



# PM Form 3.14.10

## NARBHA Admission and Continue Stay Request Form

Check requested level: Level II \_\_\_\_\_ Level III \_\_\_\_\_ HCTC \_\_\_\_\_

*Instructions: Please fax required document to NARBHA MM (928) 214-1166. Please let NARBHA care manager know if you need a copy of the placement criteria*

**\*\*\* Failure to submit all information will result in an administrative denial\*\*\***

**I. Prior-auth:**  *Current Psychiatric Evaluation.*  *Updated treatment plan with discharge criteria and plan*  *Child Family Team Note/Adult Clinical Team Note or Progress Note*

**Member meets the following criteria:**

**II. Continued stay:**  *Child Family Team Note/Adult Clinical Team Note or Progress Note*  *Updated treatment plan with discharge criteria and plan (if updated)*  
 *Facility Monthly Progress Report*

**Member meets the following criteria:**

**Member Name:**

**Date of Admission:**

**Member ID:**

**Responsible Agency:**

**AHCCCS ID:**

**Axis I:**

**Axis II:**

**Axis III:**

**Proposed Facility Name or Current Placement w/Provider ID:**

**Days Requested (up to 60 days Level II and III and 90 days HCTC):**

**Name and number of RA Requesting Physician:**

**Name and number of facility Physician:**

**Requestor name, phone number and fax number:**