



Behavioral health concurrent review form

(Inpatient (MH and CD), CD Residential Treatment, PMIC, PHP or IOP)

**Please submit via the provider portal at providers.amerigroup.com/ia
or fax to 1-877-434-7578 on the last authorized day.**

Today's date:		
Contact information		
Level of care: Inpatient psych: <input type="checkbox"/> Inpatient detox: <input type="checkbox"/> PMIC: <input type="checkbox"/> CD residential treatment: <input type="checkbox"/> PHP: <input type="checkbox"/> IOP: <input type="checkbox"/>		
Member name:	Member ID or reference number:	Member date of birth:
Member address:		Member phone number:
Facility contact name and phone number (if changed):		Admitting facility name:
Facility provider number or NPI:	Facility unit and phone number (if changed since initial review):	
ICD-10 diagnoses (document changes only)		
Risk assessment		
In the past 24 to 48 hours, has the member shown suicidal or homicidal thoughts or plans, physical aggression to self or others, or command auditory hallucinations; on close observation, drug and/or alcohol withdrawal symptoms or comorbid health concerns?		
Yes: No:		
For PMIC Only: During the review period, has the member shown suicidal or homicidal thoughts or plans, physical aggression to self or others, or command auditory hallucinations?		
If yes, explain:		
Lab results		
Medications		
List current medications and any changes with dates. Include medications for physical conditions. If medications require prior authorization, indicate how this is being addressed. Indicate as-needed (PRN) medications actually administered and when.		
Summary of nursing notes:		
Summary of MD notes:		

Other treatment plan changes or assessments (include results of chemical dependency assessment, medical assessments or treatments. Please attach summary sheets of any assessments if applicable):

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) (include vitals, withdrawal symptoms):	Minimal/none:	Mild:	Moderate:
	Significant:	Severe:	
Dimension 2 (biomedical conditions and complications):	Minimal/none:	Mild:	Moderate:
	Significant:	Severe:	
Dimension 3 (emotional, behavioral or cognitive complications):	Minimal/None:	Mild:	Moderate:
	Significant:	Severe:	
Dimension 4 (readiness to change):	Minimal/none:	Mild:	Moderate:
	Significant:	Severe:	
Dimension 5 (relapse, continued use or continued problem potential):	Minimal/none:	Mild:	Moderate:
	Significant:	Severe:	
Dimension 6 (recovery living environment):	Minimal/none:	Mild:	Moderate:
	Significant:	Severe:	
If any ASAM dimensions have moderate or higher risk ratings, how are they being addressed in treatment or discharge planning?			

Response to treatment:	
Involvement in treatment or discharge planning of member, family/guardian(s), outpatient providers or other identified supports:	
Please attach summary sheets of any assessments, if applicable.	
Discharge planning (Note changes, 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 :	
BHIS:	
Medical:	
Wraparound services:	
Substance abuse services:	
Was post-hospital discharge appointment scheduled? <input type="checkbox"/> Yes <input type="checkbox"/> No Appointment date:	
Expected length of stay from today:	
Submitted by:	Phone:

Important note: You are not permitted to use or disclose Protected Health Information about individuals that you are not currently treating or have enrolled to your practice. This applies to Protected Health Information accessible in any online tool, sent in any medium including mail, email, fax or other electronic transmission.