Healthy Blue

Dual Advantage

Behavioral Health Discharge Note

Please submit this form electronically at **https://www.availity.**com.* This can also be submitted via fax to **1-844-430-1702**.

Member information					
Member name		Member ID/reference		Member DOB	
Member address		Member phone number			

Facility and provider information			
Name of facility		Facility NPI/provider number	
Date of discharge		Discharge address	
Discharge phone number		Other contact information (mobile phone, family member or guardian)	

Was this discharge against medical advice?	☐ Yes ☐ No
Was discharge information sent to the PCP?	☐ Yes ☐ No
Was discharge plan discussed with member?	☐ Yes ☐ No
If required, for a minor, was informed consent for psychotherapeutic medication completed and given to parent/guardian?	☐ Yes ☐ No

Were any of the following included in the discharge plan? Check all that apply.	**Yes**	**No**	**Accepted**	**Refused**
Skilled nursing facility				
Assisted living facility				
Targeted case management				
Intensive case management				
Therapeutic behavioral onsite services				
Day treatment				
Other (specify)				

Discharge diagnoses (This includes behavioral and medical health.)

* Availity, LLC is an independent company providing administrative support services on behalf of Healthy Blue.

Healthy Blue is the trade name of Community Care Health Plan of Louisiana, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

BLACARE-2022-20 August 2020

75343MUPENMUB

Discharge medications (Include medications and doses for all conditions.)			
Are these medications on the formulary? ☐ Yes ☐ No			
Has precertification been received, if needed? ☐ Yes ☐ No			
Risk assessment			
Was the member stable at discharge? (No risk for suicide/homicide/psychosis)			
Discharge appointment (Must be within seven days of discharge.)			
Provider name		Provider phone	
Provider address		Is this an in-network provider? ☐ Yes ☐ No	
Date of appointment		Time of appointment	
Describe any barriers to attending this appointment:			

Submitted by		Phone		Date	

Important note: You are not permitted to use or disclose Protected Health Information about individuals who you are not treating or are not enrolled to your practice. This applies to Protected Health Information accessible in any online tool or sent in any medium including mail, email, fax or other electronic transmission.