949 Kamokila Boulevard, 3rd floor, Suite 350
Kapolei, HI 96707

BH CASE MANAGEMENT AUTHORIZATION REQUEST

For Representative Payee

FAX TO: 1-888-481-9739

Check one of the Following	
☐ Initial Representative Payee Services	☐ Ongoing Representative Payee Services

***Required Information –** In order to ensure our members receive 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, do not fill out this form. Please call **'Ohana Health Plan at 1-888-846-4262**

Member	
Ohana Member ID:	Today's Date:
Member Last Name:	Member First Name:
Member Phone Number:	Date of Birth:
Home Address:	Phone Number:
Primary Contact and Relationship:	Primary Contact's Phone Number:

Representative Payee Provider	
Provider ID:	
Representative Payee Agency:	
Phone Number:	Fax Number:
Representative Payee Agency Contact:	Phone Number:
CCS Case Management Agency:	
CCS Case Manager Name:	Phone Number:

Diagnosis		
ICD-10 Diagnosis Code		Description:
ICD-10 Diagnosis Code		Description:
Medical Conditions:		
LOCUS Score:		

Service Requested		
Planned Date of Service:		
HCPC Code (please include modifiers)	**Description of Service**	**Units / Frequency**

Requirements: Please complete corresponding checklist for the service requested

Initial Representative Payee Services (member meets all of the following)	**Continued Representative Payee Services** (member meets all of the following)
☐ Unable to manage financial resources appropriately, resulting in at least one of the following: a. Documented history of not meeting basic needs of food, shelter, hygiene, or safety b. Documented history of harm to self or others ☐ Limited/minimal environmental support and no responsible person/organization available for fiduciary role ☐ Goal of learning to manage own finances appropriately within 2 years of initial services authorization ☐ Need for financial management services have been discussed and documented with the member's CCS case manager ☐ Need for financial management services are documented in the member's treatment plan	☐ Continues to meet initial representative payee criteria ☐ Shows willingness to actively participate in financial management skills training/coaching and to progress towards independence from representative payee services. ☐ Representative Payee provider has documentation of progress towards becoming independent of representative payee. ☐ Representative Payee services have been provided for 2 years or less **OR** ☐ If Representative Payee services have been provided for greater than 2 years, please also submit the following: ☐ Most recent expense worksheet (must be dated within the last month) ☐ Most recent savings goal worksheet (must be dated within the last month)

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