Mental Health Intensive Outpatient (IOP) Authorization Request Form (Initial)

If this is an Out of Network request, please submit via Fax: 1- 844-329-9100. In network providers submit via NaviNet

INITIAL SERVICE REQUEST

Enrollee Information

Enrollee Name: _____ CHIP ID: _____ DOB: _____

Enrollee Address: _____ Phone #: _____

REL/SOGI (Complete each section and indicate if Enrollee preferred not to answer).

Enrollee's Race:_____ Enrollee's Ethnicity:_____

Enrollee's Sexual Orientation: _____ Enrollee's Gender Identity:_____

Enrollee's Assigned Sex at Birth:_____ Enrollee's Pronouns: _____

Enrollee's Alternative Name (if applicable): _____

Enrollee's Primary Language:

   Written: _____   Spoken: _____

Provider Information

Provider Name for Authorization: _____

Provider Address: _____

Provider Phone #: _____   Provider Fax #: _____

Provider Contact: _____

Date Referral Complete/Enrollee Accepted: _____

Authorization

Diagnosis codes: _____

Code	Description	Start Date	Units	Anticipated Discharge Date
S9480	MH Intensive Outpatient Program		43 (8 weeks)	

Treatment History

Enrollee treatment history over the past 6 months:

Service	Service Dates

Please describe the clinical reason why MH Individual OP therapy is not sufficient to meet the enrollee's treatment needs at this time:

Presenting Symptoms and Behaviors:

Describe in detail the symptoms and behaviors that demonstrate functional impairment, moderate in severity, and have changed from baseline in the past month:

Check all of the following that currently apply as being moderate in severity and having changed from baseline in the past month:

Actual or perceived target of social rejection, persecution or humiliation

- [ ] Affiliation or participation in cult activities
- [ ] Death of a parent, primary caregiver or significant other
- [ ] Eating disorder and difficulty implementing healthy eating principles
- [ ] Hostile in most interactions
- [ ] Intimidating in most interactions
- [ ] Involvement in gang activity
- [ ] Neglected or emotionally abused

- [ ] Nonstudent status and unable to seek or maintain a job
- [ ] Physically abused or abusive
- [ ] Problematic sexual behavior
- [ ] Psychiatric symptom interfering with school functioning despite in-school interventions
- [ ] Sexually abused or abusive

Has this enrollee had a transfer from Inpatient, Residential Treatment or Partial Hospitalization Program within the last week?   [ ] Yes   [ ] No

    If yes, does the enrollee display:
- [ ] Impairment in daily functioning
- [ ] Moderate symptoms requiring clinical assessment at least 2 days per week

Will all of the following be considered planned interventions? Check all that apply
- [ ] Can tolerate programming at least 6 contact hours per week
- [ ] Individualized goal-directed treatment plan
- [ ] Medication reconciliation
- [ ] Psychosocial assessment

Symptoms within the last week that are interfering with daily functioning. Check all that apply and describe in detail where indicated:
- [ ] Anxiety disorder and associated symptoms
- [ ] Assaultive or threatening within last 24 hours and able to prevent reoccurrence
- [ ] Body dysmorphic disorder
- [ ] Compulsions
- [ ] Co-occurring substance use disorder
    - o Does the enrollee exhibit any of the following:
        - [ ] High risk sexual behaviors
        - [ ] Increasing substance use and unable to apply skills to reduce or prevent
            - [ ] Are they substance free and at high risk of relapse? If yes, describe reason for being at high risk _____
        - [ ] Depressive disorder and symptoms
        - [ ] Disruptive, impulse-control or conduct disorder and symptoms
- [ ] Distorted thinking
    - o Please describe: _____
- [ ] Eating disorder
    - o Type of eating disorder and associated symptoms: _____
- [ ] Emotional Dysregulation
    - o Please describe: _____
- [ ] Fire-setting or risk of reoccurrence
    - o Increased preoccupation
    - o Possession of fire setting material
- [ ] Gender Dysphoria and associated symptoms

- [ ] Hair pulling resulting in tissue damage or systemic infection not attributable to a medical cause
- [ ] Homicidal thoughts without intent or plan
- [ ] Hypomanic symptoms
    - [ ] Increasing difficulty resisting urges to harm self
    - [ ] Non-suicidal self-injury increasing inf frequency or intensity
    - [ ] Obsessions
    - [ ] PTSD and associated symptoms
    - [ ] Psychotic symptoms
    - [ ] Selective mutism
    - [ ] Skin picking resulting in tissue damage or systemic infection not attributable to a medical cause
    - [ ] Suicidal thoughts increasing without intent or plan