



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

Please submit via the provider website at <https://www.availity.com/>. If you choose to fax this form instead, you may send it to **844-442-8016**.

Today's date:			
Contact information			
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/reference number #:		Member DOB:	
Member address:			
Member phone:			
Facility account #:			
For child/adolescent, name of parent/guardian:			
Discharge phone number:			
Primary spoken language:			
Name of utilization review (UR) contact:			
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:			
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 self (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"/> Not present <input type="checkbox"/> Ideation <input type="checkbox"/> Plan <input type="checkbox"/> Means <input type="checkbox"/> 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):			
<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"/> Command hallucinations	<input type="checkbox"/> Paranoia <input type="checkbox"/> Delusions
Substance (Select all that apply.):		
<input type="checkbox"/> Alcohol  <input type="checkbox"/> PCP  <input type="checkbox"/> Opioids  <input type="checkbox"/> Other (Describe):	<input type="checkbox"/> Marijuana  <input type="checkbox"/> LSD  <input type="checkbox"/> Barbiturates	<input type="checkbox"/> Cocaine  <input type="checkbox"/> Methamphetamines  <input type="checkbox"/> Benzodiazepines
Urine drug screen? <span style="float: right;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unknown</span>		
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:		
Substance use screening (Select if applicable and give score.):		
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 and withdrawal symptoms):	<input type="checkbox"/> Minimal/none — not under influence; minimal withdrawal potential <input type="checkbox"/> Mild — recent use but minimal withdrawal potential	

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Moderate — recent use; needs 24-hour monitoring</li> <li><input type="checkbox"/> Significant — potential for or history of severe withdrawal; history of withdrawal seizures</li> <li><input type="checkbox"/> Severe — presents with severe withdrawal, current withdrawal seizures</li> </ul>
<p>Dimension 2 (Biomedical conditions and complications):</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal/none — none or insignificant medical problems</li> <li><input type="checkbox"/> Mild — mild medical problems that do not require special monitoring</li> <li><input type="checkbox"/> Moderate — medical condition requires monitoring but not intensive treatment</li> <li><input type="checkbox"/> Significant — medical condition has a significant impact on treatment and requires 24-hour monitoring</li> <li><input type="checkbox"/> Severe — medical condition requires intensive 24-hour medical management</li> </ul>
<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> </ul>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Preparation — planning to take action and is making a 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>
<p>Dimension 6 (recovery living environment):</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Minimal/none — supportive environment</li> <li><input type="checkbox"/> Mild — environmental support adequate but inconsistent</li> <li><input type="checkbox"/> Moderate — moderately supportive environment for MH/SA issues</li> <li><input type="checkbox"/> Significant — lack of support in environment or environment supports substance use</li> <li><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</li> </ul>
<p>Current treatment plan</p>	
Empty space for current treatment plan	
<p>Medications</p>	

Have medications changed (type, dose and/or frequency) since admission If yes, give medication, current amount, and change date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Member's participation in and response to treatment</b>	
Urine drug screen?	<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
Affect <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:	
Planned discharge level of care:	
Expected discharge date:	
Submitted by:	
Phone:	