Behavioral Health Service Request Form

PHP and IOP Services as Covered

Please Submit to the Dedicated Fax Line Below
Medicaid
Hawaii – 1-855-550-8977

Place of Service	☐ 11- Office ☐ 22- Outpatient Hospital ☐ 52- Psychiatric Facility-Partial Hospitalization ☐ 53- Community Mental Health Center
Treatment Focus	☐ Mental Health ☐ Substance Use Disorder ☐ Dual Diagnosis

MEMBER INFORMATION					
Last Name		**First Name, Middle Initial**		**Date of Birth**	
Phone Number		**WellCare ID Number**		**Gender**	☐ Male ☐ Female
Third-Party Insurance	☐ Yes ☐ 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.		**Languages Spoken**	

TREATING PROVIDER/PRACTITIONER INFORMATION					
Last Name		**First Name**		**NPI Number**	
WellCare ID Number		**Participating**	☐ Yes ☐ 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**	

Service type Requested	REV/HCPCS Code(s) and Number of Days/Units Requested		
PHP	**REV/HCPC Code (s) :**	**Number of Days/Units :**	
IOP	**REV/HCPC Code (s) :**	**Number of Days/Units :**	
Service Request Start Date:	**Projected Length of Stay:**	**Transition of Care** ☐ Yes ☐ No	**Continuation of Care** ☐ Yes ☐ No

DIAGNOSIS – Code and Description	
Primary Diagnosis	
Secondary Diagnosis	
Other Medical Diagnosis	

Are services requested court-ordered? ☐ Yes ☐ No *If yes, please submit a copy of the court order and all supporting documentation.*

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Admission Criteria:

Must meet **all** of the following:

1. Current clinical presentation represents a significant divergence from baseline functioning, as evidenced by the following (you must be specific; attach additional narrative as necessary):

   ___

   ___

   ___

2. Demonstrates **one** of the following:
   a. Exacerbated psychiatric illness that will likely result in acute hospitalization, arrest, or other seriously disruptive consequence if the illness is not quickly stabilized
   b. Inability to control substance use along with accompanying psychiatric and social instability despite active participation at less intensive levels of care

Continued Stay Criteria: **Continued Date:** ___

Please complete the following :

1. You must attach a copy of the Recovery Plan which demonstrates at a minimum the following:
   a. Collaborative treatment planning between the community-based case manager, the TLP, and other members of the patient's recovery team, and
   b. Clearly identified goals to be accomplished by the patient while in the program, and
   c. Plans for discharge to a setting which will help sustain gains made in residential program; patient must demonstrate a commitment to this plan.

Written justification for continued treatment at this level as demonstrated by answering the questions below:

2. How are symptoms responding to this level of care? Describe each symptom and observed changes:

3. What is the status of patient's progress toward his/her recovery goals? Describe each goal and progress (estimated percentage) towards each goal:

4. Patient's safety and recovery would rapidly and seriously destabilize if placed in a more independent setting. Please provide evidence and rationale for this belief:

Document steps currently being taken to sustain gains upon treatment completion.

5. Describe other justification for continued treatment at this level: (Additional information may include, but is not limited to: progress and movement in stage of change since treatment began, barriers to change, expected adjustments to treatment to address current barriers.)
   a. Patient requires a step down from a higher psychiatric level of care to stabilize gains made and develop skills necessary to transition to a less restrictive level of care.

6. Demonstrates motivation for this level of care as evidenced by **one** of the following:
   a. Internally motivated: Wants to make changes because current pattern is causing internal distress
   b. Externally motivated: Demonstrates a strong desire to avoid a negative consequence if current behavior pattern continues. (e.g., threat of losing children, threat of spouse leaving, incarceration, etc.).

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