Behavioral health discharge note

(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		
Member name:	Member ID# /reference number:	Member date of birth:
Member address:		Member phone number:
Name of facility:		Facility NPI/Amerigroup provider number:
Date of discharge:	Discharge address:	
Discharge phone number:	Other contact information (mobile phone, family member or guardian)?	

Was this discharge against medical advice (AMA)?	Yes ☐	No ☐
Was discharge information sent to the PCP/psychiatrist?	Yes ☐	No ☐
Was discharge plan discussed with member?	Yes ☐	No ☐
If required for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?	Yes ☐	No ☐

Were any of the following included in the discharge plan? Check all that apply.	**Yes**	**No**	**Accepted**	**Refused**
Skilled nursing facility				
Assisted living facility				
Day treatment				
Intensive psychiatric rehabilitation				
Community support services				
Assertive community treatment				
Peer support services				
Other (BHIS, MH therapy, med management, HAB, Waiver services, HH, AA, NA,):				

ICD-10 discharge diagnoses (psychiatric, chemical dependency and medical):

Discharge medications (include medications and doses for all conditions):			
Are these medications on the formulary or do they require precertification?		Yes	No
Has precertification been received if needed?		Yes	No
Risk assessment (If yes, explain.)			
Was the member stable at discharge? (no risk for suicide/homicide/psychosis)			
Discharge appointment (must be within seven days)			
Provider name:	Provider contract number:		
Tax ID number:	Is this an in-network provider?	Yes ☐	No ☐
Date of appointment:	Time of appointment:		
Describe any barriers to attending this appointment:			
Submitted by:	**Phone:**		

Important Note: You are not permitted to use or disclose Protected Health Information about individuals who you are not currently treating or are not 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.