

Behavioral health inpatient review clinical information requirements

The information below should be included on reviews submitted when requesting authorization for admission or continued stay.

Medical clearance:

- Member can be admitted directly to into a psychiatric facility.
- If member is being transferred from an ER, please note whether medical clearance has occurred:
 - Date member admitted to ER
 - Medical interventions were needed prior to psychiatric hospital admission, if any

Involuntary admissions (1013):

- Emergency admissions certification (Form 1013 or 2013) should be included with the pre-certification request.
- Involuntary admissions are reviewed for medical necessity.

Prior authorization:

- Obtain pertinent contact information and release of information requests.
- Risk assessment:
 - Identify specific acute symptoms the member is presenting with that require admission:
 - Suicidal ideations (SI) — Plan, intent, level of risk
 - Homicidal ideation (HI) — Plan, intent, level of risk (specific person/people targeted)
 - Hallucinations (AVH)— Auditory or visual, command type
 - Paranoia/delusions — Details of what member is reporting
 - If member is responding to internal stimuli, document what is being observed by staff
 - Provide information about what happened in the last 24 to 48 hours that may have triggered the member’s current symptoms/behaviors.
 - Provide information about what member is specifically saying or describing
 - If member required medical intervention, please specify the reason (for example, charcoal, sutures, ICU admission, etc.).
- Lab work:
 - Urine drug screen (UDS) completed on all admissions or obtained from ER or medical facility
 - Medical lab work as appropriate
- Eating disorder admission:
 - Height & weight – body mass index (BMI)
 - Abnormal lab work
 - Vital signs — blood pressure (BP), pulse (standing, sitting, lying down)
- Medical conditions:
 - Document if member is medically compromised and/or in need of medical monitoring
- Detox admission:
 - Include all drugs/alcohol used and specify: amount, frequency and last time of use.
 - Vitals to take upon admission include: BP, pulse, respiration and temperature.

- Clinical Opiate Withdrawals Scale (COWS) and/or Clinical Institute Withdrawal Assessment for Alcohol (CIWA)
- Current withdrawal symptoms
- Medical conditions that might complicate withdrawal
- Any legal charges related to drug/alcohol use
- Readmission (rapid or frequent):
 - Include information about aftercare appointment, if member attended and what barriers to successful discharge
 - List medication(s) member was on or changed (any barriers to getting medication).
 - Identify and address barriers to crisis/safety plan created from member's last hospital admission
- Discharge planning (starts at admission):
 - A preliminary discharge plan should be completed at intake including:
 - Location member will discharge to.
 - List of aftercare services.
- When a member is not meeting medical necessity, referral to an appropriate lower level of care is needed:
 - Facility based services — partial hospitalization program (PHP), intensive outpatient (IOP)
 - Community Based Services — intensive family intervention (IFI), individual/family therapy, skills based services
 - For substance use — medication assisted treatment (MAT) — if member is not approved for inpatient detox, referrals can be made for ambulatory detox if appropriate (See last page of document for providers)

Treatment progress and plan:

- MD and nursing notes need to include the date each service was completed.
- Provide information about what happened that caused member to go into crisis requiring hospitalization.
- Address current acute risk.
- If reporting psychosis, provide information about what is member reporting and what staff is seeing to verify psychosis.
- Mental status exam (MSE) results.
- Include how member is functioning with regard to sleep, appetite, hygiene, interpersonal interactions and participation in treatment.
- Include results of UDS.
- Identify barriers to improvement and address how treatment plan is being modified to remove these.
- Provide member's subjective response to the interventions being utilized.
- Medications:
 - All medications must list start date, dose, frequency, mode and dates for changes.
 - If any medications listed on CCR (Concurrent Review) have not been started, document barrier:
 - If consent is not received document date requested, who was contacted and method of contact

- For members in the Georgia Division of Family & Children Services (DFCS) custody **only** – Please follow DFCS Medication consent protocol and escalation procedures as applicable.
- Family session:
 - If family session has not been held within three days, identify any barriers and how facility is addressing these barriers.
 - Include interventions, psychoeducation, or parent skills training, and safety/discharge planning used in the session.
 - Identify who the family session was held with (Biological parent, foster parent, grandparent, caseworker, etc).
 - Identify mode of session (in person, phone, telehealth).
- Substance use admission:
 - Specific withdrawal symptoms.
 - List substances used, quantity, frequency and last use?
 - CIWA/COWS scores.
 - Include medications given on an as needed basis (PRNs) that have been required to manage withdrawal symptoms and frequency of the PRN.
 - Vital signs.
- Rapid readmission:
 - Rapid readmission is defined as admitting to a psychiatric facility within 30 days of a previous psychiatric discharge.
 - Identify aftercare plan from last discharge and member’s compliance with the plan.
 - Include a plan to address barriers that precipitated the current readmission.
- Discharge plan – needs to be reported on all concurrent reviews with updates:
 - Provide number of additional days being requested and projected discharge date.
 - Include placement and specific outpatient provider information.

Medication prior authorization:

- **Medications requiring prior authorization will need to be submitted prior to discharge to ensure seamless transition to the next lower level of care.**
- Discharge clinical should indicate if prior authorization was submitted.
- For links to *Formulary and Prior Authorization Form*, go to <https://provider.amerigroup.com/georgia-provider/resources/forms>

Treatment coordination and discharge planning:

- In the CCR document, provide the treating facility’s therapist’s name and contact information to assist with care coordination.
- In family therapy section of CCR, list guardian name and up to date contact information.
- Amerigroup Community Care case managers are available to assist with discharge planning, communication issues with guardians/DFCS and with providing resources for any barriers identified as needed.
- Indicate that *Pharmacy Prior Authorization Form* has been submitted for any required medications prior to discharge.
- Ensure that the *Behavioral Health Discharge Form* is completed and submitted online within 24] hours of discharge regardless of authorization status.
- Ensure that aftercare appointment is scheduled within seven days of discharge.
- Send discharge clinical to outpatient provider within 24 hours of discharge.

All forms can be found at <https://provider.amerigroup.com/georgia-provider/resources/forms>.

Approved MAT providers (Subject to change, verify network status before referring):

Site name	Address	City	ZIP
Atlanta Metro Treatment Center	6500 McDonough Dr	Norcross	30093
Augusta Metro Treatment Center (Metro Treatment of Georgia)	2357 Tobacco Rd.	Augusta	30906
Cartersville Center, Inc.	218 Stonewall Street	Cartersville	30120
Changing Phases Behavioral Support	3655 Canton Rd. Suite 20...	Marietta	30066
Columbus Metro Treatment Center	1135 13th Street	Columbus	31901
Crossroads of Calhoun Management CO LLC	367 Richardson Road SE	Calhoun	30701
Crossroads Treatment Center of LaGrange	229 South Davis Road, Su...	LaGrange	30241
Crossroads Treatment Center of NWGA	4083 Cloud Springs Road	Ringgold	30736
Crossroads Treatment Center of Sugarloaf	2855 Lawrenceville Suwan...	Suwanee	30024
HealthQwest Frontiers - Buford	4271 South Lee St., Suite ...	Buford	30518
HealthQwest Frontiers - Macon	890 Northwoods Plaza	Macon	31204
HealthQwest Frontiers - Savannah	6707 Forest Park Drive	Savannah	31406
HealthQwest, LLC - Douglasville	2109 Fairburn Road #A	Douglasville	30135
HealthQwest, LLC - Warner Robins	607-A Russell Parkway	Warner Robins	31088
MedMark Treatment Center - Blairsville	20 Commerce Drive	Blairsville	30512
Medmark Treatment Center - Columbus	1301 Wynton Court	Columbus	31904
MedMark Treatment Center - Savannah	600 Commercial Court	Savannah	31406
New Season - Savannah Treatment Center	145-B Southern Blvd	Savannah	31405
NW Georgia Treatment Center (Metro Treatment of Georgia)	2007 Old Lafayette Road	Fort Oglethorpe	30742
Reliance Treatment Center	201 Donehoo Street	Statesboro	30458
Southside Medical Center	1100 Cleveland Ave	East Point	30344