AmeriHealth Caritas District of Columbia

Behavioral Health Fax Form

Today's date: ______________________________ Start date of admission/service: ______________________________

Type of review	Type of admission		Admission status	Estimated length of stay
☐ Precertification	☐ IOP	☐ Substance abuse	☐ Voluntary commitment	__________ (days/units)
☐ Continued stay	☐ MH-IP	☐ Detox	☐ Involuntary commitment	**Re-admission within 30 days?**
☐ Discharge	☐ PHP/day treatment	☐ Rehab		☐ Yes ☐ No

Member information	
Member name (last, first, MI):	
Eligibility ID number:	Date of birth:
Member address:	
Emergency contact (other than primary caregiver):	Phone:
Legal guardian/parent:	Phone:

Provider information	
Facility/provider name:	NPI number/tax ID:
Attending MD:	Provider ID:
Facility/provider address:	
UM review contact:	Phone:
DSM-5 diagnoses (include mental health, substance abuse and medical):	

Medications

Medication name	Dosage	Frequency	Date of last change	Type of change			
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
				☐ Increase	☐ Decrease	☐ D/C	☐ New
Additional information:							

Presenting problem/current clinical update (Include SI, HI, psychotic, mood/affect, sleep, appetite, withdrawal symptoms, chronic SA)

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Eligibility ID number: _____

Treatment history and current treatment participation
Previous MH/SA inpatient, rehab or detox:
Outpatient treatment history:
Is the member attending therapy and groups? ☐ Yes ☐ No If yes, please specify:
Explain clinical treatment plan:
Family involvement and/or support system:

Substance abuse: ☐ Yes ☐ No
If yes, MH services only, please explain how substance abuse is being treated:
If yes, please complete below for current ASAM dimensions and/or submit with documentation for SA IOP, PHP/day treatment, SA detox and SA rehab.

Dimension rating (0 – 4)	Current ASAM dimensions are required			
Dimension 1: Acute intoxication and/or withdrawal potential Ranking:	Substances used (pattern, route, last used):	Tox screen completed? ☐ Yes ☐ No If yes, results:	History of withdrawal symptoms:	Current withdrawal symptoms:
Dimension 2: Biomedical conditions and complications Ranking:	Vital signs:	Is member under doctor care? ☐ Yes ☐ No Current medical conditions:	History of seizures? ☐ Yes ☐ No	
Dimension 3: Emotional, behavioral or cognitive conditions and complications Ranking:	MH diagnosis:	Cognitive limits? ☐ Yes ☐ No	Psych medications and dosages:	Current risk factors (SI, HI, psychotic symptoms, etc.):
Dimension 4: Readiness to change Ranking:	Awareness/commitment to change:	Internal or external motivation:	Stage of change, if known:	Legal problems/probation officer:
Dimension 5: Relapse, continued use or continued problem potential Ranking:	Relapse prevention skills:	Current assessed relapse risk level: ☐ High ☐ Moderate ☐ Low	Longest period of sobriety:	
Dimension 6: Recovery/living environment Ranking:	Living situations:	Sober support system:	Attendance at support group:	Issues that impede recovery:

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Discharge planning	
Discharge planner name:	Discharge planner phone:
Residence address upon discharge:	
Treatment setting upon discharge:	Treatment provider upon discharge:
Has a post-discharge 7-day follow-up appointment been scheduled? ☐ Yes ☐ No	
If no, please explain:	
If yes, give treatment provider name and date/time of scheduled follow-up:	

When form is complete, please fax to **1-855-410-6638**.

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GOVERNMENT OF THE DISTRICT OF COLUMBIA MURIEL BOWSER, MAYOR

AmeriHealth Caritas District of Columbia

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www.amerihealthcaritasdc.com