

Behavioral Health Initial Review Form for Inpatient and Partial Hospital Programs

This communication applies to the Medicaid and Medicare Advantage programs in Kentucky.

Instead of faxing this form, submit your request electronically using our preferred method at https://availity.com.* You may also fax this form to Medicaid at 888-881-6272 or Medicare Advantage at 844-430-1702. If you have questions about completing this form, please call our Behavioral Health department at 855-661-2028. You may also call Medicaid at 888-881-6272 or Medicare Advantage at 844-430-1702.

Today's date:		
Level of care:		
☐ Inpatient psychiatric ☐ Partial hospital program (PHP) mental health ☐ PHP substance use		
☐ Substance use residential treatment center (RTC) ☐ Psychiatric RTC		
American Society of Addiction Medicine (ASAM) level, if appropriate: ☐ Intensive outpatient program (IOP) mental health ☐ IOP substance abuse ☐ Inpatient substance use rehabilitation ☐ Inpatient detox		
Contact information		
Member name:		
Member ID or reference #:	Member DOB:	
Member address:		
Member phone:		
Facility 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:		
□ Voluntary □ Involuntary — If involuntary, date of commitment:		
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:		

^{*} Availity, LLC is an independent company providing administrative support services on behalf of Anthem Blue Cross and Blue Shield.

Mental health and physical health diagnosis (Use both diagnosis names and codes. Include any changes to diagnoses):					
	Substance	use			
Risk rating (0 = None, 1 = Mild or severely incapacitating, N/A = No		rate or moderately	incapacitating, 3 = Severe or		
□ 0 □ 1	□ 2	□ 3	□ N/A		
Substance (select all that apply.):					
☐ Alcohol	□ Marijuana		☐ Cocaine		
□ PCP	□LSD		☐ Methamphetamines		
☐ Opioids	□ Barbiturates		□ Benzodiazepines		
☐ Other (Describe.):					
Urine drug screen: ☐ Yes ☐ No ☐ Unknown					
Result (if applicable):					
☐ Negative ☐ Pending					
☐ Positive (If selected, list drugs.)):				
Blood alcohol level: ☐ Yes ☐ No	□ Unknown				
Result (if applicable): ☐ Pending	□ Value:				
Substance use screening (Select	if applicable and give score.):				
□ CIWA:		COWS:			
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 one:	☐ Minimal/none: Not under inf	luence: minimal wi	thdrawal potential.		
Acute intoxication and/or	☐ Mild: Recent use but minimal withdrawal potential.				
withdrawal potential such as	☐ Moderate: Recent use; nee	· ·			
vitals, withdrawal symptoms	symptoms Significant: Potential for or history of severe withdrawal; history of withdrawal				
	seizures.	·	•		
	☐ Severe: Presents with seve	re withdrawal; curre	ent withdrawal seizures.		
Dimension two:	☐ Minimal/none: None or insig	nificant medical pr	oblems.		
Biomedical conditions and	☐ Mild: Mild medical problems	that do not require	e special monitoring.		
complications	☐ Moderate: Medical condition	n requires monitorir	ng but not intensive treatment.		
☐ Significant: Medical condition has a significant impact on treatment and					
	requires 24-hour monitoring.				
	☐ Severe: Medical condition r	equires intensive 2	4-hour medical management.		

Dimension three:	Minimal/nana, Nana ar incignificant navehiatria ar habayiard aymptema		
Emotional, behavioral, or	☐ Minimal/none: None or insignificant psychiatric or behavioral symptoms.		
cognitive complications	☐ Mild: Psychiatric or behavioral symptoms have minimal impact on treatment.		
	☐ Moderate: Impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete the activities of daily living (ADL).		
	☐ Significant: Suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24-hour monitoring.		
	☐ 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 four:	☐ Maintenance: Engaged in treatment.		
Readiness to change	☐ Action: Committed to treatment and modifying behavior and surroundings.		
	☐ Preparation: Planning to take action and is making adjustments to change behavior; has not resolved ambivalence.		
	☐ Contemplative: Ambivalent; acknowledges having a problem and beginning to think about it; has indefinite plan to change.		
	☐ Precontemplative: In treatment due to external pressure; resistant to change.		
Dimension five:	☐ Minimal/none: Little likelihood of relapse.		
Relapse, continued use, or continued problem potential	☐ Mild: Recognizes triggers; uses coping skills.		
Continued problem potential	☐ Moderate: Aware of potential triggers for mental health/substance abuse (MH/SA)		
	issues but requires close monitoring.		
	☐ Significant: Not aware of potential triggers for MH/SA issues; continues to use/relapse despite treatment.		
	☐ Severe: Unable to control use without 24-hour monitoring; unable to recognize		
	potential triggers for MH/SA despite consequences.		
Dimension six:	☐ Minimal/none: Supportive environment.		
Recovery living environment	☐ Mild: Environmental support adequate but inconsistent.		
	☐ Moderate: Moderately supportive environment for MH/SA issues.		
	☐ Significant: Lack of support in environment or environment supports substance use.		
	☐ 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?			
parining.			
Previous treatment:			
(Include provider name, facility name, medications, specific treatment/levels of care, and adherence.)			

Current treatment plan
Standing medications:
As-needed medications administered (not ordered):
Other treatment and/or interventions planned (including when family therapy is planned):
Support system: (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.)
Results of depression screening:
Readmission within the last 30 days? ☐ Yes ☐ No If yes, and readmission was to the discharging facility, what part of the discharge plan did not work and why?
Initial discharge plan: (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:
Submitted by:
Phone: