



Optum Idaho - Day Treatment Prior Authorization Form

IMPORTANT NOTES:

- All items marked in red are required, but may change due to your response. For example, if you select "N/A" the required fields for that question are no longer required. Please be sure that the system has removed the red mark before clicking "Save". Otherwise you may receive an error message.
- You may save completed sections of this form at any time using the button at the bottom of that section.
- Before clicking 'Exit', be sure to save the individual sections that you have completed.
- You may only submit a form that has been fully completed.
- If needed, unsubmitted forms can be deleted from the Summary Page, which can be reached by clicking 'Exit' or 'Cancel'.
- The hyperlink above is unique to your member's request and should not be shared with anyone per HIPAA.

Section 1: Member Information

I = Required Information

Member First Name	<input type="text"/>	Member Last Name	<input type="text"/>
Date of Birth	<input type="text"/> [5/23/2019]	Age	<input type="text"/>
Medicaid ID	<input type="text"/>	Member Phone	<input type="text"/>
Is Member Being Discharged from a Higher Level of Care?	<input type="text" value="--None--"/>	Date of Admission	<input type="text"/> [5/23/2019]
Discharge Facility	<input type="text"/>	Actual/Estimated Discharge Date	<input type="text"/> [5/23/2019]
Discharge Coordinator	<input type="text"/>	Describe the Hospital Admission Event <input type="text"/>	
Guardian's Name	<input type="text"/>	Guardian's Phone	<input type="text"/>

Section 2: Provider Information

Requesting Provider Information

Requesting Provider First Name	<input type="text"/>	Agency Name	<input type="text"/>
Requesting Provider Last Name	<input type="text"/>	Address Line 1	<input type="text"/>
Requesting Provider Credentials	<input type="text" value="--None--"/>	Address Line 2	<input type="text"/>
Requesting Provider Email	<input type="text"/>	City	<input type="text"/>
Phone	<input type="text"/>	State	<input type="text" value="--None--"/>
Fax	<input type="text"/>	Zipcode	<input type="text"/>
Tax ID	<input type="text"/>		

Requested Services

Expected Date of Admission	<input type="text"/> [5/23/2019]	Number of Units/Hours Requested (at least 20 units per week)	<input type="text"/>
		Enter Expected # of weeks	<input type="text"/>

Section 3: Diagnosis

IMPORTANT NOTE: At least one Diagnosis is required. One and ONLY one Diagnosis must be indicated as Primary.

Diagnosis Code	Diagnosis Description	Check if Primary		
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="button" value="Add Diagnosis"/>	<input type="button" value="Remove Diagnosis"/>

Save this Section

Section 4: Clinical Justification

The purpose of this section is to demonstrate that the member has *moderate* symptoms, which are appropriate for Day Treatment.

IMPORTANT NOTE: All large text boxes have a 500-character limit.

1. Current symptoms and behaviors:

2. Why is Day Treatment the most appropriate level of care?

3. Dates of completed/updated CDA and CANS

4. Other relevant clinical information?

Save this Section

Section 5: Day Treatment Expectations

What is Expected Outcome of Treatment

Save this Section

Section 6: Risk Assessment

IMPORTANT NOTE: All large text boxes have a 500-character limit.

1. Changes to Mental Status

2. Suicide risk assessment: ideation, recent plan, and detailed history of attempts

3. Other known risks:

4. Does the member have a documented Crisis/Safety Plan?

Save this Section

Section 7: Past Treatment History

IMPORTANT NOTE: All large text boxes have a 500-character limit.

History of mental health/psychiatric treatment:

Pattern of previous treatment episodes:

Save this Section

Section 8: Education Collaboration

IMPORTANT NOTE: All large text boxes have a 500-character limit.

How are you communicating and coordinating with member's school?

Save this Section

Section 9: Medical

IMPORTANT NOTE: All large text boxes have a 500-character limit.

Current medical issues/conditions:

All Current Medications Dosage and Frequency:

Save this Section

Section 10: Discharge/Transition Plan

IMPORTANT NOTE: All large text boxes have a 500-character limit.

Discharge/Transition Plan:

Save this Section

Section 11: Medical/Clinical Document Attachments

Optum does not require that you attach any documents to the Service Request Form. The content of the Service Request Form itself must justify and specify the medical necessity of the request. Please do not populate any section of the Service Request Form with "please see attached". If attached, other medical/clinical documents should only serve to substantiate information in the request itself.

There are currently no documents attached to this request. If needed, please use the section below to browse for and attach documents.

Submit for Review

Exit (Save Sections First)

Auto-Complete My Information

Cancel (Exit Without Saving)

ADD A DOCUMENT

Use this section to select a file, enter a description, and upload your file. BOTH a file AND a description are REQUIRED. File size is limited to 5MB.

Click Browse to find your file:

Browse...

Enter a description for your file:

Click here after completing both of the required items above:

Upload Attachment