Behavioral Health INITIAL Inpatient Authorization Request Form

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

Admission Date: **Discharge Date:**

Circle One:

- Voluntary Admission
- Involuntary Admission Details:

Psychiatric/substance use diagnosis with ICD-10 codes:	

Prior Admissions, if applicable			
Date	Admitted for:	Admit Date	Discharge Date

Pertinent Clinical information

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Member's history and/or current issues or concerns:
Pertinent lab value(s) with dates:
Pertinent vital signs and CIWA/COWS scores with dates:
Review Date :
Presenting Problems / Symptoms:
Precipitating events:
Circle all applicable • Suicidal: Denies Reports Plan Details: • Homicidal: Denies Reports Plan Details: • Self Harm: Denies Gesture(s) Details: • Aggression: Denies Behaviors Details:
Psychosis Symptoms (Circle all applicable): • Delusions, Paranoia, Visual Hallucinations, Auditory Hallucinations, Tactile Hallucinations Details:
Precautions (Circle all applicable) Suicide, Elopement, 1:1, Line of Sight Date Precautions Initiated: Date Precautions Discontinued:

Physician Notes
Physician clinical summary (Please include original copies of physician/provider notes):

Mental status exam:
Current psychiatric/neurologic medications and significant medical medications (include name, dose, date ordered, date changed, last time PRN meds given):
Risk Assessment:
Initial Treatment Plan:

Psychosocial information and discharge planning
Social History: (include support system, housing and any other SDOH)
Outpatient mental health providers:
Initial Discharge Plan:

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Additional Information
Please include 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