Comagine Health

Assessment: AKBH Admission

Additional Questions
Group Score : 0 of 0

- [ ] I hereby affirm the assessment of the recipient's symptomatology, current level of functionality is documented in the recipient's clinical record and the treatment plan services, units, and duration requested are medically necessary and consistent with the recipient's level of impairment;
- [ ] I hereby affirm that the clinical record documents the required participation and input of the child's treatment team;
- [ ] I hereby acknowledge the services are subject to post-payment review of medical necessity and completeness of documentation according to Medicaid/Denali KidCare program rules and that the Department of Health & Social Services may recoup payment for any services that are not medically necessary, not properly documented, or not in compliance with Medicaid/Denali KidCare program rules; and
- [ ] I hereby acknowledge that approval of this authorization request does not guarantee payment.

Can you attest to the Alaska Department of Health and Social Services requirements stated here? (Select ALL)
Add Note

- ○ Acute: Emergency Admission
- ○ Acute: Non-Emergency Admission
- ○ PRTF: Expedited Admission
- ○ PRTF: Non-Emergent Admission
- ○ Retrospective (Use only if discharged)

1. Select Type of Review
Add Note

- ○ Acute Care-API
- ○ Acute Care-Prov/Discovery
- ○ Acute Care- North Star/Main
- ○ Acute Care - North Star Debarr
- ○ Acute Care-Other (Psychiatric General H)
- ○ In-state PRTF-North Star/Debarr
- ○ In-state PRTF-North Star/Palmer
- ○ In-state PRTF-AK Child & Family
- ○ In-state PRTF-Prov ARTP
- ○ Out of State PRTF
- ○ BRS
- ○ Private Clinic
- ○ JJ
- ○ OCS
- ○ Parent
- ○ Foster Parent

- CBHC
- Police
- Hospital/Emergency Room
- Other:

2. Select Source of Referral
Add Note

- Yes
- No

3. Have the appropriate physician and/or persons certified the need for admission?
Add Note

- Suicidal Ideation/Attempt
- Homicidal Ideation/Attempt
- Aggression to Others
- Aggression to Self/Others
- Dual Dx
- Requires Locked Facility
- Running
- Sexual Acting Out
- Sexually Reactive Behaviors
- Self-Mutilating
- Psychotic Symptoms
- Eating Disorder

4. Select reason for Treatment Referral (Primary)
Add Note

- Suicidal Ideation/Attempt
- Homicidal Ideation/Attempt
- Aggression to Self/Others
- Dual Dx
- Requires Locked Facility
- Running
- Sexual Acting Out
- Sexually Reactive Behaviors
- Self-Mutilating
- Psychotic Symptoms
- Substance Abuse
- Multiple Risk Factors
- Eating Disorder

5. Select reason for Treatment Referral (Secondary)
Add Note

- Conditional
- Fair
- Good

6. Select Prognosis
Add Note

- Dangerous to Self
- Dangerous to Others
- Dangerous to Property
- Runaway Behavior
- Impulsive/Out of Control Behavior
- Other:

7. Select primary reason for Secure Care
Add Note

- Alaska Native
- American Indian
- Asian
- Black
- Hispanic
- Other
- Pacific Islander
- Unknown
- White

8. Ethnicity
Add Note

- Yes
- No

9. Has the recipient been adopted (by non-biological parents)?
Add Note

10. Name of guardian parent, adoptive parent, or social worker
Add Note

- Non-custody
- JJ - Juvenile Justice
- OCS - Office of Children's Services

11. Select Custody Status
Add Note
Regional Map URL - please copy/paste: http://www.qualishealth.org/sites/default/files/AKBH-Alaska-Regions-Zip-Code.pdf

- Anchorage
- Northern
- Southwest
- Southeast
- South-Central
- Mat-Su

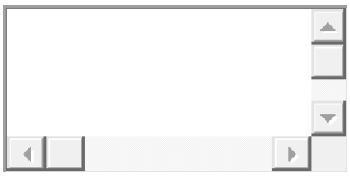
12. Select Region of Home Community

Add Note

- Detention
- Family
- Foster Family
- Group Home
- Adopted Family
- Shelter
- PRTF
- Friends
- Relatives
- Homeless
- Other:

13. Select Living Situation prior to this admission

Add Note



14. Name Last OOS PRTF

Add Note

15. Last OOS PRTF Admission Date (mm/dd/ccyy format)

Add Note

16. Last OOS PRTF Discharge Date (mm/dd/ccyy format)

Add Note

17. Name Last Acute Care (Psychiatric)

Add Note

18. Last Acute Care (Psychiatric) Admission Date

Add Note

19. Last Acute Care (Psychiatric) Discharge Date

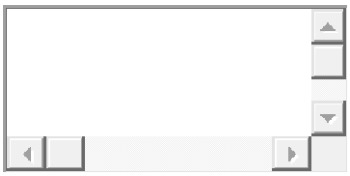
Add Note

20. Name Last In-state PRTF

Add Note

21. Last In-state PRTF Admission Date (mm/dd/ccyy format)
Add Note

22. Last In-state PRTF Discharge Date (mm/dd/ccyy format)
Add Note



23. Name Last BRS (BRS=Behavioral Rehabilitation Services Level II, III, IV)
Add Note

24. Last BRS Admission Date
Add Note

25. Last BRS Discharge Date
Add Note

26. Name Last Group Home
Add Note

27. Last Group Home Admission Date
Add Note

28. Last Group Home Discharge Date
Add Note

- ○ IQ Above 70 (Average)
- ○ IQ 55-70 (Mild)
- ○ IQ 35-54 (Moderate)
- ○ IQ 20-34 (Severe)
- ○ IQ Below 20 (Profound)
- ○ IQ Unknown

29. Select Level of Cognitive Functioning
Add Note

- ○ Yes
- ○ No
- ○ Unknown

30. Does the recipient have an IEP?
Add Note

- ☐ Natural Disaster
- ☐ Physical Abuse
- ☐ Domestic Violence (Witnessed)

- [ ] Sexual Abuse
- [ ] Emotional Abuse
- [ ] Death/Suicide
- [ ] Multiple Placements
- [ ] Neglect
- [ ] Multiple Losses
- [ ] Adopted
- [ ] None Identified
- [ ] Other:

31. Select applicable Trauma (Select all that apply)

Add Note

32. Enter date of last Mental Status Exam

Add Note

- ○ Physician
- ○ Mental Health Professional
- ○ Other

33. Select certification of person who performed or supervised the MSE

Add Note

- ○ Yes
- ○ No
- ○ Unknown

34. Was the recipient receiving Outpatient Services (OP) prior to this admission?

Add Note

- [ ] Flight Risk
- [ ] Suicide Risk
- [ ] Homicide Risk
- [ ] Problems with ADLs
- [ ] Sexually Acting Out
- [ ] Aggression
- [ ] Non-Compliance with Treatment
- [ ] Legal Problems
- [ ] Family History MH
- [ ] Family History Substance Abuse
- [ ] History self-Mutilating
- [ ] Property Destruction
- [ ] School Suspensions
- [ ] None Identified
- [ ] Other:

35. Select Risk Factors (Select all that apply)

Add Note

- ○ Not applicable

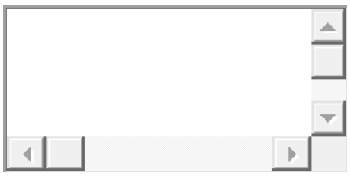
- Adjudicated
- Non-Adjudicated
- Unknown

36. Is recipient a Sex Offender?

Add Note

37. Enter Neurodevelopmental Disorder Diagnosis Code

Add Note



38. Enter Description of Neurodevelopmental Disorder Diagnosis Code

Add Note



39. Enter Relevant Medical Diagnosis Code

Add Note

- [ ] Problem with Primary Support Group
- [ ] Problem related to Social Environment
- [ ] Educational
- [ ] Occupational
- [ ] Housing
- [ ] Economic
- [ ] Access to Health Care Services
- [ ] Legal System
- [ ] Other Psychosocial and Environmental

40. Select all Problems/Stressors (Select all that apply)

Add Note

41. Enter GAF Score (0-100)

Add Note

- [ ] Thought D/O
- [ ] Mood D/O
- [ ] Substance Abuse
- [ ] Complicated Medical
- [ ] Eating D/O
- [ ] Developmental D/O
- [ ] FASD

- [ ] Suspected FASD
- [ ] Hx of Brain Injury
- [ ] Other:
- [ ] None Identified
- [ ] Medical Disability

42. Select Co-Morbidity (Select all that apply)

Add Note

- [ ] Activity and Recreational Therapies
- [ ] Baseline Assessment of Functioning
- [ ] Collaboration with Care Coordinator
- [ ] Contacts with JPO, OCS, JJ, if required
- [ ] Crisis/Safety Plan Intervention
- [ ] Educational Needs Assessment/Plan
- [ ] Evaluation of Strengths
- [ ] Family Psychotherapy
- [ ] Further Diagnostic Evaluation
- [ ] Group Psychotherapy
- [ ] Group Skill Development Services
- [ ] Identified Strengths of Recipient
- [ ] Individual Psychotherapy
- [ ] Individual Skill Development Services
- [ ] Measurable Objectives for each Problem
- [ ] Neuropsych Testing
- [ ] Nutritional/Diet Screening and Planning
- [ ] Pharmacologic Management
- [ ] Physical Examination
- [ ] Psychosocial History
- [ ] Substance Abuse Assessment
- [ ] Tx Goals/Problems Identified
- [ ] Other:

43. Initial Plan of Care (POC) (Select all that apply):

Add Note

- ○ Yes
- ○ No

44. Has the POC been formulated in consultation with the recipient (for adults) or recipient and the guardian (for minors)?

Add Note

- ○ Yes
- ○ No

45. The diagnostic evaluation includes examination of medical, psychological, social, behavioral, and developmental aspects of the recipients situation and reflects the need for acute care.

Add Note

46. Enter Anticipated Discharge Date / Actual Discharge Date

Add Note

47. Anticipated Discharge Plan (Must clearly specify post-discharge service needs including any prospective post-discharge service providers and any other provision necessary for transition to a lesser restrictive environment and adult services):

Add Note

48. Describe acute disturbances related to the behavioral disorder

Add Note

49. Brief description of Psychosocial History (include explanation of trauma events)

Add Note

50. Initial Plan of Care (Goals and objectives that are measurable and individualized)

Add Note

51. Medication History-List medication history, including a statement on current medications. Note any medication concerns, or compliance issues for each medication, if that history is known

Add Note

52. List Safety Precautions in place

Add Note

- Yes
- No

53. Does the recipient have an IDD Waiver (State of Alaska)?

Add Note

- Yes
- No

54. Does the recipient have an Autism Diagnosis?