

SHASTA COUNTY MENTAL HEALTH PLAN
CONFIDENTIAL

Client Name _____ Medical Record No. _____

ORGANIZATIONAL PROVIDER TREATMENT AUTHORIZATION REQUEST

Condition not expected to be responsive to physical health care based treatment.

Complete the appropriate space for type of service.

- _____ Mental Health Services
- _____ Day Rehabilitation
- _____ Day Treatment Intensive
- _____ Medication Support (MD only)
- _____ Case Management
- _____ ICC/IHBS

Specify frequency & duration as appropriate.

Number of Weeks _____

#Days per Week (Day Rehab/Intensive Only) _____

From Date _____

To Date _____

_____ TBS (check one box) Initial 30 days not to exceed 12 hrs per day 60 days not to exceed 12 hours per day

From Date _____ To Date _____

Note: PAYMENT FOR ANY OF THE ABOVE SERVICES IS CONTINGENT UPON MEDI-CAL ELIGIBILITY AND PROVIDER ELIGIBILITY FOR PARTICIPATION IN THE MEDI-CAL PROGRAM.

MENTAL HEALTH PLAN UM/UR COMMITTEE USE ONLY

Services are authorized as follows:

- _____ Mental Health Services
- _____ Day Rehabilitation
- _____ Day Treatment Intensive
- _____ Medication Support (MD only)
- _____ Case Management
- _____ ICC/IHBS

Number of Weeks _____

#Days per Week (Day Rehab/Intensive Only) _____

From Date _____

To Date _____

_____ TBS (check one box) Initial 30 days not to exceed 12 hrs per day 60 days not to exceed 12 hours per day

From Date _____ To Date _____

Authorization Status: 14 calendar day extension Denied Modified

by _____ Date _____
name of reviewer (Print)

EXTENSION PENDING RECEIPT OF FOLLOWING INFORMATION / REASON FOR DENIAL:

To avoid disruption of service, decision deadline is extended 14 calendar days pending receipt of the following information:

Reason for denial: _____

NOA A B Other: ___ - completed _____

Authorized _____ Date _____

County Code _____ Aid Code _____ Verified by _____

Date _____ MediCal Eligible _____ Medicare Eligible _____

Previous Authorization Expiration Date (If applicable) _____

Changes or alterations to this form by the Provider are not permitted.