



Hudson River Region BHO

Behavioral Health Review Rehab

Name: Age: Insured ID:
 County: PH Plan:
 High Need:

Does the consumer have a history of D/A service: Yes No

Has the consumer signed an ROI: Yes No

Level of care IMH ID IR
 Type of review: First Cont'd Stay Step Down Discharge

Facility name:

Episode: Admission date: Admission hour: Weekend
 Readmission: Yes No Unknown Readmission to the same provider: Yes No

Date of review:

Reviewer's name: Title: Phone:

Clinician of Record: Phone: Ext:

Housing status at admission:

Education: Occupation: Legal:

Legal guardian: Yes No

Did the consumer have a behavioral health care coordinator prior to inpatient event: Yes No Unknown

Was the behavioral health care coordinator contacted by the hospital during inpatient stay: Yes No

Was the current or prior MH outpatient provider contacted: Yes No

Was a referral made to ACT/ICM/BCM:

Yes No

If ACT/ICM/BCM were involved prior to admission, did the inpatient program appropriately notify them of discharge:

Yes No

Did the hospital on the previous admission send copies of the d/c plan and summary of treatment to the OP provider prior to the first appointment:

Yes No

Were the multi-systems needs of the youth adequately assessed in the discharge plan:

Yes No

Did the discharge plan adequately assess the need for referrals or linkages for provisions of basic need:

Yes No

Did the discharge plan adequately assess whether the child has a parent/s who is/are able to care for him/her, or if there is no parent, the inpatient provider contacted:

Yes No

Did the discharge plan adequately assess post discharge educational needs:

Yes No

Presenting Problem:

Assessment of Dangerousness

Suicidal Ideation: Y N

Hx of Suicidal Ideation: Y N U

Suicidal Attempts: Y N

Hx of Suicidal Attempts: Y N U

Plan: Y N

Means: Y N

Access to Weapons: Y N

Last review for this stay

Suicidal Ideation: Y N

Hx of Suicidal Ideation: Y N U

Suicidal Attempts: Y N

Hx of Suicidal Attempts: Y N U

Plan: Y N

Means: Y N

Access to Weapons: Y N

Homicidal Ideation: Y N

Hx of Homicidal Ideation: Y N U

Homicidal Attempts: Y N

Last review for this stay

Homicidal Ideation: Y N

Hx of Homicidal Ideation: Y N U

Homicidal Attempts: Y N

Hx of Homicidal Attempts: Y N U
 Plan: Y N
 Means: Y N
 Access to Weapons: Y N

Hx of Homicidal Attempts: Y N U
 Plan: Y N
 Means: Y N
 Access to Weapons: Y N

Assaultive Behavior: Y N
 Hx of Assaultive Behavior: Y N U
 Aggressive Behavior: Y N
 Hx of Aggressive Behavior: Y N U
 Self Injurious Behavior: Y N
 Hx of Self Injurious Behavior: Y N U
 Able to Contract for Safety Y N

Last review for this stay

Assaultive Behavior: Y N
 Hx of Assaultive Behavior: Y N U
 Aggressive Behavior: Y N
 Hx of Aggressive Behavior: Y N U
 Self Injurious Behavior: Y N
 Hx of Self Injurious Behavior: Y N U
 Able to Contract for Safety Y N

Auditory: Y N
 Visual: Y N
 Command: Y N
 Hx of Command: Y N U
 Delusions: Y N
 Paranoia: Y N

Last review for this stay

Auditory: Y N
 Visual: Y N
 Command: Y N
 Hx of Command: Y N U
 Delusions: Y N
 Paranoia: Y N

Mood
 Labile: Depressed:
 Erratic: Manic:
 Appropriate:

Last review for this stay

Labile: Depressed:
 Erratic: Manic:
 Appropriate:

Affect
 Blunted: Restricted:
 Elated: Congruent:
 Appropriate:

Blunted: Restricted:
 Elated: Congruent:
 Appropriate:

Interventions

Last review for this stay

Ability to care for self: Y N U

Y N U

Appetite:

Sleep:

Insight:

Judgment:

Impulse control:
Memory:
Socialization:

Co-Occurring disorder: Yes No

Provider's plan for follow-up treatment:

Substance Use

Substance	Amount	Frequency	Last used	Method
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current substance use: Yes No Substance use history: Yes No

Tools used

CIWA	<input type="radio"/> Yes <input type="radio"/> No	Score	<input type="text"/>	COWS	<input type="radio"/> Yes <input type="radio"/> No	Score	<input type="text"/>
Audit	<input type="radio"/> Yes <input type="radio"/> No	Score	<input type="text"/>	DAST	<input type="radio"/> Yes <input type="radio"/> No	Score	<input type="text"/>

Diagnosis

Axis: Diagnosis: ← Repeating Rows
Axis: Diagnosis:

MNC Criteria: Mihalik ASAM License code:

<http://www.asam.org/PPC2R.html>

Advisor Review Required: Yes No Reason:

Medications

Adherence to Meds: Yes No
Family/Support educated on consumer's meds: Yes No

PH/BH Integration

Does the consumer have a physical health condition that interferes with activities of daily living: Yes No

Does the consumer's physical health condition influence their behavioral health disorder: Yes No

Is there a Health Home: Yes No Was Health Home notified: Yes No

Is there a PCP: Yes No PCP involved: Yes No

Height(inches): Weight(lbs): BMI:  Automatically Calculated

Smoker: Yes No Cessation Discussed: Yes No

Transition Planning

Referral Type	Level of Care	Provider	Appt Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	00/00/0000
<input type="text"/>	<input type="text"/>	<input type="text"/>	00/00/0000

Was a PH referral indicated: Yes No

Was a MH referral indicated: Yes No

What a D/A referral indicated: Yes No

Was a housing referral indicated: Yes No

AOT petition filed: Yes No AOT petition outcome:

SPOA application submitted: Yes No Service requested:

Elements of D/C Plan:

Crisis/Wrap Plan: Yes No

Was consumer involved in D/C planning process: Yes No

Was the consumer involved in provider selection: Yes No

Was family/support system involved in d/c planning process: Yes No

Was the supports involved in provider selection: Yes No

Did the provider seek information about consumer preferences: Yes No

Did the provider assess the consumer's treatment expectations: Yes No

Is there evidence of a consumer's education about the MH or D/A system: Yes No

Was the discharging staff knowledgeable about the community treatment options: Yes No

Was a referral made to ACT/ICM/BCM: Yes No

If ACT/ICM/BCM were involved prior to admission, did the inpatient program appropriately notify them of discharge: Yes No

Did the hospital on the previous admission send copies of the d/c plan and summary of treatment to the OP provider prior to the first appointment: Yes No

Were the multi-systems needs of the youth adequately assessed in the discharge plan: Yes No

Did the discharge plan adequately assess the need for referrals or linkages for provisions of basic need: Yes No

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Did the discharge plan adequately assess post discharge educational needs: Yes No

Issues that interfere with consumer's recovery. Identify action steps planned to address barriers.

Barrier	Intervention
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Determination

Days From Date To Date
Determination Reason