

## Behavioral Health Crisis Services Treatment Request Form

Submit this completed form using our preferred method online at <https://www.availity.com>.\*

**Please note: Psychological/neuropsychological testing requests require a separate form.**

<b>Date:</b>		<b>Type of request:</b>	<input type="checkbox"/> Initial request	
Applicable codes: <input type="checkbox"/> H2011 <input type="checkbox"/> H2011 HK <input type="checkbox"/> H2011 TG, U8 <input type="checkbox"/> H2011 TG, 95				
<input type="checkbox"/> S9484 HK <input type="checkbox"/> S9484 TG <input type="checkbox"/> S9485 HK <input type="checkbox"/> S9485 TG <input type="checkbox"/> S9485 TG, U8				
<b>Identifying data</b>				
Patient's name:				
Medicaid ID:		Date of birth:		
Patient's address:				
City and state:			ZIP code:	
<b>Provider information</b>				
Provider name:		NPI:		
Tax ID:	Phone:	Fax:		
PCP name:		PCP NPI:		
Name of other behavioral health providers:				
1.		3.		
2.		4.		
<b>DSM-5/ICD-10 diagnoses</b>				
<b>Medications</b>				
<input type="checkbox"/> Check if member is not adherent to medication regimen.				
<input type="checkbox"/> Check if member is not taking any medications.				
<b>Current medications (indicate changes since last report)</b>		<b>Dosage</b>	<b>Frequency</b>	
<b>Current risk factors</b>				
<b>Suicide:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Intent without means	
	<input type="checkbox"/> Intent with means		<input type="checkbox"/> Contracted not to harm self	
<b>Homicide:</b>	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Intent without means	
	<input type="checkbox"/> Intent with means		<input type="checkbox"/> Contracted not to harm others	
<b>Physical or sexual abuse or child/elder neglect:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If Yes, patient is:</b>	<input type="checkbox"/> Victim	<input type="checkbox"/> Perpetrator	<input type="checkbox"/> Both	<input type="checkbox"/> Neither (but abuse exists in family)
<b>Abuse or neglect involves a child or elder:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Abuse has been legally reported:</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No	

\* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

<https://provider.healthyluella.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.

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**Symptoms that are the focus of current treatment** *(may include specific testing to support and correlate with DSM diagnoses, observations of behavior or chief complaints)*

**Progress since last review** *(including what is being re-evaluated or changed, whether member is being reassessed, medication changes, any stressors, or supports that may contribute or serve as a barrier)*

**Functional impairments or strengths** *(including interpersonal relations, personal hygiene, work/school) — Identify specific behaviors*

**Describe recovery environment** *(including support system, level of stress)*

**Engagement/level of active participation in treatment**

**Housing**

**Co-occurring medical/physical illness**

**Family history of mental illness or substance use**

**Trauma-informed care** — Individuals have experienced potentially traumatic events in their lifetime. It is imperative that everyone be aware of the potential impact of trauma on those they serve, be mindful of how their policies and procedures may affect those who use their services, and prepared to recognize and offer trauma-specific services when needed.

**Is there evidence to suggest this member has experienced trauma?**     Yes     No

**What is your plan to assess and address the current and potential effects of that trauma?**

**Patient's treatment history including all levels of care:**

Level of care	Number of distinct episodes/sessions	Date of last episode/session
Outpatient psych		
Inpatient psych		
Outpatient substance use		
Inpatient substance use		
Residential treatment center – Substance use		
Residential treatment center – Psych		

Requested service authorization:

Procedure code (e.g., H2011)	Number of units (e.g., 240)	Frequency (e.g., 3 times/week)	Requested start date (e.g., 3/1/17)	Requested end date (e.g., 3/1/17)

**Treatment goals for each type of service (specify) with expected dates to achieve them**  
*(should correlate with symptoms and DSM diagnoses)*

- 1.
- 2.
- 3.
- 4.
- 5.

**Measured objective outcome criteria by which goal achievement is determined**

- 1.
- 2.
- 3.
- 4.
- 5.

**Discharge plan and estimated discharge date**

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**Expected outcome and prognosis:**

- Return to normal functioning
- Expect improvement, anticipate less than normal functioning
- Relieve acute symptoms, return to baseline functioning
- Maintain current status, prevent deterioration

**Treatment plan coordination**

I have requested permission from the member/member's parent or legal guardian to release information to the PCP.  Yes  No

If no, rationale why this is inappropriate:

Treatment plan was discussed with and agreed upon by the member/member's parent or legal guardian:  Yes  No

Name of legal guardian (if applicable) and any agencies involved with the member (Department of Child & Family Services, Office for Citizens with Developmental Disabilities, etc.)

**Please attach summary sheets of ASAM, LOCUS, CASII, CALOCUS, or other applicable assessments.**

Provider signature:		Date:	
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**Disclaimer:** Authorization indicates that Healthy Blue determined medical necessity has been met for the requested service(s) but does not guarantee payment. Payment is contingent upon the eligibility and benefit limitations at the time services are rendered.

**Tips:**

- Healthy Blue accepts additional supporting clinical documentation relevant to authorization requests, such as the *Freedom of Choice* form, any service plans developed for member (OAD, OCDD, DCFS plans), or latest assessments.
- When submitting for continued stay, it helps to document severity of illness; specific symptoms of diagnoses; symptoms that treatment is targeting; and how provider plans to address each issue, engagement/motivation or lack of support, functional impairment, etc.