



Behavioral Health Initial Review Form for Inpatient and Partial Hospital Programs

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

- Medicaid: **1-844-451-2794**
- Medicare Advantage: **1-844-430-1702**

Today's date:		
Contact information		
Level of care:		
<input type="checkbox"/> Inpatient psychiatric	<input type="checkbox"/> Inpatient detox (ASAM 4)	<input type="checkbox"/> Ambulatory withdrawal (ASAM 2WM)
<input type="checkbox"/> Partial hospitalization	<input type="checkbox"/> Nonmedical detox (ASAM 3.7WM)	<input type="checkbox"/> SUD partial care (ASAM 2.5)
<input type="checkbox"/> Partial care	<input type="checkbox"/> Short-term residential (ASAM 3.7)	<input type="checkbox"/> SUD IOP (ASAM 2.1)
<input type="checkbox"/> AMHR	<input type="checkbox"/> Long-term residential (ASAM 3.5)	
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:	
Diagnosis (psychiatric, chemical dependency and medical)		

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

<https://provider.amerigroup.com>

Precipitant to admission (Be specific. Why is the treatment needed now?)
Risk of harm to self
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
Risk of harm to others
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
Psychosis
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
If present, describe:
Symptoms (Select all that apply.): <input type="checkbox"/> Auditory/visual hallucinations <input type="checkbox"/> Paranoia <input type="checkbox"/> Delusions <input type="checkbox"/> Command hallucinations
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): <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"/> PCP	<input type="checkbox"/> LSD
<input type="checkbox"/> Opioids	<input type="checkbox"/> Barbiturates
<input type="checkbox"/> Other (Describe.):	<input type="checkbox"/> Cocaine
	<input type="checkbox"/> Methamphetamines
	<input type="checkbox"/> Benzodiazepines
Urine drug screen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Result (if applicable):	
<input type="checkbox"/> Positive (If selected, list drugs.):	<input type="checkbox"/> Negative <input type="checkbox"/> Pending
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:
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 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 ADLs <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"/> Precontemplative — 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?	
Previous treatment (Include provider name, facility name, medications, specific treatment/levels of care and adherence.)	
Current treatment plan	
Standing medications:	

As-needed medications administered (not ordered):

Other treatment and/or interventions planned (including when family therapy is planned):

Support system (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.)

Results of depression screening

Readmission within the last 30 days? Yes No

If yes, and readmission was to the discharging facility, what part of the discharge plan did not work and why?

Initial discharge plan (List name and number of discharge planner and include whether the member can return to current residence.)

Planned discharge level of care:

Describe any barriers to discharge:

Expected discharge date:

Submitted by:

Phone: