

AMPM POLICY 1021 ATTACHMENT B INSTRUCTIONS	
Denotes drop-down options	
Column A	Date of first notification from the ED that a members has been in the ED for over 24 hours
Column B	Member Last Name
Column C	Member First Name
Column D	Member Date of Birth
Column E	Member AHCCCS ID
*Column F	Title XIX/XXI Yes No Unknown
*Column G	Population Serious Mental Illness (SMI) General Mental Health (GMH) Adult General Mental Health (GMH) Child Substance Use (SU) Serious Emotional Disturbance (SED) DCS E/PP CHP DDD
*Column H	Status or Placement Prior to Presentation to ED (if known) Home/Family Home Homeless Psychiatric Inpatient/Subacute Facility Crisis Stabilization Unit Jail/Prison/Detention Facility Residential Facility Other Unknown
*Column I	Rural or Urban Hospital
*Column J	Insurance Carrier(s) Arizona Complete Health Banner Univerity Family Care Health Choice Arizona Mercy Care Molina Complete Care United Health Care AIHP Other None
Column K	Hospital
Column L	Presenting Problem (primary) Suicidal or Self-Harm Behavior (suicidal ideation, suicide attempt, self-injury) Violent or Aggressive Behavior (homicidal ideation, physical aggression, behavioral outbursts) Psychotic Symptoms (hallucinations, delusions, disorganized thoughts/behavior, paranoia) Mood or Anxiety Symptoms (depression, anxiety, panic, mania, PTSD, grief, adjustment issues) Substance Use Issues (intoxication, withdrawal, overdose, substance-induced behaviors) Physical Symptoms (medical issues, somatic presentations) Cognitive Impairment (dementia, neurological disorders, memory problems, confusion unrelated to psychosis)
Column M	Date Medically Cleared
Column N	Date Member Placed in Facility or Discharged with OP Services
Column O	Time Member Placed in BH Facility or Discharged with OP Services
*Column P	Discharge Disposition Home/Self Care with BH Outpatient Services Transfer to Psychiatric Inpatient/Subacute Facility Transfer to Crisis Stabilization Unit Discharged Against Medical Advice Other
Column Q	Total Number of Hours in ED
Column R	Medical Director Notification Date
Column S	Date of Contractor's First Intervention with the ED
*Column T	Barriers Identified/Reasons for Delays Systemic Barriers (Lack of psychiatric inpatient beds, limited community-based resources, geographic limitations) Insurance/Financial Barriers (Prior Authorization Delays, lack of insurance, Out-of-Network restrictions) Clinical/Medical Barriers (Co-occurring BH and Medical Conditions [including Substance Use (SU)], acuity/safety risks) Legal/Administrative (Court Ordered Evaluation, Involuntary, legal/justice involvement, guardianship/consent delays) Hospital Specific Barriers (Staffing shortages, communication/collaboration delays) Lack of Transportation (Transport unavailable or delayed) Other (explain in Coordination of Care (COC) activities)
Column U	Contractor Coordination of Care (COC) Activities to Facilitate Placement or Wrap Around Services

