dell children's HEALTH PLAN

Behavioral Health Concurrent Review Form for Inpatient, Residential Treatment Center, Partial Hospital Program and Intensive Outpatient Program

Instead of faxing this form, you may submit your request electronically using our preferred method at https://www.availity.com*. If you use this form, you may fax it to 1-877-434-7578.

Today's date:			
Contact information:			
Level of care:			
☐ Inpatient psych	☐ Inpatient detox	☐ Inpatient substance abuse rehab	☐ Psychiatric RTC
☐ Substance abuse RTC (ASAM level, if appropriate: [________])	☐ PHP mental health	☐ IOP mental health	☐ IOP substance abuse ☐ PHP substance abuse

Member name:	Member ID or reference number:	Member DOB:
Member address:		Member phone number:
Facility account number:	For child/adolescent, name of parent/guardian:	Primary spoken language:

Name of utilization review (UR) contact:	UR phone number:
Admit date:	UR fax number:
☐ Voluntary ☐ Involuntary If involuntary, date of commitment:	
Admitting facility name:	Facility provider number or NPI:
Attending physician (first and last names):	Attending physician phone number:

Provider number or NPI:	Facility unit:	Facility phone number:

Discharge planner name:	Discharge planner phone number:
Diagnoses (psychiatric, chemical dependency and medical)	

* Availity, LLC is an independent company providing administrative support services on behalf of Dell Children's Health Plan.

Risk of harm to self (within last 24-48 hours)	**Risk rating (check all that apply)**
If present, describe: If prior attempt, date and description:	□ Not present □ Ideation □ Plan □ Means □ Prior attempt
Risk of harm to others (within last 24-48 hours)	**Risk rating (check all that apply)**
If present, describe: If prior attempt, date and description:	□ Not present □ Ideation □ Plan □ Means □ Prior attempt
Psychosis (within last 24-48 hours) **Risk rating: (0 = None; 1 = Mild or Mildly Incapacitating; 2 = Moderate or Moderately Incapacitating; 3 = Severe or Severely Incapacitating; N/A = Not Assessed)**	**Symptoms (check all that apply)**
□ 0 □ 1 □ 2 □ 3 □ N/A If present, describe:	□ Auditory/visual hallucinations □ Paranoia □ Delusions □ Command hallucinations
Substance use Risk rating: (0 = None; 1 = Mild or Mildly Incapacitating; 2 = Moderate or Moderately Incapacitating; 3 = Severe or Severely Incapacitating; N/A = Not Assessed)	**Substance (check all that apply)**
□ 0 □ 1 □ 2 □ 3 □ N/A If present, describe last use, frequency, duration, sober history:	□ Alcohol □ Marijuana □ Cocaine □ PCP □ LSD □ Methamphetamines □ Opioids □ Barbiturates □ PCP □ Benzodiazepines □ Other (describe):
Urine drug screen?	**Result (if applicable)**
□ Yes □ No □ Unknown	□ Positive (If checked, list drugs): □ Negative □ Pending

For substance use disorders, please complete the following additional information, based on current assessment:

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) (such as vitals, withdrawal symptoms)	□ Minimal/none — not under influence, minimal withdrawal potential □ Mild — recent use but minimal withdrawal potential □ Moderate — recent use, needs 24-hour24-hour monitoring □ Significant — potential for or history of severe withdrawal, history of withdrawal seizures □ Severe — presents with severe withdrawal, current withdrawal seizures
Dimension 2 (biomedical conditions and complications)	□ Minimal/none — none or insignificant medical problems □ Mild — mild medical problems that do not require special monitoring □ Moderate — medical condition requires monitoring but not intensive treatment □ Significant — medical condition has a significant impact on treatment and requires 24-hour24-hour monitoring □ Severe — medical condition requires intensive 24-hour24-hour medical management
Dimension 3 (emotional, behavioral or cognitive complications)	□ Minimal/none — none or insignificant psychiatric or behavioral symptoms □ Mild — psychiatric or behavioral symptoms have minimal impact on treatment □ Moderate — impaired mental status; passive suicidal/homicidal ideations; impaired ability to complete ADL's □ Significant — suicidal/homicidal ideations, behavioral or cognitive problems or psychotic symptoms require 24-hour24-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-hour24-hour medical management
Dimension 4 (readiness to change)	□ Maintenance — engaged in treatment □ 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 □ Pre-contemplative — in treatment due to external pressure, resistant to change

Dimension 5 (relapse, continued use or continued problem potential)	□ Minimal/none — little likelihood of relapse □ Mild — recognizes triggers, uses coping skills □ Moderate — aware of potential triggers for 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 6 (recovery living environment)	□ Minimal/none — supportive 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 abuse individual or active user; coping skills and recovery require a 24-hour setting

Current treatment plan

Medications

Have medications changed (type, dose and/or frequency) since admission?
□ Yes
□ No
If yes, give medication, current amount and change date:

Have any PRN medications been administered?
□ Yes
□ No
If yes, give medication, administration date and current amount:

Member's participation in and response to treatment

Attending groups?
□ Yes
□ No
□ N/A

Family or other supports involved in treatment?
□ Yes
□ No
□ N/A

Adherent to medications as ordered?
□ Yes
□ No
□ N/A

Member is improving in (check all that apply):	
□ Thought processes	□ Yes □ No
□ Affect	□ Yes □ No
□ Mood	□ Yes □ No
□ Performing ADLs	□ Yes □ No
□ Impulse control/behavior	□ Yes □ No
□ Sleep	□ Yes □ No
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.	
Discharge plan Note changes and 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 use services:	
Planned discharge level of care:	
Expected discharge date:	
Submitted by:	**Phone number:**