

## Behavioral Health Services Concurrent Review Form

*Approval of this form does not guarantee payment of benefits. Final determination is based on eligibility, authorization rules and plan limits.*

This form must be completed electronically, printed and faxed. No handwritten forms will be accepted. Please fax the completed form to 570-214-4539. If you have questions regarding this form, please call 888-839-7972.

**Date of request:**

**Request is for:**

Initial concurrent review

Subsequent concurrent request

**Member's name:**

Date of birth:

Member's Health Plan ID:

Phone number:

**Requesting provider name:**

NPI:

Phone number:

Fax:

Contact name:

Contact phone number:

**Facility name:**

Admission date:

ICD-10/DSMV diagnoses (include both psychiatric and medical):

**Program request:**

Inpatient mental health

Inpatient substance abuse

Partial hospitalization

Intensive outpatient

<b>Goal and objective status</b>	<b>New</b>	<b>Continued</b>	<b>Discontinued</b>	<b>Attained</b>	<b>Revised</b>
Goal #1:					
Objective #1:					
Objective #2:					
Objective #3:					

Evidence of progress, barriers and/or rationale for attainment, addition of new goal/discontinuation of goal, revision or continuation:

Summary of progress:

<b>Goal and objective status</b>	<b>New</b>	<b>Continued</b>	<b>Discontinued</b>	<b>Attained</b>	<b>Revised</b>
Goal #2:					
Objective #1:					
Objective #2:					
Objective #3:					

Evidence of progress, barriers and/or rationale for attainment, addition of new goal/discontinuation of goal, revision or continuation:

Summary of progress:

<b>Goal and objective status</b>	<b>New</b>	<b>Continued</b>	<b>Discontinued</b>	<b>Attained</b>	<b>Revised</b>
Goal #3:					
Objective #1:					
Objective #2:					
Objective #3:					

Evidence of progress, barriers and/or rationale for attainment, addition of new goal/discontinuation of goal, revision or continuation:

Summary of progress:

<b>Goal and objective status</b>	<b>New</b>	<b>Continued</b>	<b>Discontinued</b>	<b>Attained</b>	<b>Revised</b>
Goal #4:					
Objective #1:					
Objective #2:					
Objective #3:					

Evidence of progress, barriers and/or rationale for attainment, addition of new goal/discontinuation of goal, revision or continuation:

Summary of progress

**Revised/new goal:**

Goal #:                      Start date:                      Target completion date:

Adjusted target date:                      As per IAP review form dated:

Desired outcome in members's words:

Member's strengths and skills that will be used to meet this goal:

Description of outside services, supports and plan of coordination needed to meet this goal:

Potential barriers to meeting this goal:

**Goal #:**

**Objective:**

Start date:

Target completion date:

Adjusted target date:

<b>Intervention(s)/method(s)</b>	<b>Service description/modality</b>	<b>Frequency</b>	<b>Type of provider responsible</b>

**Goal #:**            **Objective:**

Start date:

Target completion date:

Adjusted target date:

<b>Intervention(s)/method(s)</b>	<b>Service description/modality</b>	<b>Frequency</b>	<b>Type of provider responsible</b>