



BH CASE MANAGEMENT AUTHORIZATION REQUEST

For Supportive Housing

FAX TO: 1-888-481-9739

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

Check one of the Following

- Supportive Housing Pre-tenancy Supportive Housing-Post tenancy

***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:	
Alternate Contact and Relationship:	Alternate Contact's Phone Number:

Treating Supportive Housing Agency Provider

Provider ID:	
Supportive Housing Agency:	Phone Number:
Fax:	

CCS BH Case Management Agency (if different than above)

BH Case Management Agency:	
Phone Number:	Fax Number:
Case Manager Name:	Case Manager Phone Number:

Diagnosis

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

Service Requested

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

The following is required for all Supportive Housing Service Requests:

Please complete corresponding checklist for the service requested

- Rep Payee or ability to manage finances
- Capacity to pay rent
- Housing support and crisis plan
 - a) Must be comprehensive (Form provided below. Other Similar Housing Support Plan can be attached as long as the same fields are filled out at a minimum. Incomplete housing support plans will not be accepted.)
 - b) Must be signed by the mbr, supportive housing case mgr, and the assigned CCS behavioral health case mgr (if different than the housing case mgr)
- Completed VI-SPDAT (this must be coordinated with the appropriate agency if the entity submitting the request does not complete the VISPDAT themselves)
 - VI-SPDAT score: _____
 - VI-SPDAT Completing Agency: _____
- The need for supportive housing services have been discussed with the member's assigned CCS behavioral health case manager and Supportive Housing case manager (Residential Specialist, Outreach Worker, Housing Navigator, etc.) and documented in mbr's record
- The need for supportive housing services are documented in the member's CCS behavioral health treatment plan



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Housing Support Plan

Specific to Service Requested

For post-tenancy requests greater than 2 years, the member has been applied to a more permanent housing waitlist (Section 8, Public Housing, Senior Housing, etc.)

Member Name: _____

Supportive Housing Pre-Tenancy Supportive Housing Post tenancy

Housing Goals	Start Date	Interventions <i>(Targeted to be completed within 3-month time frame)</i>
1.		
2.		
3.		
4.		

Housing Crisis Plan
1.
2.
3.

Printed Name

Agency

Signature / Date

Member: _____

Supportive Housing Case Mgr (Residential Specialist, Housing Navigator, etc) : _____

Assigned CCS Behavioral Health Case Mgr: _____