

Psychiatric Rehabilitation Authorization Request/Discharge Form

****Out of Network (OON) Providers: A detailed rationale for utilizing an OON Provider including why an INN Provider is unable to meet the member's treatment needs must be included with your request.**

Member Information

Member Name: _____ MAID: _____ DOB: _____

Member Address: _____ Phone #: _____

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

Member's Race: _____ Member's Ethnicity: _____

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

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

Member's Alternative Name (if applicable): _____

Member's Primary Language:

Written: _____ Spoken: _____

Provider Information

Provider Name: _____

Provider Address: _____ Phone #: _____

Person Completing Form: _____

Check One: Initial** Continued Stay*** Discharge (Date: _____)

Check one: Clubhouse (ICCD) Psych Rehab

Start Date: _____

** Written recommendation from a LPHA must be attached for all initial requests

*** Individual Rehabilitation Plan must be attached for all continued stay requests

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917

Providers: 1-888-700-7370 Fax: 1-888-987-5828

Mailing Address: 8040 Carlson Road, Harrisburg, PA 17112

Admission Guidelines

1. Age >= 18 (Member must meet age requirement)
2. Adult Priority Group: Specify Qualifying Diagnosis: _____
(If Adult Priority Group not applicable, Member is not considered to meet state definition of priority group.)
Choose one:
 Schizophrenia (F20.x) Borderline Personality Disorder (F60.3)
 Major Mood Disorder (F3x.xx) Schizoaffective Disorder (F25.9)
 Psychotic Disorder NOS (F28 or F29)

Exception: If Member does not meet SMI diagnosis requirement, please provide a written recommendation by a LPHA that includes diagnosis and a description of the functional impairment.

3. Does Member have moderate to severe functional impairment that interferes with or limits performance in at least one of the following domains: living, learning, working, socializing?
 Yes No
4. Does Member receive Psychiatric Rehabilitation Services? Yes No