



### Behavioral Health Authorization Request Form – Chemical Dependency

Pre-Authorization     Authorization     Extension: ( Funds and/or  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

OUTPATIENT	RESIDENTIAL	DETOX	MAT	Guidelines
<input type="checkbox"/> Assessment & UA	<input type="checkbox"/> Level 3.1	<input type="checkbox"/> WM Level 2	<input type="checkbox"/> Maintenance	<b>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.</b>
<input type="checkbox"/> Level 0.5	<input type="checkbox"/> Level 3.3	<input type="checkbox"/> WM Level 3.2	<input type="checkbox"/> Stabilization	
<input type="checkbox"/> Level 1	<input type="checkbox"/> Level 3.5	<input type="checkbox"/> WM Level 3.7		
<input type="checkbox"/> Level 2.1				

Date of client’s enrollment with provider for this episode of care (when applicable): \_\_\_\_\_

**Circumstances that warrant an out-of-panel admission** (please specify according to length of time in treatment with your agency, geographical access, specialty service, etc. criteria):  
\_\_\_\_\_

<b>FOR EXTENSIONS ONLY:</b>	<b>Please identify how the additional services requested will benefit the client:</b> _____
	<b>Identify any new presenting concerns:</b> _____

**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](mailto:bhauthorizations@co.yamhill.or.us)  
Phone: 503-474-6884 Fax: 503-474-3850