

Outpatient Treatment Request

CPST, PSR and Permanent Support Housing



Today's Date: _____	
Type of Request: <input type="checkbox"/> Initial Request <input type="checkbox"/> Continued Stay Request	
Admit Date: _____ Submit by fax to: 1-888-725-0101	
<i>*This service requires prior authorization; authorizations will not be back dated.</i>	
Member Name: Member DOB: Medicaid/Health Plan #: Member Address:	If under 21, currently enrolled in CSOC? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, please direct this request Magellan.</i> Currently enrolled in ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No
City, State: Zip: Member Phone #: Legal Guardian (if applicable):	ICD-10 Code (Aetna, LHCC, ACLA, Humana): Primary DSM Diagnosis Code (HealthyBlue, Humana, UHC):
Group/Agency Name: Address: Phone #: TIN #: Contact Name:	City, State: Zip: Fax Number: NPI #: Contact Phone #:
Contact Email:	
Current Treatment Request CPST	
HCPCS Code: <input type="checkbox"/> H0036	Frequency (Times per week):
Service Start Date:	Total Number of Units:
All service requests will be authorized for 6 months	
Is this a PSH request (TG modifier)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Treatment Request PSR	
HCPCS Code: <input type="checkbox"/> H2017	Frequency (Times per week):
Service Start Date:	Total Number of Units:
All service requests will be authorized for 6 months	
Is this a PSH request (TG modifier)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Level of Member's Impairment:	<input type="checkbox"/> No Impairment <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe

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CPST, PSR and Permanent Support Housing 60 Days
Authorization Period



Progress Since Last Review:	<input type="checkbox"/> No improvement <input type="checkbox"/> Minimally improved <input type="checkbox"/> Much improved <input type="checkbox"/> Very much improved <input type="checkbox"/> Initial Request, not applicable
Member Name:	Member DOB:
For continued stay requests, for LAST 30 DAYS please desc impairment, and engagement level in treatment (optional):	
Current symptoms that are the focus of current treatment (optional):	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Functional Impairment (optional):	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Progress (optional):	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Engagement level in treatment (optional):	<hr/> <hr/> <hr/>

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Printed LMHP/Provider Name and Credentials:	
Signature of Provider/Clinician:	
Submitted by:	Date:
Member Name:	Member DOB:

PLEASE SUBMIT THIS FORM WITH THE FOLLOWING ITEMS:

For under 21:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | CALOCUS/LOCUS (for 6 years and up) scoresheet signed by an LMHP, updated every 180 days, on a form that includes the rating in each dimension, the criteria to support the rating, independent criteria, the composite score, the level of care, a section to document notes, a signature line with credentials, and a rating date |
| <input type="checkbox"/> | Assessment signed by an LMHP updated every 180 days |
| <input type="checkbox"/> | Treatment plan signed by an LMHP updated every 180 days including a crisis mitigation plan |
| <input type="checkbox"/> | Signed Freedom of Choice form (Only requested on initial request or a change in provider) |
| <input type="checkbox"/> | Progress Summaries (submitted for concurrent reviews only) |

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For over 21:

<input type="checkbox"/>	LOCUS scoresheet signed by an LMHP updated every 365 days, on a form that includes the rating in each dimension, the criteria to support the rating, independent criteria, the composite score, the level of care, a section to document notes, a signature line with credentials, and a rating date.
<input type="checkbox"/>	Assessment signed by an LMHP updated every 365 days
<input type="checkbox"/>	Treatment plan signed by an LMHP updated every 180 days including a crisis mitigation plan
<input type="checkbox"/>	Signed Freedom of Choice form (Only requested on initial request or a change in provider)
<input type="checkbox"/>	Progress Summaries (submitted for concurrent reviews only)