OHANA SM HEALTH PLAN

SPECIALIZED RESIDENTIAL TREATMENT (SRT)
AUTHORIZATION REQUEST FAX
TO: 1-888-890-8219

Check One of the Following

☐ **Transition of Care?** ☐ **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 **QUEST INTEGRATION at 1-888-846-4262** 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 Case Management Provider

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

Treating SRT Provider

Provider ID:	
SRT Provider Name:	SRT Contact Name:
Provider Address:	City/State/ZIP Code:
Phone Number:	Fax Number:
Treatment Dates:	

HCPC Code & Estimated Length of Stay

HCPC CODE: H0019 Estimated LOS:

Multiaxial Diagnosis

Axis I Diagnosis:	DSMIV Code:
Axis II Diagnosis:	DSMIV Code:
Axis III Diagnosis (Medical Conditions):	
Axis IV (socio-legal):	GAF Score:
Current LOCUS:	

Behavioral Health Treatment History

Hospitalizations

Facility	Location	Date Admitted	Date Discharged	Diagnoses

Medications

Name	Dose	Frequency	Route	Start Date	End Date

INSTRUCTIONS: Please include a clinical summary below. Attach the most recent treatment plan and supporting clinical records, if necessary.

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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 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.
   c. Individual 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.
3. 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 consequences if current behavior pattern continues (e.g., threat of losing children, threat of spouse leaving, incarceration, etc.).

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 consumer's recovery team;
   b. Clearly identified goals to be accomplished by the consumer while in the program; and
   c. Plans for discharge to a setting which will assist in sustaining gains made in residential program; consumer must demonstrate commitment to this plan.
2. Written justification for continued treatment at this level as demonstrated by answering the questions below.
   a. How are symptoms responding to this level of care? Describe each symptom and observed changes:
      _____
   b. What is the status of member's progress toward his/her recovery goals? Describe each goal and progress (estimated percentage) towards each goal:
      _____
3. Member's safety and recovery would rapidly and seriously destabilize if placed in a more independent setting. Please provide evidence and rationale for this belief:
   _____
4. 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.):
   _____