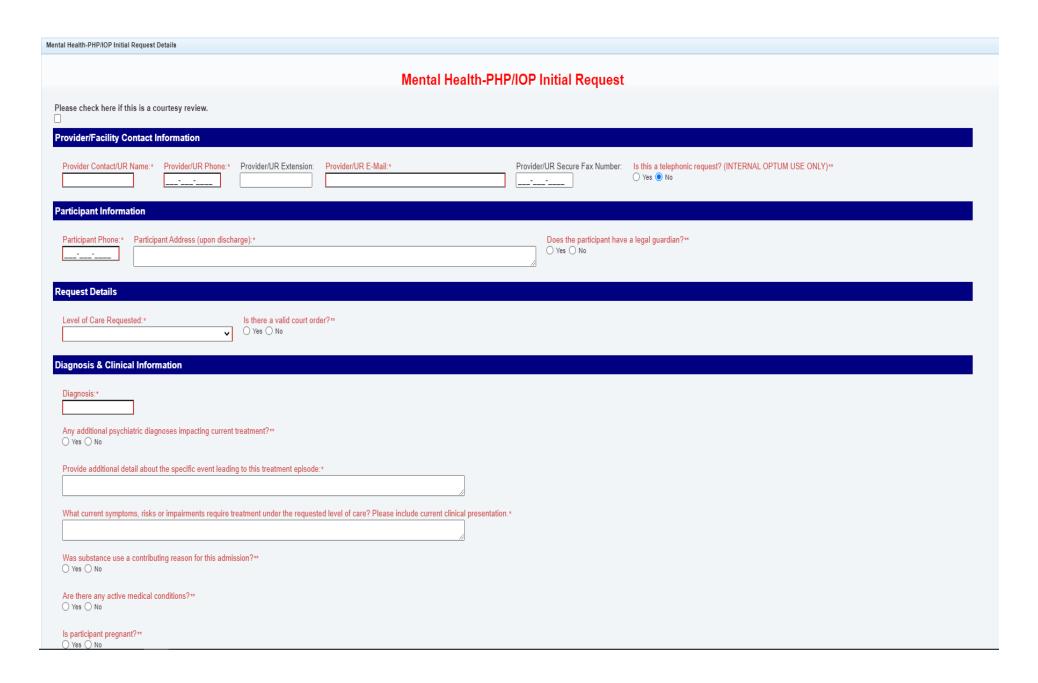
Mental Health-PHP/IOP Initial Request



Was the participant admitted with either of the following diagnoses:
Cognition Diagnosis and/or age 65+? Yes No
Eating Disorder Diagnosis? Yes No
Medications
Current Medications (include dosage and frequency):* Are there any barriers/issues related to the medication regimen?** Yes O No
Recovery/Discharge Plan
What specific actions or treatment are planned to address the acute symptoms or behaviors?*
Discharge Plan:*
Barriers to discharge and plans to address them to promote sustained recovery:
Any relevant information not otherwise discussed that is important to the review of this case.
Confirmation & Attestation
Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.
I attest all of the information provided is accurate and reflected in the participant's medical record.*

Important:

- 1) When this form is saved a pop-up box will appear regarding an additional form being recommended.
- 2) Click Continue to move to the next form, DO NOT click Decline.
- 3) Do NOT click Cancel or the "X" on the top right of the screen before completing the Data Capture form.
- 4) After completing the Data Capture form, click Save and you will be returned to the authorization screen.

Data Capture Required:

Yes