



FAXED CONCURRENT REVIEW

Submit Date: <enter date faxed>  
UR/Phone#: <enter your name/number>  
Facility: <enter facility name>

MBR Name: <enter patient name> DOB: <Enter DOB> ID#: <Enter Medicaid #>  
Admit Date: <Enter date mbr admitted>  
Vol/Invol: < enter Invol or Vol>  
Axis I Dx: <Code> and <Diagnosis>

MD Note: <enter most recent note within 24hours of LCD>  
RN/Staff Note: <enter most recent note within 24hours of LCD>  
Case Mgmt: <enter SW, CM note including date, if applicable>  
Precautions: <enter all or indicate date dropped>  
Current Meds/Levels: <enter all psych meds below>

Name	Dose/Frequency	Date of Last Change	Type of Change
_____			<input type="checkbox"/> Initiated <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> D/C
_____			<input type="checkbox"/> Initiated <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> D/C
_____			<input type="checkbox"/> Initiated <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> D/C
_____			<input type="checkbox"/> Initiated <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> D/C
_____			<input type="checkbox"/> Initiated <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> D/C
_____			<input type="checkbox"/> Initiated <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> D/C

Any PRNs?: <include only PRNs within past 24hrs, with dose & purpose>  
Compliant: <yes or no, if no explain>

D/C plan: <include residence; follow up provider name/services, etc.>  
Barriers/Concerns associated with D/C: <indicate anything that facility believes is a barrier to discharge>

IF case sent to PA Review for not meeting MNC, Choose one of the following:

- By Notes Only**
- Peer to Peer: Specify AP Name/Contact Info- <Enter AP name> / <enter phone # / best time to call>**

-----TO BE COMPLETED BY CENPATICO STAFF-----

**Date of Review:**

**Time of Review:**

**CBH UM Notes: (use to notate any recommendations, concerns, f/u, tasks sent to CC/ICM)**

**LCD:**