



# Behavioral Health **Concurrent** Authorization Request Form

Authorization Number:

## Member Information

Member Name:	Member Medicaid ID#:
Member Date of Birth:	

## Facility Information

Facility Name:	Facility NPI:	
Attending MD:	Attending MD NPI:#:	
Requestor Information:		
Name:	Phone:	Fax:

## Clinical information

<b>Change in Diagnosis:</b>
<b>Pertinent lab value(s) with dates:</b>
<b>Pertinent vital signs and CIWA/COWS scores with dates:</b>
<b>Current Clinical Presentation (for dates requiring review)</b>
<b>Review Date (first uncovered date) :</b>
<b>Circle all applicable</b>
<ul style="list-style-type: none"><li>• Suicidal: Denies Reports Plan Details:</li><li>• Homicidal: Denies Reports Plan Details:</li><li>• Self-Harm: Denies Gesture(s) Details:</li><li>• Aggression: Denies Behaviors Details:</li></ul>



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<b>Psychosis Symptoms (Circle all applicable):</b> <ul style="list-style-type: none"><li>• Delusions, Paranoia, Visual Hallucinations, Auditory Hallucinations, Tactile Hallucinations</li></ul> Details:
<b>Seclusion / Restraints since last review:</b> Details:
<b>PRN Medications received</b>
<b>Precautions (Circle all applicable)</b> Suicide, Elopement, 1:1, Line of Sight Date Precautions Initiated: Date Precautions Discontinued:

Physician Notes
<b>Physician clinical summary since last review (Please include original copies of physician/provider notes):</b>
<b>Mental status exam:</b>
<b>Risk Assessment:</b>
<b>Medication Changes:</b>
<b>Group Therapy Notes (as applicable):</b>



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Psychosocial information and discharge planning OR submit notes with request
Family Therapy Notes:
Nursing Notes (since last review):
Discharge Planning
Discharge Disposition:
Schedule Appointments after Discharge:

Additional Information
Any Critical Incidents (if Yes, Details:)
Any other pertinent information to support the behavioral health psychiatric inpatient stay:

**To submit your request to the UM Department :**

- **UTILIZE AVAILITY TO SUBMIT YOUR REQUEST**
- **FAX THE CLINICAL REQUEST TO: (833) 454-0641**
- **CALL THE REQUEST: (800) 578-0775**

**You may also utilize the Universal Fax form located on our Website**