



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

Please submit your request electronically using our preferred method at <https://www.availity.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:		
<b>Contact information</b>		
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:	
<b>Diagnosis (psychiatric, chemical dependency and medical)</b>		

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

<https://provider.amerigroup.com>

**Risk of harm to self (within the last 24 to 48 hours)**

If present, describe:

If prior attempt, date and description:

Risk rating (Select all that apply.)

Not present       Ideation       Plan       Means       Prior attempt

**Risk of harm to others (within the last 24 to 48 hours)**

If present, describe:

If prior attempt, date and description:

Risk rating (Select all that apply.)

Not present       Ideation       Plan       Means       Prior attempt

**Psychosis (within the last 24 to 48 hours)**

Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed):

0       1       2       3       N/A

If present, describe:

Symptoms (Select all that apply.):

Auditory/visual hallucinations       Paranoia  
 Delusions       Command hallucinations

**Substance use (within the last 24 to 48 hours)**

Risk rating (0 = None, 1 = Mild or mildly incapacitating, 2 = Moderate or moderately incapacitating, 3 = Severe or severely incapacitating, N/A = Not assessed):

0       1       2       3       N/A

Substance (Select all that apply.)

Alcohol       Marijuana       Cocaine  
 PCP       LSD       Methamphetamines  
 Opioids       Barbiturates       Benzodiazepines

Other (Describe.):

Urine drug screen:       Yes     No     Unknown

Result (if applicable):

Positive (If selected, list drugs.):       Negative       Pending

**For substance use disorders, please complete the following additional information, based on current assessment.**

**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
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**Current treatment plan**

**Medications**

Have medications changed (type, dose and/or frequency) since admission?  Yes  No  
 If yes, give medication, current amount and change date:

Have any PRN medications been administered?  Yes  No  
 If yes, give medication, current amount and change date:

**Member's participation in and response to treatment**

Attending groups?  Yes  No  N/A

Family or other supports involved in treatment?  Yes  No  N/A

Adherent to medications as ordered?  Yes  No  N/A

Member is improving in (Select all that apply.):

Thought processes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Affect	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mood	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Performing ADLs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Impulse control/behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sleep	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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.)

**Discharge plan** (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>