



AETNA BETTER HEALTH

Fax 1-855-225-4102
Phone 1-855-221-5656

SUNFLOWER HEALTH PLAN

Fax 1-844-824-7705
Phone 1-877-644-4623

UNITED HEALTHCARE

Fax 1-855-268-9392
Phone 1-855-802-7095

| MEMBER DEMOGRAPHICS | | | |
|-------------------------|----------------------------|---------------------------|-------|
| First name | | MI | |
| Last name | | Birthdate | |
| Medicaid ID | | | |
| Other insurance | | | |
| Address City/County | | | Zip |
| Telephone | Current living arrangement | Foster care involvement | |
| Guardian Name | | Guardian Phone | |
| HOSPITAL INFORMATION | | | |
| Requesting Hospital | | | |
| Requesting NPI | | Requesting TIN | |
| Requesting Hospital Fax | | Requesting Hospital Phone | |
| Hospital UM/Reviewer | Phone | Hospital D/C Planner | Phone |
| Attending Physician | | Attending Physician Phone | |

| REQUEST INFORMATION | | | |
|---|---|---|---|
| <input type="checkbox"/> Initial request | <input type="checkbox"/> Continued stay request | <input type="checkbox"/> Discharge notification (skip to page 3 for discharge summary) | Admission Assessment <input type="checkbox"/> Voluntary <input type="checkbox"/> Involuntary |
| Level of Urgency <input type="checkbox"/> Standard <input type="checkbox"/> Urgent <input type="checkbox"/> Retro | | | Admission date |
| | | | Admission time <input type="checkbox"/> AM <input type="checkbox"/> PM |
| Urgent requests must be signed by the requesting physician to receive priority. Physician signature requests for urgent requests only: X _____ | | | |
| Primary procedure code/Modifier | | Expected length of stay | |



KanCare Behavioral Health Inpatient Request Form (Page 2 of 3)

| MEMBER CLINICAL INFORMATION | |
|---|--|
| Current diagnosis | Additional diagnoses |
| Circumstances of Admission: (OP referral, ER, MFT, Transfer from ICU, medical, self-referral, other) | |
| Current symptoms and behaviors which require admission: | |
| Results of Lethality Assessment: Describe current plan and level of intent | |
| Current behavioral health services | Discharge placement |
| Previous SI/HI/Self-harm | Current Mental Status Exam |
| History of prior psychiatric hospitalizations | Abuse and Trauma history |
| Parent Incarceration Yes <input type="checkbox"/> No <input type="checkbox"/> Parent separation/divorce Yes <input type="checkbox"/> No <input type="checkbox"/> Death of a family Member Yes <input type="checkbox"/> No <input type="checkbox"/> | Court Order Yes <input type="checkbox"/> No <input type="checkbox"/> Domestic Violence Yes <input type="checkbox"/> No <input type="checkbox"/> Peer abuse/bullying Yes <input type="checkbox"/> No <input type="checkbox"/> Substance Use contributing factor Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Vital signs: Blood pressure Temperature Respirations Pulse Other | Labs |
| Current psychotropic medications: | |
| Compliant with current medications: Yes <input type="checkbox"/> or No <input type="checkbox"/> | |
| Medical issues: | |
| Discharge Barriers/cultural considerations: | |
| Services and providers member will utilize upon discharge: | |
| Other clinical information: (also please feel free to attach any additional clinical information) | |

DISCHARGE SUMMARY (Page 3 of 3)

| | |
|--|---------------------------|
| Discharge Date: | |
| Did member attend a 510/513 (Bridge) appt. during the discharge process? Yes <input type="checkbox"/> or No <input type="checkbox"/> | |
| If yes, name of staff conducting the 510/513: | |
| Date of the 510/513: | |
| Outpatient therapist: | Phone: |
| Date of next appt: | Time of appt: |
| Case manager (if applicable): | Phone: |
| Psychiatrist: | Phone: |
| Date of next appointment: | Time of appt: |
| Does member have medication to last until psychiatrist follow up? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Other follow up appt Name/type of provider: | Phone: |
| Date of next appt: | Time of next appt: |
| Medical provider/PCP: | Phone: |
| Discharge Diagnosis: | Medications at discharge: |
| Discharge disposition/where will member be staying after discharge: | |