

**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 **1-844-430-1702**.

Today's date:	
<b>Contact information</b>	
Level of care:	
<input type="checkbox"/> Inpatient psychiatric	<input type="checkbox"/> Inpatient detox
<input type="checkbox"/> PHP mental health	<input type="checkbox"/> PHP substance use
<input type="checkbox"/> Inpatient substance use rehab	
Member name:	
Member ID or reference #:	Member DOB:
Member address:	
Member phone:	
Hospital 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:	
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 Healthy Blue.

<b>Precipitant to admission (Be specific. Why is the treatment needed now?)</b>
<b>Risk of harm to self</b>
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
<b>Risk of harm to others</b>
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
<b>Psychosis</b>
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"/> Auditory/visual hallucinations <input type="checkbox"/> Paranoia <input type="checkbox"/> Delusions <input type="checkbox"/> Command hallucinations
<b>Substance use</b>
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"/> Alcohol <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> PCP <input type="checkbox"/> LSD <input type="checkbox"/> Methamphetamines <input type="checkbox"/> Opioids <input type="checkbox"/> Barbiturates <input type="checkbox"/> Benzodiazepines <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"/> Positive (If selected, list drugs.):	<input type="checkbox"/> Negative	<input type="checkbox"/> Pending
BAL: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Result (if applicable): <input type="checkbox"/> Value: <input type="checkbox"/> Pending		
Substance use screening (Select if applicable and give score.):		
<input type="checkbox"/> CIWA: <span style="float: right;"><input type="checkbox"/> COWS:</span>		
<b>For substance use disorders, please complete the following additional information.</b>		
<b>Current assessment of American Society of Addiction Medicine (ASAM) criteria</b>		
<b>Dimension (Describe or give symptoms.)</b>	<b>Risk rating</b>	
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
If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?	
<b>Previous treatment</b> (Include provider name, facility name, medications, specific treatment/levels of care and adherence.)	
<b>Current treatment plan</b>	
Standing medications:	
As-needed medications administered (not ordered):	
Other treatment and/or interventions planned (including when family therapy is planned):	
<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>Results of depression screening</b>
Readmission within the last 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, and readmission was to the discharging facility, what part of the discharge plan did not work and why?
<b>Initial discharge plan</b> (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:
<b>Submitted by:</b>
<b>Phone:</b>