



## BEHAVIORAL HEALTH RESIDENTIAL FACILITY ADMISSION NOTIFICATION FORM

♦ Mandatory fields must be completed or information will be returned.



AHCCCS does not require authorization when Medicare or other insurance is primary.

### MEMBER ADMISSION REQUESTED

#### Behavioral Health Residential Facility

AIHP	GR TRBHA	NN TRBHA	PY TRBHA	WM TRBHA	Other
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### ONE MEMBER AND PROVIDER PER FORM, PER SUBMISSION PLEASE

♦ RECIPIENT NAME:	♦ AHCCCS ID (9 digits): A
♦ PROVIDER NAME:	♦ PROVIDER NPI (10 digits):
♦ PROVIDER PHONE #:	♦ AHCCCS ID (6 digits):
♦ PROVIDER FAX #:	♦ DATE OF ADMISSION:
♦ DIAGNOSIS:	♦ REFERRING PROVIDER:
♦ REASON FOR ADMISSION:	

Notification of admission to AHCCCS is required for initial coverage of up to 5 days of care. During this period, the BHRF is responsible for submitting a Prior Authorization request and ensuring compliance with the criteria listed in AMPM 320-V. If the Prior Authorization request and supporting documents are not received within the initial 5 days of admission, subsequent claims might be denied.

Admission documentation needed for authorization beyond the initial 5 days (all criteria for admission still must be met from the admission date):

- a. Evaluation to determine Behavioral Health Condition and Diagnosis. Evaluation should be recent, and not older than 1 year. Done by a BHP, or by BHT and cosigned by a BHP, utilizing standardized instrument that is able to determine the appropriate level of care.
- b. Treatment Plan - done by the Inpatient/Outpatient or TRBHA Treatment Team. Included in the plan should be an intervention specifying the BHRF level of care as necessary for the member as a least restrictive level of care required to treat the Behavioral Health Condition, identified in the Evaluation. This plan shall not be older than 3 months from the request submission date.

Prior Authorization Request shall be submitted on the AHCCCS Online Provider Portal, please see:  
<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/submissionprocess.html>

For guidelines related to requirements for prior authorization and its accompanying documentation, please refer to:  
<https://www.azahcccs.gov/PlansProviders/FeeForServiceHealthPlans/PriorAuthorization/requirements.html>

Return fax # **BHS** (602) 253-6695

*If this form was received in error, please contact the Provider immediately at the Provider phone number above.*