**BEHAVIORAL HEALTH — LEVEL OF CARE REQUEST FORM**

***For Eating Disorders level of care requests, complete the relevant supplemental section on page 2.***

**Please type an “x” or type content as needed in the gray boxes only.**

***NOTE: Text boxes will not expand beyond the space available***

|  |  |
| --- | --- |
| MEMBER NAME:  |       |
| DOB (MM/DD/YYYY):  |       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Gender: Other:  |       | Male |       | Female | Other : |       |

GENDER: |
| Insurer:  |       | Policy #:  |       |
| Requesting Clinician/Facility:  |       |
| Phone #:  |       | NPI / TIN#:  |       |
| Servicing Clinician/Facility:  |       |
| Phone #:  |       | NPI / TIN#: |       |
| Currently in an ER:  |       | Yes |       | No | Date and Time of Request (MM/DD/YYYY): |       |
| Service Date for Request (MM/DD/YYYY): |       |
| **LEVEL OF CARE REQUESTED** |
|       |  Inpatient  |       | Partial Hospitalization  |       | Community Stabilization/Treatment:  |  (      |  ICBAT |        | CBAT |       | CCS/CSU) |
|       | Residential |       | Outpatient Psychotherapy (except 90837/90838)  |       | 90837/90838: | (      | ACT  |       | CBT  |       |  Cognitive Processing  |
|       | DBT**E** |       | EMDR |       | Exposure |       | Functional Family  |       | PCIT |       | IPT |       | Other:      ) |
|       | Family Stabilization |       | Other:       |
| **SERVICE TYPE** |
|       | Behavioral Health |       | BH in General Hospital  |       | Dual Diagnosis  |       | Eating Disorder |
| **CHIEF COMPLAINT/REASON FOR REQUEST/DIAGNOSES** |
| **Chief Complaint/Reason for Request** (Frequency, intensity, duration of symptoms) |       | mild |       | moderate |       | severe |
|       | acutely life threatening:       | Are there any functional impairments? |       | Yes |       | No |
| Medications:  |       | None |       | antidepressant |       | antianxiety |       | antipsychotic |       | mood stabilizer |
|       | stimulant |       | Other:       |
| **Primary Psychiatric diagnosis:** |       | ICD/DSM Code: |       |
| Secondary Psychiatric diagnosis: |       | ICD/DSM Code: |       |
| **Substance Use Disorder diagnosis:** |       | ICD/DSM Code: |       |
| Relevant active medical problems?  |       | Yes |       | No | Medically cleared? |       | Yes |       | No |
| Needs further evaluation/intervention? |       | Yes |       | No |
| **Relevant Active Medical diagnoses:** |       | ICD Code:  |       |
| Prior Admissions:  |       | Yes |       | No  |       | Unknown | INPATIENT: | # of times |       | most recent (mm/dd/yyyy) |       |
| SUBSTANCE USE/DETOX: | # of times |       | most recent (mm/dd/yyyy) |       | OTHER: (specify)       | # of times |       | most recent (mm/dd/yyyy) |       |
| **MEDICAL/PSYCHOSOCIAL RISKS AND FUNCTIONAL IMPAIRMENTS *(select all that apply to the current request)*:** |
| 1. Suicidal:
 |       | Current Ideation  |       | Active Plan  |       | Current Intent  |       | Access to Lethal Means  |       | None |
|       | Section 12 |       | Current Suicide Attempt  |        | Prior Suicide Attempt (<1 year) Explain:       |
| 1. Homicidal/Violent:
 |       | Current Ideation  |       | Active Plan  |       | Current Intent  |       | Access to Lethal Means  |       | None |
|       | Current Threat to Specific Person  |       | Prior Violent Acts (<1 year) Explain:       |
| 1. Self-Care

/ADLs: |       | mild |       | moderate |       | severe |       | acutely life-threatening Explain:       |
| Highest and Lowest Levels of Functioning (<1 year):       |
| 1. Self-Injurious Behavior:
 |       | mild |       | moderate |       | severe |       | acutely life-threatening Explain:       |
| Agitated/Aggressive Behavior: |       | mild |       | moderate |       | severe |       | acutely life-threatening Explain:       |
| 1. Medication Adherence:
 |       | Yes |       | No |       | Unknown |       | Other Treatment Adherence: |       | Yes |       | No | Explain:       |
| 1. Legal Issues, Court/DYS Involvement:
 |       | Yes |       | No | Explain:       |
| 1. Employment Risks:
 |       | employed |       | employment at risk  |       | on/requesting medical leave  |       | disabled |
|       | unemployed |       | Other | Explain:       |
| 1. Psychosocial/Home environment:
 |       | supportive |       | neutral |       | directly undermining |       | home risk/safety concerns |
|       | homeless |       | lives alone  |       | married |       | single |       | divorced |       | separated |       | dependents |
|       | Other | Explain:       |
| 1. Additional Concerns:
 |       | Yes |       | No | Explain:       |
| 1. Outpatient BH/SUD treatment in place?
 |       | Yes |       | No |       | Unknown, Have the outpatient treaters been contacted? |       | Yes |       | No |

**BH Level of Care: Supplemental — for Eating Disorders**

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| **Eating Disorders level of care requests *(complete the following)*:** |
| Level of Care:  |
|       | Inpatient Eating Disorders Specialty Unit (medically unstable) |       | Partial Hospital Eating Disorders Program (weekdays, 9–2 or 9–5) |
|       | Acute Residential Eating Disorders Unit |       | Intensive Outpatient Eating Disorders Program (several days per week, a few hours) |
|       | Partial Hospital Eating Disorders Program (seven days per week) |       | Outpatient Eating Disorder Program |
| Height: |       | Weight: |       | BMI: |       | % IBW: |       |
| Highest weight: |       | Lowest weight: |       | Weight change in one month: |       |
| **Orthostatic Vitals:**  | sitting BP: |       /       | PR: |       | standing BP: |       /       | PR: |       |
| **Labs**: | Potassium: |       | Sodium: |       | Relevant abnormal labs:       |
| Abnormal: |       |
| EKG: |       | Yes |       | No |
| Medical Evaluation: |       | Yes |       | No | If yes, when       |
| Recent need for IV hydration: |       | Yes |       | No | If yes, when       |
| Current Symptoms: |            | dizziness |            |  fainting  |            | palpitations |            | shortness of breath  |
|            | amenorrhea |            | cold intolerance  |            | vomiting blood |  |
| Current Behaviors: |       | binging |       | purging |       |  restricting  |       | over exercising  |       |  None |
| Current Abuse of: |       | laxatives |       | diuretics |       | diet pills  |       | ipecac |       | None |
| Specify other pertinent symptoms, behaviors, or high-risk presentations:       |

*\* This form is intended for fully-insured plans only. Not all carriers require prior authorization for the above services; not all levels of care are available in member benefit plans. Providers should consult the health plan’s coverage policies and member benefits.*

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