

Behavioral Health Initial Review Form for Inpatient and Partial Hospital Programs

Instead of faxing this form, submit your request electronically using our preferred method at https://www.availity.com.* If you use this form, fax it to 1-844-432-6027.

r=				
Today's date:				
Contact information				
Level of care:				
☐ Inpatient psychiatric	☐ PHP mental he	ealth	☐ Substance use RTC (ASAM	
☐ Psychiatric RTC	☐ PHP substance use		level, if appropriate:	
☐ IOP mental health	☐ Inpatient substance use rehab			,
□ Inpatient detox	☐ IOP substance abuse)
Member name:				
Member ID or reference #:		Member DOB:		
Member address:				
Member phone:				
Facility account #:				
For child/adolescent, name of pare	ent/guardian:			
Primary spoken language:				
L minery eponomical galage				
Name of utilization review (UR) con	ntact:			
UR contact phone number:		UR contact fax n	umber:	
Admit date:				
☐ Voluntary ☐ Involuntary (If i	nvoluntary, date of	commitment:)	
Admitting facility name: Facility provider # or NPI:		# or NPI:		
Attending physician (first and last n	name):			
Attending physician phone:		Provider # or NP	· ·	
, attending prijoloidii priorio.		. 1311331 // 31 14		
Facility unit:		Facility phone:		
1		I		

https://providers.healthybluela.com

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

 $^{^{\}star} \ \text{Availity, LLC} \ \text{is an independent company providing administrative support services on behalf of Healthy Blue.}$

Discharge planner name:			
Discharge planner phone:			
Diagnosis (psychiatric, chemical	dependency and med	ical)	
Diagnosis (psychiatric, chemical	dependency and med	ivai)	
Precipitant to admission (Be spec	cific. Why is the treatm	nent needed now?)	
Risk of harm to self			
If present, describe:			
If prior attempt, date and description	n:		
Risk rating (Select all that apply.)			
☐ Not present ☐ Ideation	□ Plan	□ Means	□ Prior attempt
Risk of harm to others			
If present, describe:			
If prior attempt, date and description	n:		
Risk rating (Select all that apply.): ☐ Not present ☐ Ideation	□ Plan	□ Means	□ Prior attempt
Psychosis	L I Idii	L MEANS	Li noi attempt
Risk rating (0 = None, 1 = Mild or mi 3 = Severe or severely incapacitatir	g, N/A = Not assessed)	:	
□ 0 □ 1	□ 2	□ 3	□ N/A
If present, describe:			
Symptoms (Select all that apply.):			
☐ Auditory/visual hallucinations		aranoia	
□ Delusions		ommand hallucination	ns

Substance use				
Risk rating (0 = None, 1 = Mild or mile	dly incapa	citating, 2 = Mode	rate or moderately	incapacitating,
3 = Severe or severely incapacitating		-		
□0 □1		2	□ 3	□ N/A
Substance (Select all that apply.):				
	□ Marijua	na	☐ Cocaine	
	□ LSD			nphetamines
☐ Opioids	□ Barbitui	rates	☐ Benzod	iazepines
☐ Other (Describe.):				
Urine drug screen: ☐ Yes ☐ No	□ Unknow	'n		
Result (if applicable):				
☐ Positive (If selected, list drugs.):			□ Negative	□ Pending
Blood alcohol level: ☐ Yes ☐ No ☐	Unknown	1		
Result (if applicable): ☐ Value: ☐ Pe	ending			
Substance use screening (Select if a	pplicable a	and give score.):		
☐ CIWA:		□ COWS		
For substance use disorders, plea				
Current assessment of American S			ine (ASAM) criteri	ia
Dimension (Describe or give symp		Risk rating		
Dimension 1 (acute intoxication) and	/or		— not under influer	nce; minimal withdrawal
withdrawal potential (such as vitals,		potential		
withdrawal symptoms)			use but minimal wit	•
		☐ Moderate — re	ecent use; needs 24	4-hour monitoring
		☐ Significant — ¡	potential for or histo	ory of severe withdrawal;
		history of withou	drawal seizures	
		☐ Severe — pres	sents with severe w	ithdrawal, current
		withdrawal sei		
Dimension 2 (biomedical conditions a	and	☐ Minimal/none	— none or insignific	cant medical problems
complications)		☐ Mild — mild m	edical problems tha	at do not require special
		monitoring		
		☐ Moderate — m	nedical condition re	quires monitoring but
		not intensive to	reatment	
		☐ Significant — ı	medical condition h	as a significant impact
			nd requires 24-hou	•
		☐ Severe — med	dical condition requ	ires intensive 24-hour
		medical manage	gement	

Dimension 3 (emotional, behavioral or	☐ Minimal/none — none or insignificant psychiatric or
cognitive complications)	behavioral symptoms
	☐ Mild — psychiatric or behavioral symptoms have minimal
	impact on treatment
	☐ Moderate — impaired mental status; passive
	suicidal/homicidal ideations; impaired ability to complete
	ADLs
	☐ Significant — suicidal/homicidal ideations, behavioral or
	cognitive problems or psychotic symptoms require 24-hour monitoring
	☐ 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)	☐ Maintenance — engaged in treatment
	☐ Action — committed to treatment and modifying behavior
	and surroundings
	☐ Preparation — planning to take action and is making
	adjustments to change behavior; has not resolved
	ambivalence
	☐ Contemplative — ambivalent; acknowledges having a
	problem and beginning to think about it; has indefinite plan to change
	☐ Precontemplative — in treatment due to external
	pressure; resistant to change
Dimension 5 (relapse, continued use or	☐ Minimal/none — little likelihood of relapse
continued problem potential)	☐ Mild — recognizes triggers; uses coping skills
	☐ Moderate — aware of potential triggers for MH/SA issues
	but requires close monitoring
	☐ Significant — not aware of potential triggers for MH/SA
	issues; continues to use/relapse despite treatment
	☐ Severe — unable to control use without 24-hour
	monitoring; unable to recognize potential triggers for
	MH/SA despite consequences
Dimension 6 (recovery living environment)	☐ Minimal/none — supportive environment
	☐ Mild — environmental support adequate but inconsistent
	☐ Moderate — moderately supportive environment for
	MH/SA issues
	☐ Significant — lack of support in environment or
	environment supports substance use
	☐ Severe — environment does not support recovery or
	mental health efforts; resides with an
	emotionally/physically abusive individual or active user;
If any ASAM dimensions have moderate or his	coping skills and recovery require a 24-hour setting her risk ratings, how are they being addressed in treatment or
discharge planning?	iner risk ratings, now are they being addressed in treatment of
aloonargo 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):
Other treatment and/or interventions planned (including when rankly 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.)
on. If eace to open with another agency, name the agency, phone name of and eace name of
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:
LAPECIEU UISCHAIYE UAIE.

Medicaid Managed Care Behavioral Health Initial Review Form for Inpatient and Partial Hospital Programs Page 6 of 6

Submitted by:		
_		
Phone:		