Prior Authorization for Supported Housing Operation Community Integration (OCI) Program

Submit to Fax #: 844-824-7705

SECTION I MEMBER INFORMATION:	
Last Name/First Name/Middle Initial:	
Date of Birth:	
Member ID/Medicaid Number:	
REQUESTING PROVIDER INFORMATION:	
Requesting Provider Name:	
Requesting Provider NPI#:	
Requesting Provider TIN:	
Requesting Provider Phone:	
Requesting Provider Fax:	
Requesting Provider Contact – Name:	

AUTHORIZATION REQUEST: Please select one (1)	
Intensive Community Integration (ICI) Support Services:	
☐ H0037 (CMHC) – Initial Request (45 units)	
☐ H0037 (CMHC) – Continued Stay Review	
☐ H2016 (SUD Provider) – Initial Request (45 units)	
☐ H2016 (SUD Provider) – Continued Stay Review	
Intensive Community Residential Placement (ICRP) Support Services:	
☐ H0037 HK (CMHC) – Initial Request (45 units)	
☐ H0037 HK (CMHC) – Continued Stay Review	
☐ H2016 HK (SUD Provider) – Initial Request (45 units)	
☐ H2016 HK (SUD Provider) – Continued Stay Review	
Service Start Date:	
Primary Diagnosis Code (ICD-10) - Required:	
Additional Diagnosis Code (ICD-10) - Optional:	

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SECTION II – ASSESSMENT:

A. TARGETED POPULATION: One (1) selection required

☐ Beneficiaries who are discharging from a state psychiatric facility and are either Medicaid eligible (or anticipated to be Medicaid eligible and have been granted a determination from the Presumptive Medical Determination Team (PMDT) Tier 1 determination and meet the federal Medicaid income eligibility guidelines) upon discharge from a State of Kansas-operated psychiatric facility or recently discharged within 60 days.

☐ Beneficiaries who are discharging from a licensed substance use disorder social detox or residential treatment facility and are either Medicaid eligible (or anticipated to be Medicaid eligible and have been granted a determination from the KDHE, KDADS Reintegration program and have a Presumptive Medical Determination (PMDT) Tier 1 determination and meet the federal Medicaid income eligibility guidelines).

☐ Medicaid eligible young adults with either a Serious Emotional Disturbance (SED) or Severe and Persistent Mental Illness (SPMI) and/or co-occurring Substance Use Disorder (SUD) diagnosis exiting a Psychiatric Residential Treatment Facility (PRTF), foster care, or Department of Corrections-Juvenile Services (DOC-JS) custody.

☐ Medicaid eligible SED consumers whose families are either homeless or at risk of homelessness and need additional supports.

☐ Beneficiaries who are diagnosed as being SPMI and exiting a state correctional facility or county jail (and are anticipated to become Medicaid eligible and have been granted a Tier 1 determination by KDHE's Presumptive Medical Determination (PMDT) Team, and have met the income eligibility guidelines for Medicaid).

☐ Individuals who have recently discharged from a state or county correctional facility within the last 60 days and are exhibiting behavioral symptoms that may place them at risk for re-incarceration or state psychiatric hospitalization admission.

☐ Individuals residing in acute care hospitals and/or state hospital diversion units unable to be discharged because of a lack of housing options and/or an inability to maintain housing in the community without intensive daily supportive services.

☐ Individuals exiting a Nursing Facility for Mental Health who will have Medicaid re-instated and who wish to reside in the community, but may need additional coaching and support services while integrating into the community.

☐ Medicaid High Utilizers of Behavioral Health Services with multiple admissions to Emergency Departments and/or Crisis Stabilization Admissions.

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B. DAILY LIVING ACTIVITIES (DLA-20) SCORES:							
Sum:		**Average DLA:**		**Est mGAF:**		**Change Score:**	

Date of DLA Evaluation or Review:	

☐ Check box to confirm completed DLA-20 attached to form
(for initial and concurrent review)

C. SCREENER'S SUMMARY OF RATIONALE FOR SERVICE (For Continued Stay, submit updated treatment plan :

Name/Credentials of DLA Certified Screener:			
Signature of DLA Certified Screener:		**Date:**	