Connecticut BHP
Supporting Health and Recovery

RETROACTIVE ELIGIBILITY REVIEW TEMPLATE FOR LOWER LEVELS OF CARE

WEB REGISTERED SERVICES

PLEASE COMPLETE AND FAX TO: 1(866)-434-7681

ALL FIELDS WITH AN * ARE REQUIRED

Refer to Provider Notice 2017-01 for additional details on submitting this form.

Provider Medicaid ID / Tax ID / NPI / CBHP# / or VCB #:_____

Name of person who filled out this form: _____ **Credentials/Title**: _____

Facility/Provider Name: _____ **Contact # & Ext:** _____

Facility/Provider Service Location: _____

Medicaid Member Name: _____

Medicaid/Consumer ID#: _____ **DOB:** _____ **and/or SSN:** _____

***LEVEL OF CARE:**

☐ **Outpatient Evaluation** ☐ **Outpatient** ☐ **Case Management** ☐ **EDT** ☐ **Intensive Outpatient**
☐ **IICAPS** ☐ **MST** ☐ **FFT** ☐ **MDFT** ☐ **Ambulatory Detox** ☐ **Methadone Maintenance**

***TYPE OF SERVICE:** ☐ **Mental Health** ☐ **Substance Use**

***PROVIDER TYPE:** ☐ **Comm Mntl Hlth Ctr** ☐ **Ind Clinic** ☐ **FQHC** ☐ **O/P Hospital** ☐ **Office** ☐ **Psych Facility – Partial Hosp**

QUESTIONS: (** signifies a required field)*

1. *** Requested start date** (EX: 06/01/2017): _____
2. * **Total number of units requested:** _____
3. * **Requested end date of authorization:** _____
4. *** Is member still in treatment?** ☐ **Yes** ☐ **No**
5. **Behavioral Diagnosis (Primary is required)**
   ***Diagnosis Code:** _____ *** Description** _____
   ***Diagnostic Category:** _____
6. **Primary Medical Diagnosis (Primary is required or indicate "None" or "Unknown")**
   ***Diagnosis Code:** _____ *** Description** _____
   ***Diagnostic Category:** _____
7. ***Social Elements Impacting Diagnosis (Required – Check all that apply)**

   ☐ None ☐ Educational problems ☐ Financial problems ☐ Housing problems (Not Homelessness)
   ☐ Occupational problems ☐ Other psychosocial and environmental problems _____
   ☐ Problems with access to health care services ☐ Homelessness
   ☐ Problems related to interaction with legal system / crime ☐ Problems with primary support group
   ☐ Problems related to social environment ☐ Unknown
8. **Functional Assessment (optional)**
   ☐ CDC- HRQOL ☐ CGAS ☐ FAST ☐ GAF ☐ OMFAQ ☐ SF12 ☐ SF36 ☐ WHO DAS
   ☐ OTHER _____ ASSESSMENT SCORE_____