

## **Behavioral Health** — Level of Care Request Form\*

ATTENTION: Eating disorder level of care requests <u>MUST</u> include the supplemental eating disorder form.

Member Name:   Gender:		Please Fax to Beacon Health Options: 781-994-7634
DOB:	MEMBER/PROVIDER INFORMATION	
Insurer: Policy #:  Requesting Clinician/Facility: Phone #: NPI / TIN:  Servicing Clinician/Facility: NPI / TIN:  Servicing Clinician/Facility: NPI / TIN:  Servicing Clinician/Facility: NPI / TIN:  Currently in an ER:		
Requesting Clinician/Facility:    Phone #:   NPI / TIN:	DOB:	Gender:
Phone #:		Policy #:
Servicing Clinician/Facility:   NPI/TIN:   NPI/TIN:	Requesting Clinician/Facility:	
Phone #:	Phone #:	NPI / TIN:
Currently in an ER	Servicing Clinician/Facility:	
Service Date for Request:   LEVEL OF CARE REQUESTED   Inpatient   Partial Hospitalization   Community Stabilization/Treatment (  ICBAT   CBAT   CCS/CSU)   Residential   Outpatient Psychotherapy (except 90337/90838   90837/90838   ACT   CBT   Cognitive Processing   DBT   EMDR   Exposure   Functional Family   PCIT   IPT   Other:	Phone #:	NPI / TIN:
Level OF CARE REQUESTED	Currently in an ER: ☐ Y / ☐ N	Date and Time of Request:
Inpatient   Partial Hospitalization   Community Stabilization/Treatment (  ICBAT   CBAT   CCS/CSU)   Residential     Outpatient Psychotherapy (except 90837/90838)   90837/90838 (  ACT   CBT   Cognitive Processing   DBT   EMDR     Exposure   Functional Family   PCIT   IPT   Other:     Statistication   Other:   Service   Processing   DBT   EMDR     Behavioral Health (BH)   Behavioral Health in General Hospital   Dual Diagnosis   Eating Disorder     GHIEF COMPLAINT/REASON FOR REQUEST AND DIAGNOSES     Complaint/Reason for Request:   Acutely life-threatening   Are there any functional impairments?   Y /   N     Frequency/Duration of Symptoms:   Acutely life-threatening   Are there any functional impairments?   Y /   N     Frequency/Duration of Symptoms:   ICD-10/DSM-5 Code:     Mild   Moderate   Severe   Acutely life-threatening   Are there any functional impairments?   Y /   N     Frequency/Duration of Symptoms:   ICD-10/DSM-5 Code:     Medications:   None   Antidepressant   Antianxiety   Antipsychotic   Mood stabilizer   Stimulant   Other     Primary Psychiatric Diagnosis:   ICD-10/DSM-5 Code:     Substance Use Disorder Diagnosis:   ICD-10/DSM-5 Code:     Relevant active medical problems?   Y /   N   Medically cleared?   Y /   N   Needs further evaluation/intervention?   Y /   N     Relevant Active Medical Diagnoses:   ICD-10/DOSM-5 Code:     Prior Admissions:   Y /   N /   Unknown   Inpatient: # of times:   Most recent:	Service Date for Request:	
Outpatient Psychotherapy (except 90837/90838)   90837/90838 (  ACT   CBT   Cognitive Processing   DBT   EMDR   Exposure   Functional Family   PCIT   IPT   Other:		
Behavioral Health (BH)	☐ Outpatient Psychotherapy (except 90837/90838) ☐ 90837/90838 (☐ ACT ☐ CBT ☐ Cognitive Processing ☐ DBT ☐ EMDR ☐ Exposure ☐ Functional Family ☐ PCIT ☐ IPT ☐ Other:	
ChiEF COMPLAINT/REASON FOR REQUEST AND DIAGNOSES  Chief Complaint/Reason for Request:    Mild   Moderate   Severe   Acutely life-threatening   Are there any functional impairments?   Y /   N   Prequency/Duration of Symptoms:	SERVICE TYPE	
ChiEF COMPLAINT/REASON FOR REQUEST AND DIAGNOSES  Chief Complaint/Reason for Request:    Mild   Moderate   Severe   Acutely life-threatening   Are there any functional impairments?   Y /   N	☐ Behavioral Health (BH) ☐ Behavioral Health in General Ho	spital   Dual Diagnosis   Eating Disorder
Mild   Moderate   Severe   Acutely life-threatening		
Primary Psychiatric Diagnosis:   ICD-10/DSM-5 Code:	☐ Mild ☐ Moderate ☐ Severe ☐ Acutely life-threatening Are there any functional impairments? ☐ Y / ☐ N Frequency/Duration of Symptoms:	
Secondary Psychiatric Diagnosis:   ICD-10/DSM-5 Code:   Substance Use Disorder Diagnosis:   ICD-10/DSM-5 Code:   Relevant active medical problems?   Y /   N   Medically cleared?   Y /   N   Needs further evaluation/intervention?   Y /   N   Relevant Active Medical Diagnoses:   ICD-10 Code:   Prior Admissions:   Y /   N /   Unknown   Inpatient: # of times:   Most recent:   Substance Use/Detox (SUD):   Other (specify):   # of times:   Most recent:   # of times:   Most recent:   # of times:   Most recent:    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:     Homicidal/Violent:   Current ideation   Active plan   Current intent   Access to lethal means   None     Current threat to specific person   Prior violent acts (<1 year)   Explain:     Self-Care/ADLs:   Mild   Moderate   Severe   Acutely life-threatening   Explain:     Highest and Lowest Levels of Functioning (<1 year):     4. Self-Injurious Behavior:   Mild   Moderate   Severe   Acutely life-threatening   Explain:     Agitated/Aggressive Behavior:   Mild   Moderate   Severe   Acutely life-threatening   Explain:     Agitated/Aggressive Behavior:   Mild   Moderate   Severe   Acutely life-threatening   Explain:     5. Medication Adherence:   Y /   N /   Unknown; Other Treatment Adherence:   Y /   N   Explain:     6. Legal Issues, Court/DYS Involvement:   Y /   N   Explain:     7. Employment Risks:   Employed   Employment at risk   On/requesting medical leave   Disabled   Unemployed     Other   Explain:     8. Psychosocial/Home Environment:   Supportive   Neutral   Directly undermining   Home risk/safety concerns     Homeless   Lives alone   Married   Single   Divorced   Separated   Dependents   Other   Explain:		
ICD-10/DSM-5 Code:   Relevant active medical problems?   Y /   N   Medically cleared?   Y /   N   Needs further evaluation/intervention?   Y /   N   Relevant Active Medical Diagnoses:   ICD-10 Code:		
Relevant active medical problems?   Y /   N   Medically cleared?   Y /   N   Needs further evaluation/intervention?   Y /   N   Relevant Active Medical Diagnoses:   ICD-10 Code:		
Relevant Active Medical Diagnoses:   ICD-10 Code:		
Prior Admissions:		
Substance Use/Detox (SUD): # of times: Most recent: # of times: Most recent:	Prior Admissions:	Inpatient: # of times: Most recent:
# of times:	Substance Use/Detox (SUD):	
1. Suicidal:		# of times: Most recent:
Current suicide attempt ☐ Prior suicide attempt (<1 year) Explain:		
□ Current threat to specific person □ Prior violent acts (<1 year) Explain:	<ol> <li>Suicidal: ☐ Current ideation ☐ Active plan ☐ Current intent ☐ Access to lethal means ☐ None ☐ Section 12</li> <li>☐ Current suicide attempt ☐ Prior suicide attempt (&lt;1 year) Explain:</li> </ol>	
3. Self-Care/ADLs:   Mild   Moderate   Severe   Acutely life-threatening   Explain:   Highest and Lowest Levels of Functioning (<1 year):    4. Self-Injurious Behavior:   Mild   Moderate   Severe   Acutely life-threatening   Explain:   Agitated/Aggressive Behavior:   Mild   Moderate   Severe   Acutely life-threatening   Explain:      5. Medication Adherence:   Y /   N /   Unknown; Other Treatment Adherence:   Y /   N   Explain:      6. Legal Issues, Court/DYS Involvement:   Y /   N   Explain:      7. Employment Risks:   Employed   Employment at risk   On/requesting medical leave   Disabled   Unemployed   Other   Explain:      8. Psychosocial/Home Environment:   Supportive   Neutral   Directly undermining   Home risk/safety concerns   Homeless   Lives alone   Married   Single   Divorced   Separated   Dependents   Other   Explain:	2. Homicidal/Violent: ☐ Current ideation ☐ Active plan ☐ Current intent ☐ Access to lethal means ☐ None ☐ Current threat to specific person ☐ Prior violent acts (<1 year) Explain:	
<ul> <li>4. Self-Injurious Behavior:  Mild  Moderate  Severe  Acutely life-threatening  Explain:  Agitated/Aggressive Behavior:  Mild  Moderate  Severe  Acutely life-threatening  Explain:  Explain:</li></ul>	3. Self-Care/ADLs: Mild Moderate Severe Acutely life-threatening Explain:	
<ul> <li>Medication Adherence:  Y / N / Unknown; Other Treatment Adherence:  Y / N Explain:</li></ul>	4. Self-Injurious Behavior: ☐ Mild ☐ Moderate ☐ Severe ☐ Acutely life-threatening Explain:	
<ul> <li>6. Legal Issues, Court/DYS Involvement:  Y / N Explain:</li></ul>		
7. Employment Risks:   Employed   Employment at risk   On/requesting medical leave   Disabled   Unemployed   Other Explain:   8. Psychosocial/Home Environment:   Supportive   Neutral   Directly undermining   Home risk/safety concerns   Homeless   Lives alone   Married   Single   Divorced   Separated   Dependents   Other   Explain:		
8. Psychosocial/Home Environment:  Supportive  Neutral Directly undermining Home risk/safety concerns Homeless Lives alone  Married Single Divorced Separated Dependents Other Explain:	7. Employment Risks:   Employed   Employment at risk   On/requesting medical leave   Disabled   Unemployed	
Additional Concerns.   17   N Explain.	8. Psychosocial/Home Environment:  Supportive  Neutral Directly undermining Home risk/safety concerns Homeless Lives alone  Married Single Divorced Separated Dependents Other Explain:	
10. Outpatient BH/SUD treatment in place? ☐ Y / ☐ N / ☐ Unknown; Have the outpatient treaters been contacted? ☐ Y / ☐ N		we Have the outpetient treation to 12 Taylor