



Behavioral Health Authorization Request Form - Mental Health

<input type="checkbox"/> Pre-Authorization <input type="checkbox"/> Authorization <input type="checkbox"/> Extension: (<input type="checkbox"/> Funds and/or <input type="checkbox"/> Time) CIM Reference #		
Member Information		
Name: Last: _____ First: _____		
OHP ID #: _____	DOB: _____	
Service Provider Information		
Clinician Name(s) /Credentials: _____	Billing Contact: _____	
Name of Agency: _____	Billing Contact Phone: _____	
Business Address: _____	E-Mail Address: _____	
Phone: _____	Fax: _____	
Services Requested (select a Level of Care and Service Subcategory)		
Level of Care (see attachment)	Service Subcategory	Guidelines
<input type="checkbox"/> Assessment (H0031, T1013, 90791, 90792, H2000) <input type="checkbox"/> Psychological Testing (96101) <input type="checkbox"/> LOC A <input type="checkbox"/> LOC B <input type="checkbox"/> LOC C* <input type="checkbox"/> LOC D* <input type="checkbox"/> LOC I (Inpatient only) <small>*Approved on a case-by-case-basis</small>	ADULT OPTIONS: <input type="checkbox"/> Acute (hospital) <input type="checkbox"/> Outpatient	ADOLESCENT OPTIONS: <input type="checkbox"/> Acute (hospital) <input type="checkbox"/> Outpatient Services <input type="checkbox"/> Subacute <input type="checkbox"/> Therapeutic Foster Care <input type="checkbox"/> Psych Res Tx <input type="checkbox"/> A&E Only <input type="checkbox"/> Psych Day Tx <input type="checkbox"/> A&E Only <input type="checkbox"/> Intensive Comm Tx Services <input type="checkbox"/> Mentors
Attach a copy of the most current <u>signed</u> assessment and service plan. For episodes of care that last longer than one year, annual service plan <u>must</u> have LMP signature.		
Description of service requested:		
FOR EXTENSIONS ONLY:	Please identify how the additional services requested will benefit the client:	
	Identify any new presenting concerns:	
Date(s) of service: Initial Start Date: _____ End Date: _____ Extension End Date: _____		
Services Requested by: Clinician or agency rep. Signature: _____ Date: _____ Printed name: _____		

Please send requests via **SECURE** email to: bhauthorizations@co.yamhill.or.us

Phone: 503-474-6884

Fax: 503-474-3850

Admission Criteria	Service	Episode of Care
<p>Level of Care: A</p>	<p>Generally office based, these outpatient mental health services are designed to quickly promote, or restore, previous level of high function/stability, or maintain social/emotional functioning and are intended to be focused and time limited with services discontinued as an individual is able to function more effectively.</p> <ol style="list-style-type: none"> 1. Assessment/Diagnosis 2. Crisis Interventions 3. Individual Therapy 4. Case Management 5. Family Therapy 6. Medication/Somatic Services 7. Dialectical Behavior Therapy(DBT) Phone Coaching 8. Skills Training 9. Youth Community Support Services <ol style="list-style-type: none"> a. Family Stabilization Services b. Skills Training c. In-home Skills Builders 10. Peer Services <p><i>Examples Include:</i></p> <ul style="list-style-type: none"> • “Maintenance Phase” of treatment to maintain baseline (has achieved maximum benefit) • Primarily psychiatric services for on-going medication management • Individuals who are relatively high functioning and well-regulated overall • Treatment will be limited and target a specific behavior, interaction, or symptom 	<ol style="list-style-type: none"> 1. Assessment: Maximum of 2 contacts per episode of care 2. Crisis Intervention: As needed, no maximum 3. Sessions per episode of care: Up to total of 8 Sessions (1) in any combination of the following; assessment not included (2): <ol style="list-style-type: none"> a. Individual Therapy b. Family Therapy 4. Group Sessions up to a total of 12 Per Evidence Based Practice per episode of care (3) 5. Following are outside the count of sessions <ol style="list-style-type: none"> a. DBT Phone coaching-(Step down service) b. Skills Training c. Case Management d. Youth Community Support Services are outside the count of sessions (Step down/transition service) <ol style="list-style-type: none"> i. Family Stabilization Services ii. Skills Training iii. In-home Skills Builders e. Peer Services <p>Evaluation available/offered at first contact within 10 business days of admission.</p> <p>Continues to meet admission criteria AND is capable of additional symptom or functional improvement at this level of care.</p>
<p>Division</p>	<p>Indicators of Level:</p>	<p>Transition Criteria</p>
<p>Adults</p>	<p>Covered diagnosis on the prioritized list AND DLA-20: 5.1 or higher And at least one Activity area with a score of < 5 (For YCHHS and Panel Providers) OR GAF: 61 or higher (For Community Partners use only) Possible descriptors:</p> <ul style="list-style-type: none"> • No recent history of hospitalizations • No imminent danger to self or others 	<p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, Individual is goal directed • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care,

	<ul style="list-style-type: none"> • Good structure and supports in his/her life • Slight impairment to some mild functional impairment with minimal interruptions in recovery • Potential for compliance good to strong • The person presents as stable other than presenting issue(s) <p>No crisis management typically needed</p>	<ul style="list-style-type: none"> • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP for with medication management and/or appropriate community supports. • Means of obtaining meds when discharged • Community integration • Medical care addressed • Employed, in school, or otherwise consistently engaged (volunteer, etc.) • Individual has a good understanding of illness • Family or significant other understands the illness • Natural supports available and utilized
<p>Child/Adolescent</p>	<p>Covered diagnosis on the prioritized list AND DLA-20: 5.1 or higher <u>And at least one Activity area with a score of ≤ 5?</u> (For YCHHS and Panel Providers) OR CGAS: 61 or higher (For Community Partners and Children under 6 only)</p> <ol style="list-style-type: none"> 1. The need for maintenance of a medication regimen (at least quarterly) that cannot be safely transitioned to a Primary Care Physician (PCP), OR 2. A mild or episodic parent-child or family system interactional problem that is triggered by a recent transition or outside event and is potentially resolvable in a short period of time OR 3. Transitioning from a higher level of service (step down) in order to maintain treatment gains and has been stable at his level of functioning for 3-4 visits AND <ul style="list-style-type: none"> • Low acuity of presenting symptoms and minimal functional impairment AND • Home, school, community impact is minimal 	

Admission Criteria	Service	Episode of Care
<p>Level of Care: B</p>	<p>Generally office based, these outpatient mental health services are designed to promote, restore, or maintain social/emotional functioning and are intended to be focused and time limited with services discontinued as an individual is able to function more effectively.</p> <ol style="list-style-type: none"> 1. Assessment/ Diagnosis 2. Crisis Interventions 3. Individual Therapy 4. Group Therapy 5. Family Therapy 6. Case Management 7. Medication/Somatic Services 	<ol style="list-style-type: none"> 1. Assessment: Maximum of 2 contacts per episode of care 2. Crisis Intervention: As needed, no maximum 3. Sessions per episode of care: Up to total of 10 Sessions (1) in any combination of the following; assessment not included (2): <ol style="list-style-type: none"> a. Individual Therapy b. Family Therapy 4. Following are outside the count of sessions <ol style="list-style-type: none"> a. DBT Phone coaching b. Skills Training c. Case Management d. Youth Community Support Services are outside the count of sessions

	<p>8. Skills Training 9. In-home skill builders 10. Youth Community Support Services a. Family Stabilization Services b. Skills Training c. In-home Skills Builders 11. Peer Services</p> <p><i>Examples include:</i></p> <ol style="list-style-type: none"> 1. Low frequency sessions, but individual/family requires consistency and regular practice over time in order to develop new skill, habits and routines to compensate for lagging skills 2. Individual may have more barrier to natural/informal supports and requires case management 3. Individual/family utilizes services well and benefits from treatment, but struggles to internalize or generalize skill development <p>Child/Adolescent:</p> <ol style="list-style-type: none"> 4. Parent-child interactional problem may be causing some on-going impairment, therefore parent training may be a primary focus of treatment 5. Home based services may be appropriate when there are cultural or developmental considerations 	<ol style="list-style-type: none"> i. Family Stabilization Services ii. Skills Training iii. In-home Skills Builders e. Peer Services <ol style="list-style-type: none"> 5. Group sessions per Evidence Based Practice episode of care (3) 6. Licensed Medical Practitioner (LMP) Services: 7. Psychiatric Evaluation completed at first contact within 10 business days of admission. 8. Minimum of 1 contact a month with Medical Staff, until stable on meds <p>Continues to meet admission criteria AND at least one of the following:</p> <ol style="list-style-type: none"> 1. Capable of additional symptom or functional improvement at this level of care 2. Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service
Division	Indicators of Level:	Transition Criteria
Adults	<p>Covered diagnosis on the prioritized list AND DLA-20: 4.1 – 5.0 (For YCHHS and Panel Providers) OR GAF: 51 – 60 (For Community Partners use only)</p> <p>Program-specific Criteria</p> <ul style="list-style-type: none"> • Individual willing & able to commit to program structure & expectations • Individual does not require acute stabilization of MH symptoms <p>Possible descriptors:</p> <ul style="list-style-type: none"> • No recent history of hospitalizations • No imminent danger to self or others • Good structure and supports in his/her life • Moderate impairment in functioning • Potential for compliance is good • The customer presents as somewhat unstable because of 	<p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, Individual is goal directed • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care, • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP for with medication management and/or appropriate community supports. <p>Stabilization as indicated by three or more of the following:</p> <ul style="list-style-type: none"> • Means of obtaining meds when discharged • Community integration • Medical care addressed

	situational loss or an occurrence Acute stabilization may be needed	<ul style="list-style-type: none"> • Employed, in school, or otherwise consistently engaged (volunteer, etc.)
Child/Adolescent	Covered diagnosis on the prioritized list AND DLA-20: 4.1 – 5.0 (For YCHHS and Panel Providers) OR CGAS: 51 – 60 (For Community Partners and Children under 6 only) <ol style="list-style-type: none"> 1. Moderate functional impairment in at least one area (for example, sleep, eating, self-care, relationships, school behavior or achievement) OR 2. Moderate impairment of parent/child relationship to meet the developmental and safety needs OR 3. Transition from a higher level of service intensity (step-down) to maintain treatment gains Possible descriptors: <ul style="list-style-type: none"> • No recent history of hospitalizations • No imminent danger to self or others • Needing family stabilization 	<ul style="list-style-type: none"> • Individual/family/guardian has a good understanding of illness

Admission Criteria	Service	Episode of Care
Level of Care: C	These services can be provided in any of the following: clinic, home, school and community. These services are designed to prevent the need for a higher level of care, or to sustain the gains made in a higher level of care, and which cannot be accomplished in either routine outpatient care or other community support services. <ol style="list-style-type: none"> 1. Assessment/ Diagnosis 2. Crisis Interventions 3. Individual Therapy 4. Group Therapy 5. Family Therapy 6. Case Management 7. Medication/Somatic Services 8. Comprehensive Community Support Services (CSS): Early Assessment and Support Alliance (EASA), Supported Employment (SE), Supported Housing (SH) 	<ol style="list-style-type: none"> 1. Assessment: Maximum of 2 contacts per episode of care 2. Crisis Intervention: As needed, no maximum 3. Sessions per episode of care: Up to total of 12 Sessions (1) in any combination of the following; assessment not included (2): <ol style="list-style-type: none"> a. Individual Therapy b. Family Therapy 4. Following are outside the count of sessions <ol style="list-style-type: none"> a. DBT Phone coaching b. Skills Training c. Case Management d. Youth Community Support Services are outside the count of sessions <ol style="list-style-type: none"> i. Family Stabilization Services ii. Skills Training iii. In-home Skills Builders e. Peer Services

	<p>9. Psychosocial Rehabilitation Services (PSR) 10. Skill Training 11. Peer Services 12. Youth Community Support Services o Family Stabilization Services o Skills Training o In-home Skills Builders 13. Intensive Outpatient Treatment Program, e.g., Youth Wrap Services, Dialectical Behavior Therapy (DBT), Eating Disorders, Seeking Safety, Dual Diagnosis, Chronic Pain Management, Collaborative Assessment and Management of Suicidality (CAMS), Court Coordinated Services</p> <p><i>Examples include:</i> 14. Individual needs higher frequency of sessions and a combination of multiple service types 15. In vivo coaching and mild to moderate phone crisis support required to interrupt dysfunctional patterns of interaction and integrate new skills 16. Individual is at risk of harm to self or others 17. Individual is suffering from high suicidal urges 18. Individual is engaging in self-harm, and/or eating disordered behaviors</p> <p><i>Adults:</i> 19. Individual is engaged in court coordinated services</p> <p><i>Child/Adolescent:</i> 20. Unstable placement due to caregiver stress 21. Complex symptoms for which targeted caregiver/parent education is required to improve child function</p>	<p>5. Youth Community Support Services a. Family Stabilization Services b. Skills Training c. In-home Skills Builders 6. Group sessions per Evidence Based Practice episode of care (3) 7. LMP Services; 8. Psychiatric Evaluation completed at first contact within 10 business days of admission. 9. Minimum of 1 contact a month with Medical Staff, until stable on meds 10. Medication Monitoring, Administration and Tracking Services (MMATS) 11. CSS Up to a maximum of 4 hr/wk 12. PSR a. Individual Classes b. Maximum of 3 months of service per episode of care</p> <p>Continues to meet admission criteria AND at least one of the following: 1. Capable of additional symptom or functional improvement at this level of care 2. Significant cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service.</p>
<p>Division</p>	<p>Indicators of Level:</p>	<p>Transition Criteria</p>
<p>Adults</p>	<p>Covered diagnosis on the prioritized list AND DLA-20: 3.1 – 4.0 (For YCHHS and Panel Providers) OR GAF: 41 – 50 (For Community Partners use only) Program-specific Criteria <ul style="list-style-type: none"> • Individual willing & able to commit to program structure & expectations • Individual does not require acute stabilization of MH </p>	<p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, Individual is goal directed • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care,

	<p>symptoms</p> <p>Possible descriptors:</p> <ul style="list-style-type: none"> • Prior history of hospitalizations - past 2 years • No imminent danger to self or others • Limited structure and supports in his/her life • Serious Functional impairment • Potential for compliance fair to good • However, the person is tenuous and feels unstable because of situational loss or an occurrence <p>No acute stabilization needed</p>	<ul style="list-style-type: none"> • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP for with medication management and/or appropriate community supports. • Means of obtaining meds when discharged • Community integration • Medical care addressed • Employed, in school, or otherwise consistently engaged (volunteer, etc.) • Individual has a good understanding of illness • Family or significant other understands the illness • Adults - Self-administers meds
<p>Child/Adolescent</p>	<p>Criteria for Early Childhood and School-Age and Adolescents: Covered diagnosis on the prioritized list AND DLA-20: 3.1-4.0 (For YCHHS and Panel Providers) OR CGAS: 41 – 50 (For Community Partners and Children under 6 only)</p> <p>At least one of the following:</p> <ul style="list-style-type: none"> • Significant risk of harm to self or others • Severe impairment of parent/child relationship to meet the developmental and safety needs • Severe functional or developmental impairment in at least one area, <p>Child and Adolescent Service Intensity Instrument (CASII) Level: 4 or higher</p> <p>AND For School-Age and Adolescents at least one of the following:</p> <ul style="list-style-type: none"> • Risk of out of home placement or has had multiple transition in placement in the last 6 months due to symptoms of mental illness • Risk of school or daycare placement loss due to mental illness or development needs. • Multiple system involvement requiring coordination and case management • Moderate to severe behavioral issues that cause chronic family disruption • Extended crisis episode requiring increased services; • Recent acute or sub-acute admission (within the last 6 months) • Significant current substance abuse for which integrated treatment is necessary 	

	<ul style="list-style-type: none"> • Transition from a higher level of service intensity (step-down) to maintain treatment gains • Child and/or family’s level of English language skill and/or acculturation is not sufficient to achieve symptom or functional improvement without case mgmt. 	
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Admission Criteria	Service	Episode of Care
<p>Level of Care: D</p>	<ol style="list-style-type: none"> 1. Assessment/Diagnosis 2. Crisis Interventions 3. Individual Therapy 4. Group Therapy 5. Family Therapy 6. Case Management 7. Medication/Somatic Services 8. Comprehensive Community Support Services (CSS) – EASA, SE, SH, Assertive Community Treatment (ACT) 9. Psychosocial Rehabilitation Services (PSR) 10. Skill Training 11. Peer Services 12. Youth Community Support Services <ol style="list-style-type: none"> a. Family Stabilization Services b. Skills Training c. In-home Skills Builders 13. Respite Services 14. Intensive Community-based Treatment and Support Services (ICTS) – see below for additional info 15. Home Based Stabilization – see below for additional info 16. Intensive Outpatient Treatment Program, e.g., Youth Wrap Services, DBT, Eating Disorders, Seeking Safety, CAMS – Collaborative Assessment and Management of Suicidality, Court Coordinated Services <p>Crisis intervention is available 24/7 both by phone and in person.</p> <p><i>Examples:</i></p> <ul style="list-style-type: none"> • Individual is discharging from residential stay or has had multiple acute/sub-acute placements in the last 6 months. 	<ol style="list-style-type: none"> 1. Assessment: Maximum of 2 contacts per episode of care 2. Crisis Intervention: As needed, no maximum 3. Episode of Care per the following or Evidence Based Practice fidelity (3): <ol style="list-style-type: none"> a. Adults: Maximum of 6 months of service per episode of care b. Child/Adolescent: Maximum of 3 months of service per episode of care c. Group sessions per Evidence Based Practice fidelity 4. LMP Services: <ol style="list-style-type: none"> a. Psychiatric Evaluation completed at first contact within 10 business days of admission. b. Minimum of 1 contact a month with Medical Staff, until stable on meds c. MMATS 5. CSS Up to a maximum of 6 hrs/wk 6. PSR Individual Groups/Classes 7. Extended care can be requested based on individual’s imminent risk to self or others due to mental illness and multiple inpatient psychiatric hospitalizations within last year. 8. The frequency of contacts with an individual consumer at any one time will depend on the care and preferences of the individual consumer. <p>All the following criteria must be met:</p> <ul style="list-style-type: none"> • There is evidence that the individual’s mental health symptoms that led to the referral are responding to treatment and/or evidence of engagement and participation in treatment by the individual, child and/or family • Treatment is clearly focused on the goals outlined in the Service Plan and discharge planning is active and ongoing

	<p>Child/Adolescent: ICTS Provider: individuals will be assigned a care coordinator who will facilitate a child and family team. The team will identify strengths, needs, and strategies to meet treatment needs. Home based stabilization services are provided, at an intensive level, in the home, school and community with the goal of stabilizing behaviors and symptoms that led to admission.</p>	<ul style="list-style-type: none"> • There is documentation that treatment goals cannot be achieved with a lower level of service intensity • Continued service needs require substantial care coordination due to the involvement of multiple systems • Extended crisis episodes <p>Child/Adolescent only:</p> <ul style="list-style-type: none"> • There is evidence that services have focused on developing natural supports and empowering the family and caregivers to develop skills and strategies to meet the individual’s needs • Discharge from Home Based Stabilization including discharge criteria and potential time frames, has been discussed in the child and family team. <p>AND at least two of the following:</p> <ul style="list-style-type: none"> • Serious to severe continued risk of harm to self or others • Cultural and language barriers impacting ability to fully integrate symptom management skills and there is no more clinically appropriate service • Continued significant risk of out of home placement or currently homeless due to symptoms of mental illness • Moderate current substance abuse for which case management/ coordination or integrated treatment is necessary
Division	Indicators of Level:	Transition Criteria
<p>Adults</p>	<ul style="list-style-type: none"> • Following primary covered diagnosis on the prioritized list: Schizophrenia; Major Depressive Disorders; Bipolar Disorders; Other Psychotic Disorders; Schizoaffective Disorder; Post Traumatic Stress Disorder; Obsessive Compulsive Disorder; Schizotypal Disorder, or Borderline Personality Disorder AND DLA-20: 3.0 – or below (For YCHHS and Panel Providers) OR GAF: 40 or below(For Community Partners use only) <p>Possible descriptors:</p> <ul style="list-style-type: none"> • Potential for harm to self or others if not managed well • Recent hospitalizations • Co-occurring medical or substance abuse which could be life threatening • Compliance is poor, inconsistent • Very Severe functional impairment • Frequent crisis management needed 	<p>At least ONE of the following must be met:</p> <ul style="list-style-type: none"> • Documented treatment goals and objectives have been substantially met, Individual is goal directed • No longer meets criteria for this level of care or meets criteria for a higher level of care, • Not making progress toward treatment and there is no reasonable expectation of progress at this level of care, • It is reasonably predictable that continuing stabilization can occur with discharge from treatment and transition to PCP for with medication management and/or appropriate community supports. • Means of obtaining meds when discharged • Community integration • Medical care addressed • Employed, in school, or otherwise consistently engaged (volunteer, etc.) • Individual has a good understanding of illness

	<ul style="list-style-type: none"> • If not with ACT or intensive programming on a weekly basis, the individual is at risk • Intractable symptoms • No supports or very limited • Structure less without Community Mental Health Program <p>High use of psychiatric emergency services during the past 18 months</p>	<ul style="list-style-type: none"> • Family or significant other understands the illness • Admission for Psychiatric Inpatient Treatment for six months with no imminent discharge date • Incarceration with no imminent release date within 90 days unless enrolled in the Jail Diversion program
<p>Child/Adolescent</p>	<p>All the following criteria must be met: DLA -20: 3.0 or below (For YCHHS and Panel Providers) OR CGAS: 40 or below (For Community Partners and Children under 6 only)</p> <ul style="list-style-type: none"> • Early Childhood Service Intensity Instrument (ECSII) or CASII Level 4 and up • Covered diagnosis on the prioritized list that is the focus on the needed services • Determined appropriate for the Integrated Services Array (ISA) through the level of intensity determination screening • Current serious to severe functional impairment in multiple areas • Treatment intensity at a lower level of care insufficient to maintain functioning • Service needs require substantial care coordination due to the involvement of multiple systems (i.e. Child Welfare, Special Education, Juvenile Justice) • Significant risk of out-of-home placement or currently homeless due to symptoms of mental illness • Elevating or serious risk of harm to self or others • Treatment is not directed primarily to resolve placement issues OR behavior, conduct or substance abuse problems 	<p>Adults only:</p> <ul style="list-style-type: none"> • Self-administers meds • Placed in a nursing home with no imminent discharge date

(1) One (1) Session = 60 minutes of billed service

(2) IT sessions per episode of care include Service Plan Development, Case Management and Service Conclusion. Assessment is not included in the count of IT sessions per episode of care

(3) For clients who have completed the need for individual therapy, but remain open to an evidence based service such as DBT and SE: If not requiring IT, the clinician will meet with the individual at a minimum of every 3 months to review progress towards goals and update/revise SP as needed.

Adapted from: *Health Share of Oregon Regional Mental Health – Child and Family Utilization Management Guidelines*
Carlsbad Mental Health Center, NM – CMHC Benefit Package, Adult Services