North Sound
Behavioral Health Organization, LLC
301 Valley Mall Way, Suite 110, Mount Vernon, WA 98273
http://northsoundbho.org • 360.416.7013 • 800.684.3555 • F 360.416.7017

Prior Authorization for Psychiatric Inpatient Services

This form to be used in conjunction with the North Sound BHO Psychiatric Inpatient Notification Form

VOA Inpatient UM Clinician conducting review: _____

Requester Information:

Date & Time of request: _____ Date & Time of response to request: _____

Clinical information provided by (include name, title and organization): _____

Admitting facility: _____ Admit Date & Time _____

Date & Time of clinical evaluation: _____

Tox Screen completed? ☐ Yes ☐ No ☐ N/A Tox Screen result: _____ BAL result: _____

Consumer Demographics:

First Name: _____ Last Name: _____ Middle Name: _____

☐ Male ☐ Female ☐ Transgender Ethnicity: _____ Date of Birth: _____

Address: _____ City: _____ County: _____

SSN: _____ P1 ID #: _____ ☐ Active ☐ Inactive or ☐ Applying

Consent for Treatment:

☐ Consumer ☐ Parent/Legal Guardian _____ ☐ Parent-Initiated Treatment (PIT) ☐ Court

☐ Advance Directive ☐ Other _____

Outpatient Provider:

Currently enrolled with a ***North Sound BHO*** outpatient provider*? ☐ Yes ☐ No

Clinician: _____ Agency: _____ Phone Number: _____ Fax Number: _____

Other System Involvement/Issues:

☐ Legal Issues ☐ Homeless/transient ☐ DDD ☐ Foster Care/CPS ☐ Other: ☐

Diagnosis:

Primary Mental Health Diagnosis can be determined ☐ Yes ☐ No

ICD-10 Code & DSM-5 Diagnosis _____

PRESENTING PROBLEM:

Risk of Harm: **Current** SI/HI: Means, Plan, Intention, Access; HX of suicide attempt(s); Command auditory hallucinations; **Level of distress**; Grave disability w/risk; Degree of impairment of client perceptions/judgment/impulse control creating Danger to Self/Danger to Others. Safety planning; **Baseline risk of harm; Chronic vs. Acute.**

Functional Status: Four Components: 1. Interpersonal Interactions: Ability to maintain meaningful/satisfying relationships; **2. Fulfilling responsibilities**: work, school, self, parenting; **3. Physical functioning**: Sleep, appetite, weight changes, activity levels, sexual appetite; **4. Ability to care for self**: Decision making, appearance, hygiene, environment; **Recent changes. Current functioning compared to Baseline Functioning; Chronic vs. Acute.**

Co-Morbidity:

Medical Monitoring: ☐ None ☐ Minor ☐ Significant ☐ Major ☐ Severe

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Potential complications related to **co-existing medical illness; substance use disorder (what type of substances used, how much, how often, times of recovery and if so were mental health sxs present), or psychiatric disorder** <u>**in addition**</u> to presenting disorder. **Physical withdrawal is considered to be a medical co-morbidity for scoring purposes.**

Recovery Environment:

A. Level of Stress: Current <u>**patient perceived**</u> stressors: interpersonal conflict, torment, life transitions, losses, worries related to health/safety, ability to maintain role responsibility, overwhelming levels of demand or perceived pressure to perform.

B. Level of Support: Resources which enable persons to maintain health/role functioning in stressful circumstances: availability of adequate material resources/relationships with family members. Availability of friends, employers, teachers, clergy, professionals, other community members that provide caring attention/emotional comfort.

History & Response to Psychiatric TX: OP Provider/prescriber: Engagement currently/past, last provider contact; High Utilizations; VOL IP HX/dates; ITA HX/dates

Engagement and Recovery Status: Willingness/ability to engage in treatment/recovery process: acceptance of illness; stage in the change process; ability to trust others and accept assistance; interaction with treatment opportunities; ability to take responsibility for recovery.

Enrollees ability to contract for Safety:

<u>**VOA UM assessment**</u> of individual's ability to contract for safety:

☐ Able to contract for safety ☐ Unable to contract for safety
☐ N/A – Functional Impairment is Primary Concern

Diversions Attempted:

☐ Crisis Triage Facility	☐ SUD Outpatient/Residential
☐ Crisis Outreach	☐ SUD Detox/Withdrawal Management
☐ Emergent OP Appointment	☐ Natural Supports
☐ Emergent IOP Appointment	☐ Other
☐ Wraparound WISe services	☐ NA

Treatment Plan:

☐ Improve/Monitor Safety	☐ Evaluation/Stabilization of Rx
☐ Individual/Group Therapy	☐ Improve ADLs
☐ Family/Natural Supports	☐ Referral to other Psychiatric Facility
☐ Intensive Case Management	☐ Crisis/Safety Planning

Expected Benefit of Continued Hospitalization (If Locus/Calocus acuity is met or authorizing w/o Dr. Consult):

<u>Discharge Plan</u>:

Anticipated length of stay:
Barriers to discharge and plan:
Outpatient Provider After Care Plan:

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FOR ADMINISTRATIVE USE ONLY

Authorization Determination

Locus/Calocus

Risk of Harm _____
Functional Status _____
Co-morbidity _____

Recovery Environment (Stress) _____
Recovery Environment (Support) _____
Response to TX _____

Engagement _____
Composite _____

Expedited Review completed? ☐ Yes ☐ No VOA Consulting Psychiatrist: _____
Expedited Review to be completed by (date/time): _____

Prior Authorization

Authorized by _____ Authorization #: _____
Dates authorized: _____ to _____ Extension Request due date: _____

Date & Time of Verbal Authorization to Hospital/Requestor: _____

Rationale for Authorization: _____

DENIAL DETERMINATION:

☐ Denied by (psychiatrist): _____

☐ **Not Eligible**	☐ **Lack of Acuity (Reason below)**	☐ **Lack of Expected Benefit (Reason Below)**
	☐ Lack of Imminent Risk of harm to self/others ☐ Lack of Impaired Functional Status ☐ Malingering Secondary Gain ☐ Primary Dx is SUD	☐ Not Evidence Based Treatment ☐ Failed TX Plan Not Modified ☐ Baseline Behavior Met ☐ Other:

PSYCHIATRIST RATIONALE FOR DENIAL DETERMINATION

Outpatient Follow up Appointment Scheduled ☐ Yes ☐ No

Provider/Agency	*Provider Name*	*Phone*	*Date/Time of Appointment*

NOTIFICATION:

Adverse Benefit Determination Faxed: _____
Adverse Benefit Determination Mailed: _____

Planned Diversion:

☐ Plan Outpatient Physician ☐ Crisis Triage Facility ☐ Crisis Outreach ☐ Emergent OP Appointment ☐ Emergent IOP Appointment	☐ Wraparound WISe services ☐ SUD Outpatient/Residential ☐ SUD Detox/Withdrawal Management ☐ Natural Supports ☐ Other _____