

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

<input type="checkbox"/>	Standard Request	Requests for prior authorization (with supporting clinical information and documentation) will be processed in accordance with contract timeframes.
<input type="checkbox"/>	Expedited Request	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.

Physician Signature Validating Expedited Request _____

Date Signed _____

Service Type Requested	List REV/CPT/HCPCS Code(s)	Number of Each Requested
Acute Inpatient		
Crisis Stabilization Unit		
PHP Program		
Inpatient Detox		

Service Request Start Date:	Voluntary admission? (Y/N):	Involuntary admission? (Y/N): (if yes, please attach the BA form) BA52 BA32 Ex-Parte
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MEMBER INFORMATION

Last Name		First Name, Middle Initial		Date of Birth	
Phone Number		WellCare ID Number		Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Third Party Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	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

Last Name		First Name		NPI Number	
WellCare ID Number		Participating	<input type="checkbox"/> Yes <input type="checkbox"/> No	Discipline/Specialty	
Street Address			City, State		Zip
Phone Number		Fax Number		Office Contact	

FACILITY/AGENCY INFORMATION

Name		Facility ID		NPI Number	
Street Address			City, State		Zip
Phone Number		Fax Number		Office Contact	

Behavioral Health Service Request Form

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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)	<input type="checkbox"/> Yes <input type="checkbox"/> No	With <input type="checkbox"/> ideation, <input type="checkbox"/> intent, <input type="checkbox"/> plan, <input type="checkbox"/> means
Risk to others (HI)	<input type="checkbox"/> Yes <input type="checkbox"/> No	With <input type="checkbox"/> ideation, <input type="checkbox"/> intent, <input type="checkbox"/> plan, <input type="checkbox"/> means
Current serious attempt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle: SI HI
Prior serious attempt	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle: SI HI GIVE SPECIFIC EXAMPLES
Prior serious gestures	<input type="checkbox"/> Yes <input type="checkbox"/> No	Circle: SI HI

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 <input type="checkbox"/> gain <input type="checkbox"/> 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

Name of Facility	Dates

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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)

Primary Diagnoses		R/O	
Secondary Diagnoses		R/O	
Medical Problems			
Current Functional Assessment Score		Highest Functional Assessment Score in Past Year	