physical aggression to self or others, or command auditory hallucinations? On close observation, has the member shown drug and/or alcohol withdrawal symptoms or comorbid health concerns?		
If yes, explain:		

Lab results

Medications
List current medications and any changes with dates. Include medications for physical conditions. If medications require prior authorization, indicate how this is being addressed. Indicate as-needed (PRN) medications actually administered and when.

Summary of family therapy (date, time, who participated, outcome):
Summary of nursing notes:
Summary of M.D. notes:
Other treatment plan changes or assessments (include results of chemical dependency assessment, medical assessments or treatments):

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

Current assessment of American Society of Addiction Medicine (ASAM) criteria	
Dimension (describe or give symptoms)	**Risk rating**
Dimension One (acute intoxication and/or withdrawal potential. Include vitals, withdrawal symptoms):	Minimal/none: ☐ Mild: ☐ Moderate: ☐ Significant: ☐ Severe: ☐

Dimension Two (biomedical conditions and complications):	Minimal/none: ☐ Mild: ☐ Moderate: ☐ Significant: ☐ Severe: ☐
Dimension Three (emotional, behavioral or cognitive complications):	Minimal/none: ☐ Mild: ☐ Moderate: ☐ Significant: ☐ Severe: ☐
Dimension Four (readiness to change):	Minimal/none: ☐ Mild: ☐ Moderate: ☐ Significant: ☐ Severe: ☐
Dimension Five (relapse, continued use or continued problem potential):	Minimal/none: ☐ Mild: ☐ Moderate: ☐ Significant: ☐ Severe: ☐
Dimension Six (recovery living environment):	Minimal/none: ☐ Mild: ☐ Moderate: ☐ Significant: ☐ Severe: ☐
If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?	
Response to treatment:	

Involvement in treatment or discharge planning of member, family/guardian(s), outpatient providers or other identified supports:
Discharge planning (Note changes, barriers to discharge planning in these areas and plan for resolving barriers. If a recent readmission, indicate what is different about the plan from last time.)
Housing issues:
Psychiatry:
Therapy and/or counseling:
Medical:
Wraparound services:
Substance abuse services:
Was post-hospital discharge appointment scheduled? ☐ Yes ☐ No Appointment date:
Days requested or expected length of stay from today:

Submitted by: Print name:_____ Signature:_____	Phone number: