



949 Kamokila Boulevard, 3<sup>rd</sup> floor, Suite 350  
Kapolei, HI 96707

## PSYCHOSOCIAL REHAB (PSR) AUTHORIZATION REQUEST

**FAX TO: 1-888-481-9739**

### Check one of the Following

Admission     Continued Stay

**\*Required Information** – In order to ensure quality care, appropriate claims payment and notification of servicing providers, all required fields on this form must be completed. Please type or print in black ink and submit this request to the fax number above. **For an urgent request, call 'Ohana at 1-888-842-4262 instead of filling out this form.**

### Member

Member Plan ID:	Today's Date:
Member Last Name:	Member First Name:
Member Phone Number:	Date of Birth:
Home Address:	Phone Number:
Mailing Address:	Primary Contact:

### Referring Care Management Provider

Provider ID:	Care Management Agency:
Phone Number:	Fax Number:
Case Manager Name:	Care Manager Phone Number:

### Treating PSR Provider

Provider ID:	
PSR Provider Name:	PSR Contact Name:
Provider Address:	City/State/ZIP Code:
Phone Number:	Fax Number:

### Multiaxial Diagnosis

Primary Axis I	Diagnosis Code	Description:
Primary Axis II	Diagnosis Code:	Description:
Axis III Diagnosis (Medical Conditions):		
Axis IV (socio-legal):		
GAF Score:	Current LOCUS/Denver Score:	

### Service Requested

<b>Planned Date of Service:</b>		
HCPC Code	Description of Service	Visits/Frequency
H2017	PSR	

### Behavioral Health Treatment History

<b>Hospitalizations/CMO/LCRS:</b>				
Facility	Location	Date Admitted	Date Discharged	Diagnoses

### Clinical Requirements/Required Documents

**Admission Criteria:**  Actively engaged in CM per acuity     Current LOCUS/Denver (Acuity Level 3 or 4)

**Continued Stay Criteria:**  Current LOCUS/Denver Assessment     PSR Assessment/Treatment Plan  
 Actively engaged in CM per acuity

**Comments** (attach additional sheets as needed):



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**PSR Assessment/Treatment Plan  
 (Continued Stay)**

Member Last Name:

First Name:

**SAFETY PLAN:**

1. Triggers:
2. Warning Signs:
3. Coping Skills:
4. Crisis Action:

**BASIC LIVING SKILLS DEVELOPMENT**

Basic Household Management; Money Management Transportation; Continued Education/  
 Work/Employment Skill Building; Time Management Skills

**Progress Code (P/C):** M = Met; PM =Partially Met; NM = Not Met; D = Discontinued; NA = Not Applicable

Goals	Start Date	Target Date	P/C	PROGRESS/UPDATE/COMMENTS (specific to interventions):
1.				
2.				
3.				
4.				
5.				
6.				

**PSYCHOSOCIAL SKILLS TRAINING**

Consumer Empowerment; Social/Communication Skills); Problem Solving Skills;  
 Self-Management

**Progress Code (P/C):** M = Met; PM =Partially Met; NM = Not Met; D = Discontinued; NA = Not Applicable

Goals	Start Date	Target Date	P/C	PROGRESS/UPDATE/COMMENTS (specific to interventions):
1.				
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Member Last Name: \_\_\_\_\_ Member First Name: \_\_\_\_\_

**THERAPEUTIC SOCIALIZATION**

Healthy Leisure Time; Money Management; Access Community Recreational Facilities/Physical Health Needs

**Progress Code (P/C):** M = Met; PM =Partially Met; NM = Not Met; D = Discontinued; NA = Not Applicable

Goals	Start Date	Target Date	P/C	PROGRESS/UPDATE/COMMENTS (specific to interventions):
1.				
2.				
3.				
4.				
5.				
6.				

**Discharge Plan Summary** (*Identify possible resources /referrals for member post-discharge from PSR*):

1.
2.
3.

PSR Class(es) Attended	Date Attended

	<u>Printed Name</u>	<u>Signatures</u>	<u>Date</u>
Member:	_____	_____	_____
PSR Facilitator:	_____	_____	_____
Care Manager :	_____	_____	_____