

Behavioral Health Concurrent Review Form for Inpatient

Please submit your request electronically using our preferred method at <https://availity.com>. *If you prefer to fax this form instead, you may send it to **844-452-8071** or call into **800-454-3730**.

Today's date:	
Contact information	
Level of care:	
<input type="checkbox"/> Inpatient psychiatric acute care	<input type="checkbox"/> Inpatient detox
<input type="checkbox"/> Inpatient substance use rehab	<input type="checkbox"/> Substance use residential
Member name:	Member DOB:
Member ID or reference #:	Member phone:
Member address:	
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)	
Risk of harm to self (within the last 24 to 48 hours)	
If present, describe:	

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

Amerigroup Community Care complies with the applicable federal and state civil rights laws, rules, and regulations and does not discriminate against members or participants in the provision of services on the basis of race, color, national origin, religion, sex, age, or disability. If a member or a participant needs language, communication, or disability assistance or to report a discrimination complaint, call **800-454-3730**. Information about the civil rights laws can be found at tn.gov/tenncare/members-applicants/civil-rights-compliance.html.

If prior attempt, date and description:				
Risk rating (Select all that apply.)		<input type="checkbox"/> Means	<input type="checkbox"/> Prior attempt	
<input type="checkbox"/> Not present	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan		
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.)		<input type="checkbox"/> Means	<input type="checkbox"/> Prior attempt	
<input type="checkbox"/> Not present	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan		
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):				
<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"/> Paranoia		
<input type="checkbox"/> Auditory/visual hallucinations		<input type="checkbox"/> Command hallucinations		
<input type="checkbox"/> Delusions				
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):				
<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"/> Cocaine		
<input type="checkbox"/> Alcohol	<input type="checkbox"/> Marijuana	<input type="checkbox"/> Methamphetamines		
<input type="checkbox"/> PCP	<input type="checkbox"/> LSD	<input type="checkbox"/> Benzodiazepines		
<input type="checkbox"/> Opioids	<input type="checkbox"/> Barbiturates			
<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"/> Negative	<input type="checkbox"/> Pending	
<input type="checkbox"/> Positive (If selected, list drugs.):				

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
Current treatment plan	
Medications	
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:	
Member's participation in and response to treatment	
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.): 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:
Planned discharge level of care:
Expected discharge date:
Submitted by:
Phone: