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Behavioral Health Concurrent Review Form

Please submit this form electronically using our preferred method at https://providers.amerigroup.com/NJ. You may also submit via fax to 1-877-434-7578. Please submit on the last authorized day.
Date: _____

Contact information		
Member name:	Member ID or reference number:	Member DOB:
Member address:		Member phone:
Facility contact name and phone (if changed):	Admitting facility name:	
Facility provider number or NPI:	Facility unit and phone number (if changed since initial review):	

Level of care		
☐ Inpatient psych	☐ Inpatient detox (ASAM 4)	☐ SUD — Partial Care (ASAM 2.5)
☐ Partial hospitalization	☐ Non-medical detox (ASAM 3.7WM)	☐ SUD — IOP (ASAM 2.1)
☐ Partial care	☐ Short-term residential (ASAM 3.7)	
☐ AMHR	☐ Ambulatory withdrawal (ASAM 2WM)	

Diagnoses (document changes only)

Risk assessment
In the past 24-48 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
If yes, explain:

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

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 medications actually administered and when.

Summary of family therapy (date, time, who participated, outcome)

Summary of nursing notes

Summary of M.D. notes

Other treatment plan changes or assessments (Include results of chemical dependency assessment, medical assessments or treatments.)

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:
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 and/or counseling:
Medical:
Wraparound services:
Substance abuse services:
Was post-hospital discharge appointment scheduled? □ Yes □ No

Appointment date:	Days requested or expected length of stay from today:
Submitted by:	Phone number: