



## **Behavioral Health Concurrent Review Form for Inpatient, RTC, PHP and IOP**

Please submit your request electronically using our preferred method at <https://availability.com>.\*  
If you choose to fax this form instead, you may send it to **844-442-8016**.

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

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

<b>Diagnosis (psychiatric, chemical dependency and medical)</b>
<b>Risk of harm to self (within the last 24 to 48 hours)</b>
If present, describe:
If prior attempt, date and description:
Risk rating (Select all that apply.) <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 (within the last 24 to 48 hours)</b>
If present, describe:
If prior attempt, date and description:
Risk rating (Select all that apply.) <input type="checkbox"/> Not present <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> Prior attempt
<b>Psychosis (within the last 24 to 48 hours)</b>
Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed): <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> N/A
If present, describe:
Symptoms (Select all that apply.): <input type="checkbox"/> Auditory/visual hallucinations <input type="checkbox"/> Paranoia <input type="checkbox"/> Command hallucinations <input type="checkbox"/> Delusions

<b>Substance use</b>	
Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed):	
<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> N/A	
Substance (Select all that apply.):	
<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"/> Benzodiazepines <input type="checkbox"/> Other (Describe.):	
Urine drug screen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Result (if applicable): <input type="checkbox"/> Pending <input type="checkbox"/> Negative <input type="checkbox"/> Positive (If selected, list drugs.):	
Blood alcohol level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Result (if applicable): <input type="checkbox"/> Pending <input type="checkbox"/> Value:	
Substance use screening (Select if applicable and give score.):	
<input type="checkbox"/> CIWA: <input type="checkbox"/> COWS:	
<b>For substance use disorders, please complete the following additional information.</b>	
<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 and 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

<p>Dimension 3 (emotional, behavioral or cognitive complications):</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal/none — none or insignificant psychiatric or behavioral symptoms</li> <li><input type="checkbox"/> Mild — psychiatric or behavioral symptoms have minimal impact on treatment</li> <li><input type="checkbox"/> Moderate — impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADLs</li> <li><input type="checkbox"/> Significant — suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24-hour monitoring</li> <li><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</li> </ul>
<p>Dimension 4 (readiness to change):</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Maintenance — engaged in treatment</li> <li><input type="checkbox"/> Action — committed to treatment and modifying behavior and surroundings</li> <li><input type="checkbox"/> Preparation — planning to take action and is making adjustments to change behavior; has not resolved ambivalence</li> <li><input type="checkbox"/> Contemplative — ambivalent; acknowledges having a problem and beginning to think about it; has indefinite plan to change</li> <li><input type="checkbox"/> Precontemplative — in treatment due to external pressure; resistant to change</li> </ul>
<p>Dimension 5 (relapse, continued use or continued problem potential):</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal/none — little likelihood of relapse</li> <li><input type="checkbox"/> Mild — recognizes triggers; uses coping skills</li> <li><input type="checkbox"/> Moderate — aware of potential triggers for MH/SA issues but requires close monitoring</li> <li><input type="checkbox"/> Significant — not aware of potential triggers for MH/SA issues; continues to use/relapse despite treatment</li> <li><input type="checkbox"/> Severe — unable to control use without 24-hour monitoring; unable to recognize potential triggers for MH/SA despite consequences</li> </ul>

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 and/or physically abusive individual or active user; coping skills and recovery require a 24-hour setting
<b>Current treatment plan</b>	
<b>Medications</b>	
Have medications changed (type, dose and/or frequency) since admission? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give medication, current amount, and change date:	
Have any PRN medications been administered? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give medication, current amount, and change date:	
<b>Member's participation in and response to treatment</b>	
Attending groups?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Family or other supports involved in treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Adherent to medications as ordered?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Member is improving in (Select all that apply.): Sleep <input type="checkbox"/> Yes <input type="checkbox"/> No      Performing ADLs <input type="checkbox"/> Yes <input type="checkbox"/> No Affect <input type="checkbox"/> Yes <input type="checkbox"/> No      Impulse control/behavior <input type="checkbox"/> Yes <input type="checkbox"/> No Mood <input type="checkbox"/> Yes <input type="checkbox"/> No      Thought processes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Support system</b>	
(Include coordination activities with case managers, family, community agencies, and so on. If case is open with another agency, name the agency, phone number, and case number.)	

<b>Discharge plan</b>	
(Note changes and 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 use services:	
<b>Planned discharge level of care:</b>	
<b>Expected discharge date:</b>	
<b>Submitted by:</b>	
<b>Phone:</b>	