

NARBHA PM Form 3.14.8
Adult/Child Admission and Continued Stay Request Form

MEMBER NAME:

DATE OF REQUEST:

Instructions: Please fax required documents to *NARBHA MM (928) 214-1166*.
Authorization criteria in *DBHS/NARBHA Provider Manual 3.14 Securing Services and Prior Authorization*.
<http://www.narbha.org/includes/media/docs/3.14-Securing-Services--Prior-Authorization.pdf>

Requested level: Level II Level III HCTC

Type of authorization: Admission Continued Stay

If a child, check appropriate box: SED Population Non-SED
(For Room & Board) Population

For SED population categories, please refer to NARBHA Provider Manual Section 7.5 PM attachment 7.5.3.

Member Name:	Date of Admission:
Member ID:	DOB/Gender: / --Gender--
AHCCCS ID:	Responsible Agency: --RA--

Axis I:	
Axis II:	
Axis III:	

RA Requestor Name, Phone Number and Fax Number:
Requesting Responsible Agency (RA) Physician Name and Phone Number:
Days Requested (up to 60 days Level II and III and 90 days HCTC):
Proposed Facility Name (or Current Facility for Continued Stay):
Facility AHCCCS ID:
Facility Physician Name and Phone Number:

I. Admission Prior Authorization Request: <i>(must include the following documentation)</i>
<input type="checkbox"/> Current Psychiatric Evaluation
<input type="checkbox"/> Updated Treatment Plan with Discharge Criteria and Plan
<input type="checkbox"/> Child Family Team Note/Adult Clinical Team Note or Progress Note
<u>Member meets the authorization criteria for the requested level as evidenced by:</u>

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II. Continued Stay Authorization Request: *(must include the following documentation)*

- Child Family Team Note/Adult Clinical Team Note or Progress Note
- Updated Treatment Plan with discharge criteria and plan (please update)
- Facility Monthly Progress Report

Member meets the authorization criteria for the requested level as evidenced by:

Are there any barriers preventing transition to less restrictive environment?

How are these barriers currently being addressed?