

DEPARTMENT OF HEALTH AND HUMAN SERVICES**Division of Public and Behavioral Health****Bureau of Behavioral Health Wellness and Prevention****PRIOR AUTHORIZATION FORM**Date New Re-certification

Reason for requesting recertification:

PROVIDER INFORMATION

Agency Name

Contact Person

Contact Number

CLIENT INFORMATION

Name

Date of Birth

SSN

Street Address

City, State, Zip

Telephone Number

DIAGNOSIS

(Primary and any applicable co-occurring diagnosis)

Diagnosis Number**Description**

1.

2.

3.

4.

5.

MEDICATION HISTORY

Please list medications, dosage and frequency below.

 Not Applicable**Name****Dose****Frequency****DIAGNOSTIC RATIONALE**Authorization Request
start date:Estimated Duration of
Episode:**CARE PLAN****Goal****Action**

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

ASSESSMENT

Assessment Attached

 Yes No

ASAM Score

ASAM LEVEL OF CARE RECOMMENDED					
<input type="checkbox"/>	Targeted Case Management	<input type="checkbox"/>	Level 3.1: Clinically Managed Low Intensity Residential	<input type="checkbox"/>	Level 3.2D: Detoxification
<input type="checkbox"/>	Level 3.5: Clinically Managed High Intensity Residential	<input type="checkbox"/>	Transitional Housing	<input type="checkbox"/>	Admitted to a lower level of care
If client was admitted to a lower level of care, please provide the actual level of care placement, reason for variance, and include supporting clinical documentation:					

FOR DEPARTMENT USE ONLY					
Level of Care Placement and Hours Authorized					
	Level of Care	Hours Authorized (Per Month)	Units	Begin Date	End Date
<input type="checkbox"/>	Targeted Case Management <small>**Approved Request cannot exceed 90 calendar days.</small>			08/08/2016	08/08/2016
<input type="checkbox"/>	Level 3.1: Clinically Managed Low Intensity Residential				
<input type="checkbox"/>	Level 3.2D: Detoxification				
<input type="checkbox"/>	Level 3.5: Clinically Managed High Intensity Residential				
<input type="checkbox"/>	Transitional Housing				
<input type="checkbox"/>	Other:				
'Other' Explanation:					
Submitted by:					
	<i>Signature</i>	<i>Print</i>		<i>Date</i>	
Authorized by:					
	<i>Signature</i>	<i>Print</i>		<i>Date</i>	