

OUT-OF-HOME (OOH) APPLICATION

This request is to be completed (typed) and submitted with the Behavioral Health Prior Authorization.

Send by Fax to:

BUHP Behavioral Health Prior Authorization Department at (520) 694-0599.

All fields must be filled out. Incomplete or handwritten forms will be returned to sender.

Date of Request: _____ **Request for:** Adult Child/Adolescent

Request: Behavioral Health Residential Facility (BHRF) Home Care Training to Home Care Client (HCTC)
 Behavioral Health Inpatient Facility (BHIF/RTC)

Member's Name: _____ **Age:** _____ **DOB:** _____ **Gender:** _____

AHCCCS ID: _____

Member's Primary Language: English Spanish Other (specify): _____

Legal Status (Adults only) COT Voluntary

Are all ART/CFT members in agreement of this level of care? Yes No

Behavioral Health Category: GMH SU Child **Funding Source:** T19 T21

Where is the member currently living? Home DOC House Jail Respite Shelter

Other: _____

If other than home – admission date: _____

Facility: _____

Name of the proposed OOH Facility: _____

Address: _____

Measurable Goals for this Out of Home Admission:

Specify the SMART goals the member will accomplish at the treatment facility.

Goal:	Objectives:

Required documentation checklist for OOH Admission request: (to be included)

****Please note: OOH request will not be reviewed without the following documentation. ****

- ART/CFT notes for the past 30 days
- ASAM if request is for OOH substance abuse treatment
- Current Complete Care Plan (must be updated with requested service identified in the plan)
- Most recent psychiatric evaluation or psychiatric progress note and medication notes
- Psychiatric progress notes for the last 30 days
- Medical/physical status/orders/progress notes, (including rationale for personal care services)