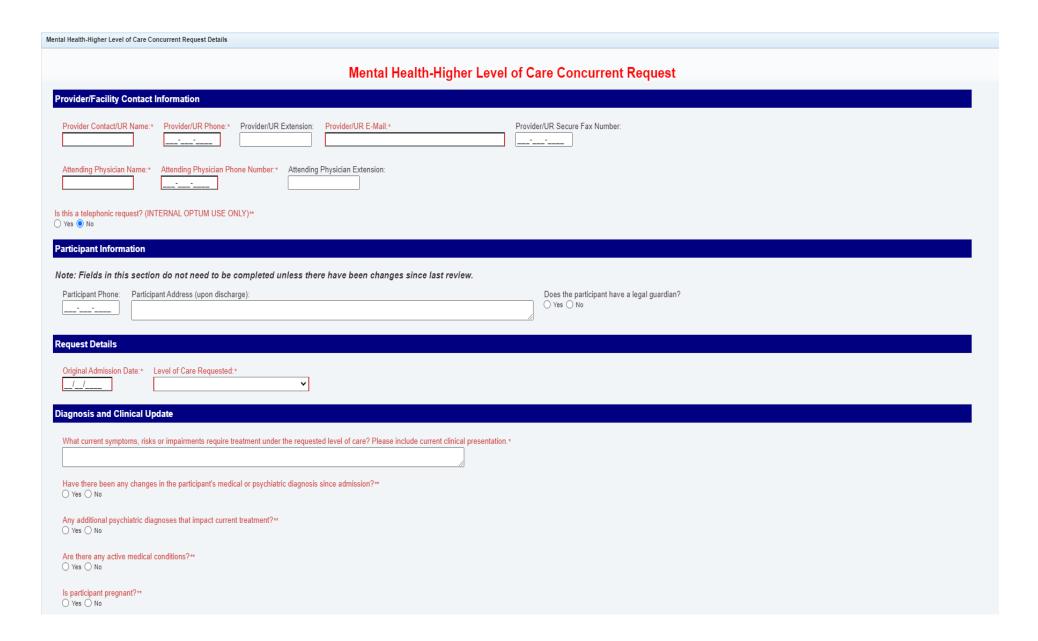
Mental Health-Higher Level of Care Concurrent Request



Was substance use a contributing reason for this admission?** Ves No
Was the participant admitted with either of the following diagnoses:
Cognition Diagnosis and/or age 65+? ○ Yes ○ No
Eating Disorder Diagnosis? O Yes O No
Medications
Have there been any changes to the participant's medication since the last review?** Ves O No
Are there any barriers/issues related to the medication regimen?** Yes No
Recovery/Discharge Plan
What specific actions or treatment are planned to address the acute symptoms or behaviors?*
Facility planned discharge level of care:* V
Estimated length of stay (ELOS):*
Discharge Plan:*
Barriers to discharge and plans to address them to promote sustained recovery:*
Any relevant information not otherwise discussed that is important to the review of this case.
Confirmation & Attestation
Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.

I attest all of the information provided is accurate and reflected in the participant's medical record.*	
Important:	
1) When this form is saved a pop-up box will appear regarding an additional form being recommended.	
2) Click Continue to move to the next form, DO NOT click Decline.	
3) Do NOT click Cancel or the "X" on the top right of the screen before completing the Data Capture form.	
4) After completing the Data Capture form, click Save and you will be returned to the authorization screen.	

Data Capture Required:

Yes