Florida Medicaid and Healthy Kids Behavioral Health Services Request Form

FOR: Inpatient, CSU, Detox and PHP Services

Please submit completed form via fax to: 1-855-713-0197

<table>
<thead>
<tr>
<th>Standard Request</th>
<th>Expedited Request</th>
</tr>
</thead>
<tbody>
<tr>
<td>Requests for prior authorization (with supporting clinical information and documentation) will be processed in accordance with contract timeframes.</td>
<td>Can only be requested with physician signature. By signing below, I certify that applying the standard review time frame may seriously jeopardize the life or health of the member or the member’s ability to regain maximum function.</td>
</tr>
</tbody>
</table>

Physician Signature Validating Expedited Request

<table>
<thead>
<tr>
<th>Service Type Requested</th>
<th>List REV/CPT/HCPCS Code(s)</th>
<th>Number of Each Requested</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Inpatient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crisis Stabilization Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHP Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Detox</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Service Request Start Date: Voluntary admission? (Y/N):

<table>
<thead>
<tr>
<th>Involuntary admission? (Y/N):</th>
<th>(if yes, please attach the BA form)</th>
</tr>
</thead>
<tbody>
<tr>
<td>BA52</td>
<td>BA32</td>
</tr>
<tr>
<td>Ex-Parte</td>
<td></td>
</tr>
</tbody>
</table>

MEMBER INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name, Middle Initial</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone Number</td>
<td>WellCare ID Number</td>
<td>Gender</td>
</tr>
<tr>
<td>Third Party Insurance?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

If Yes, please attach a copy of the insurance card. If the card is not available, provide the name of the insurer, policy type, and number.

PRIMARY DIAGNOSIS

ATTENDING MD INFORMATION

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>NPI Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>WellCare ID Number</td>
<td>Participating</td>
<td>Yes</td>
</tr>
<tr>
<td>Discipline/Specialty</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>City, State</td>
<td>Zip</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Fax Number</td>
<td>Office Contact</td>
</tr>
</tbody>
</table>

FACILITY/AGENCY INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Facility ID</th>
<th>NPI Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address</td>
<td>City, State</td>
<td>Zip</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Fax Number</td>
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</tbody>
</table>
### Behavioral Health Service Request Form

**Inpatient, CSU, Detox and PHP Services**

#### RATIONALE for REQUEST

**CURRENT RISKS**

Risk level scale: 0 = none; 1 = mild, ideation only; 2 = moderate, ideation with either a plan or history of attempts; 3 = severe, ideation AND plan, with either intent or means; na = not assessed.

Circle the risk level for each category and check all boxes that apply.

- **Risk to self (SI)**
  - [ ] Yes
  - [ ] No

- **Risk to others (HI)**
  - [ ] Yes
  - [ ] No

- **Current serious attempt**
  - [ ] Yes
  - [ ] No

- **Prior serious attempt**
  - [ ] Yes
  - [ ] No

- **Prior serious gestures**
  - [ ] Yes
  - [ ] No

**Current serious attempt**

- Circle: SI HI GIVE SPECIFIC EXAMPLES

**Date of most recent attempt or gesture:**

#### CURRENT IMPAIRMENTS

Scale: 0 = none; 1 = mild; 2 = moderate; 3 = severe; na = not assessed

Circle the impairment level for each category.

- **Mood Disturbance (depression, mania)**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Anxiety**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Psychosis**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Thinking/cognition/memory**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Impulsive/recklessness/aggressive**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Activities of daily living**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Weight change associated with Behavioral Health diagnosis**
  - [ ] gain
  - [ ] loss
  - _____ lbs in
  - last three months
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Medical/physical conditions**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Substance abuse/dependence**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Job/school performance**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Social/marital/family problems**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Legal**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Stressors**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Orientation/alertness /awareness**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Supports**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Job/school performance**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

- **Social/marital/family problems**
  - [ ] 0
  - [ ] 1
  - [ ] 2
  - [ ] 3
  - [ ] na

### ADDITIONAL DATA TO SUPPORT REQUEST

Please describe why the member was admitted today specifically. Precipitant to this admission? Is the member dangerous to self or others?

Who is/are the outpatient providers and when was the member last seen?

Are you referring this member for case management?

History of hospitalizations in the past year?  [ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>Name of Facility</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>
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| What are the environmental/community stressors and/or supports that contribute to the member’s clinical status? |
| Describe the member/family engagement in treatment. |
| What are the current medical and psychiatric medications? (name, dose, frequency) |

<table>
<thead>
<tr>
<th>Primary Diagnoses</th>
<th>R/O</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary Diagnoses</td>
<td>R/O</td>
</tr>
<tr>
<td>Medical Problems</td>
<td></td>
</tr>
</tbody>
</table>

| Current Functional Assessment Score | Highest Functional Assessment Score in Past Year |