

**County of San Bernardino
Department of Behavioral Health**

Out-of-Plan Payment Authorization Request/Approval Form

Part I. CLIENT INFORMATION

CLIENT NAME: _____

MRN: _____

Client County of Jurisdiction (Origin): _____

Program Name: _____

Client Medi-Cal No: _____

Program Contact Person: _____

Provider Address: _____

Phone: _____

Fax: _____

County of Residence (Host): _____

E-Mail: _____

Diagnosis (Check: Primary DX)

Axis I: _____

Axis III: _____

Axis IV: _____

Axis II: _____

Axis V: Current GAF= _____ Past Year (Optional)

Services Currently Authorized by County Mental Health

Day Services

- Day Treatment Intensive
- Day Rehabilitation
- Half Day
- Full Day

Mental Health Services

- Therapy (frequency) _____
- Assessment
- Plan Development
- Rehabilitation
- Collateral

Other Services

- Meds Support Services
- TBS*
- Case Management
- Other

NONE

***Note:** TBS requires separate authorization and documentation requirements

Other Requests: _____

County of Residence (Host) Approval
(Licensed Personnel Only)

Date

**County of San Bernardino
Department of Behavioral Health**

Client Name: _____	MRN: _____
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Part II: Payment Authorization

<input type="checkbox"/> <u>Initial</u> Payment Authorization <input type="checkbox"/> <u>Continued</u> Payment Authorization	<input type="checkbox"/> Requested Authorization Period <input type="checkbox"/> Start Date: _____ End Date: _____
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Authorization Request for Day Treatment Intensive/Day Rehabilitative Services

<input type="checkbox"/> Day Treatment Intensive as described in the Program Statement	<input type="checkbox"/> Day Rehabilitation Services as described in the Program Statement
Why is this level of services necessary for this child? _____ _____ _____	

Part III: County Approval-For County Use Only

The Payment Authorization Request is:

Day Treatment Rehabilitation	Day Treatment Intensive	Mental Health Services
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with the following modifications: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with the following modifications: _____	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved with the following modifications: _____ _____
Comments: 		
_____ County of Origin (Jurisdiction) Approval (Licensed Personnel Only)		_____ Date