**Date of Notice:** Click here to enter a date.

Notice of admission (authorization) must be entered via **web portal** within three days of admission for participating BIP, BHRF, BHRF-SUD, and BHIF-SAF (detox) facilities. **Only** use this form for these facility types if the opportunity for entering the admission via web portal has passed. For other facility types (see list below), send this completed, typed form by **secure fax to 1-844-752-4293** within three (3) days of admission.

**TYPE OF SERVICE:**

AIC: Initial authorization 14 days (maximum concurrent review cycle is one review at 14 days, 30 day max stay).

BIP: Initial authorization 10 days (maximum concurrent review cycle 10 day max stay).

BHRF (non BIP, non SUD): Prior auth required (maximum concurrent review cycle 30 days).

*If prior authorization obtained, please provide auth #:* Click here to enter authorization #.

BHRF for DTAP: Initial authorization 30 days (maximum concurrent review cycle 30 days, 90 day max stay).

BHRF for SUD: Initial authorization 14 days (maximum concurrent review cycle 14 days).

*For BHRF for SUD admissions, is the Member in a Priority Population?* Choose an item.

*If yes:* ☐ Female with Dependent Children ☐ Intravenous Drug User ☐ Pregnant Female

BHIF-SAF (detox): Initial authorization 5 days for T19, 3 days for NT19 (maximum concurrent review cycle- none).

HCTC, BHTH: Initial authorization prior authorization required (maximum concurrent review cycle 30 days).

*If prior authorization obtained, please provide auth #:* Click here to enter authorization #.

|  |  |
| --- | --- |
| *AIC=Acute Intervention Center*  *BIP=Brief Intervention Center*  *BHTH=Behavioral Health Therapeutic Home*  *BHRF=Behavioral Health Residential Facility (formerly TGH or L3GH)* | *BHIF-SAF=Behavioral Health Inpatient Facility-Subacute Facility*  *DTAP=Drug Treatment Alternative to Prison*  *HCTC=Home Care Training to Home Care Client*  *SUD=Substance Use Disorder* |

**MEMBER INFORMATION:**

Member Name: Click here to enter name. DOB: Click here to enter DOB. Gender: Choose an item.

Mailing Address: Click here to enter mailing address. City: Click here to enter city. Zip: Click here to zip code.

AHCCCS ID #: Click here to enter AHCCCS ID#. CIS#: Click here to enter CIS#.

Member’s Primary Language:  English  Spanish  Other (specify): Click here to enter other language.

*If applicable:*

Legal Guardian Name: Click here to enter name. Phone/Ext. #: Click here to enter phone/ext. #. Fax #: Click here to enter fax #.

Mailing Address: Click here to enter mailing address. City: Click here to enter city. Zip: Click here to enter zip code.

Email Address: Click here to enter email address.

|  |  |
| --- | --- |
|  | **Member Name**: Click here to enter name. |

Legal Guardian’s Primary Language: English Spanish Other (specify): Click here to enter other language.

COT:  COT for DUI  COT for DV  COT for Other: Click here to list other.  Voluntary Status

**CURRENT ICD-10 DIAGNOSES & CODES (list Behavioral and Medical diagnoses/codes as applicable):**

Behavioral Health Diagnosis/ICD-10 Code (list only those applicable):

1. Click here to enter current BH diagnosis Click here to enter related code.
2. Click here to enter current BH diagnosis Click here to enter related code.
3. Click here to enter current BH diagnosis Click here to enter related code.

Medical Diagnosis/Code (list only those applicable):

1. Click here to enter current medical diagnosis Click here to enter related code.
2. Click here to enter current medical diagnosis Click here to enter related code.
3. Click here to enter current medical diagnosis Click here to enter related code.

**FACILITY INFORMATION:**

Facility Name: Click here to enter facility name. City: Click here to enter city. Admission Date: Click here to enter an admission date.

ICC Agency: Click here to enter intake agency name. Primary Contact Name @ ICC Agency: Click here to enter primary contact name.

Phone/Ext.#: Click here to enter phone #. Contact’s Email Address: Click here to enter email address.