



**Behavioral Health
Minimum Data Set For IP (Non-Substance Abuse)
Precertification/Initial Concurrent Review**

Member Information:

Member name: _____

Member number: _____

HIPAA verified? _____

Precertification/Initial CCR Documentation:

Facility contact name/phone number: _____

Name of facility admitted to: _____

Admit date: _____

Level of care: _____

Voluntary/involuntary: _____

Readmission within last 30 days (yes/no): _____

Date of last admission: _____

Diagnosis: _____

Axis 1: _____

Axis 2: _____

Axis 3: _____

Axis 4: _____

Axis 5: _____

Precipitant: _____

Risk assessment: _____

Suicidal ideation: _____

Plan: _____

Past attempts: _____

Homicidal ideation: _____

Plan: _____

Psychosis: _____

Auditory hallucinations: _____

Visual hallucinations: _____

Delusions: _____

Mental status: _____

OP provider: _____

OP medication: _____

OP medication/treatment compliance: _____

Drug and alcohol use: _____

Legal history (including any current charges): _____

Current medication: _____

Current medication/treatment compliance: _____

Support system: _____

Initial discharge plan/housing: _____

Name/phone number of facility discharge planner: _____

Number of days authorized: ____ from ____/____ to ____/____

Next review date: ____/____

Name/phone number of UR contact: _____

Milliman guidelines (criteria met/not met) _____

ORG(s): _____

Reason: _____

Note: For most contracts, when calls are received after normal BH business hours (8:30 a.m. – 7:00 p.m. EST), the After Hours clinical staff will request minimal clinical information before releasing the reference number. The facility should contact AMERIGROUP Community Care Behavioral Health (1-800-600-4441) on the morning of the next business day to provide full clinical information for the admission and any clinical updates since admission.

**Behavioral Health
Minimum Data Set For IP Precertification/Initial Concurrent Review
Substance Abuse
Generic (Non-Tennessee) Version**

Member Information:

Member name: _____

Member number: _____

HIPAA verified? _____

Precertification/Initial CCR Documentation:

Facility contact name/phone number: _____

Name of facility admitted to: _____

Admit date: _____

Level of care: _____

Voluntary/involuntary: _____

Readmission within last 30 days (yes/no): _____

Date of last admission: _____

Diagnosis: _____

Axis 1: _____

Axis 2: _____

Axis 3: _____

Axis 4: _____

Axis 5: _____

Precipitant: _____

Risk assessment: _____

Suicidal ideation/homicidal ideation: _____

Psychosis: _____

Legal issues: _____

Health issues: _____

Family/social issues: _____

Prior treatment history: _____

Note: For most contracts, when calls are received after normal BH business hours (8:30 a.m. – 7:00 p.m. EST), the After Hours clinical staff will request minimal clinical information before releasing the reference number. The facility should contact AMERIGROUP Community Care Behavioral Health (1-800-600-4441) on the morning of the next business day to provide full clinical information for the admission and any clinical updates since admission.

OP medication: _____

Compliance with OP medication/treatment: _____

Chemical dependency evaluation: _____

Drug: _____

Date of onset: _____

Method/route of use: _____

Amount: _____

Frequency of use: _____

Date of last use and amount used: _____

How financed: _____

(Repeat same information for each identified drug used)

Detox specifics: _____

Vitals: _____

Withdrawal symptoms: _____

History of blackouts, seizures or DTs: _____

Treatment plan: _____

Current medication: _____

Support system: _____

Initial discharge plan/housing: _____

Name/phone number of facility discharge planner: _____

Number of days authorized: ____ from ____/____ to ____/____

Next review date: ____/____

Name/phone number of UR contact: _____

Milliman guidelines (criteria met/not met): _____

ORG(s): _____

Reason: _____

ASAM dimensions met/not met: _____

Reason: _____

Note: For most contracts, when calls are received after normal BH business hours (8:30 a.m. – 7:00 p.m. EST), the After Hours clinical staff will request minimal clinical information before releasing the reference number. The facility should contact AMERIGROUP Community Care Behavioral Health (1-800-600-4441) on the morning of the next business day to provide full clinical information for the admission and any clinical updates since admission.

**Behavioral Health
Minimum Data Set For IP Concurrent Review**

Concurrent Review Documentation:

Medication evaluation (changes as indicated, any prn's): _____

Continued evidence of clinical need based on risk assessment: _____

Participation in treatment: _____

Facility contact with family/family meeting: _____

Discharge plan within 24 hours of admission: _____

Discharge plan: _____

If recent readmission, what were the barriers for recovery or community stabilization?

Name/phone number of discharge planner: _____

Attending MD name/phone number: _____

UR contact name/phone number: _____

CMH Agency/OP provider affiliation/name: _____

Facility collateral with PCP (y/n): _____

Facility collateral with OP BH provider (y/n): _____

Facility social worker name/phone number: _____

Housing need: _____

Facility collateral with MH case manager, if any: _____

Guidelines/criteria (documented and applied): _____

Reason for continued stay: _____

Number of days authorized: _____ from ___/___ to ___/___

Last authorized day: _____

Note: For most contracts, when calls are received after normal BH business hours (8:30 a.m. – 7:00 p.m. EST), the After Hours clinical staff will request minimal clinical information before releasing the reference number. The facility should contact AMERIGROUP Community Care Behavioral Health (1-800-600-4441) on the morning of the next business day to provide full clinical information for the admission and any clinical updates since admission.

**Behavioral Health
Minimum Data Set For Discharges**

Member information:

Member name: _____

Member number: _____

HIPAA verified: _____

Discharge Documentation:

Discharge summary: _____

Date of discharge: _____

Discharge address/phone number: _____

Follow-up appointment within 7 days of discharge: _____

 Provider: _____

 Phone number: _____

 Date/time: _____

 Provider: _____

 Phone number: _____

 Date/time: _____

 Provider: _____

 Phone number: _____

 Date/time: _____

Axis1: _____

Axis5: _____

Discharge medication(s): _____

Mental status at discharge: _____

Total days authorized: _____ from ___/___ to ___/___

Review completed by: _____

Note: Please make additional copies of the page if necessary to identify additional drugs.

Note: For most contracts, when calls are received after normal BH business hours (8:30 a.m. – 7:00 p.m. EST), the After Hours clinical staff will request minimal clinical information before releasing the reference number. The facility should contact AMERIGROUP Community Care Behavioral Health (1-800-600-4441) on the morning of the next business day to provide full clinical information for the admission and any clinical updates since admission.