PARTIAL HOSPITALIZATION PRIOR (PHP) AUTHORIZATION/CONTINUED STAY

DEPARTMENT OF HUMAN SERVICES
MEDICAL SERVICES DIVISION
SFN 73 (8-2008)

Clear Fields

Please fax completed form to:
701-328-0371 or 701-328-1544

Recipient Last Name	First	Middle Initial
Medicaid ID Number	Date Of Birth	
Facility Name	Psychiatrist	
Attention	Facility Fax Number	
Address	Telephone Number	
City	State	Zip Code

Diagnosis

Axis I.	Axis III.
Axis II.	Axis IV.
GAF	Locus/Calocus (Please complete Level of Care Chart on the following page and attach with your request)
Reason for partial/or need for additional partial days and treatment plan:	

Recipient Current Status

Date of Discharge From Inpatient Care	Number of Days Hospitalized	Number of Days Already Attended PHP	Additional Days/Level Requested PHP
Partial Start Date	Number of Days Per Week Attending	Estimated Length Of Stay	ASAM Level

MEDICAL SERIVCES USE ONLY:

Approved ☐	Number of days	Begin	End
Pending ☐	See below for comment		
Denied ☐	See below for comment		
Level: A ☐ B ☐ C ☐	ASAM Level	Adult ☐ Adolescent ☐ Child ☐	
Comments:			
Signature		Date	

An approval concerns only the medical necessity of these services and does not guarantee payment. Reimbursement for any service is contingent upon the eligibility of the patient at the time services are provided; any applicable third parties must be billed prior to billing Medicaid. The recipient may be responsible for any recipient liability before payment is made by this department. The approved days are inclusive of all other payers. Providers are responsible for maintaining current Medicaid enrollment. Failure to do so will result in non-payment of services. Effective November 1, 2008, discharge documentation is required by North Dakota Medicaid. Eligibility for dates of service may be verified by calling 1-800-428-4140 or 701-328-2891.

RECIPIENT PLEASE SEE PAGE 3 FOR APPEAL PROCESS

Clear Fields

Recipient Last Name	First	Middle Initial
Facility Name		

LOCUS/CALOCUS

LEVEL OF CARE	SCORE	COMMENTS
1. Risk of Harm		
2. Functional Status		
3. Comorbidity		
4a. Recovery Environment Stress		
4b. Recovery Environment Support		
5. Treatment Recovery History		
6. Attitude and Engagement		
7. Composite Rating		Level

MEDICAL SERVICES USE ONLY

Comments:

RECIPIENT PLEASE SEE PAGE 3 FOR APPEAL PROCESS

RIGHT TO HEARING

The North Dakota Department of Human Services (the Department) provides an opportunity for a fair hearing to any person whose request for assistance is denied or not acted upon promptly or if action is taken to suspend, terminate or reduce services.

You may request a hearing if you believe the Department made an error in denying a request for services. The request for a hearing must be made within 30 days from the date of notice.

If the Department's decision reduces, suspends or terminates a service you were already receiving and you request a hearing within 10 days of the date of the notice, the action will not be taken until after the hearing decision unless:

a. a notice is not required,
b. you withdraw your request for a hearing,
c. you do not appear at a scheduled hearing, or
d. it is decided at the hearing that the only issue in the appeal is one of Federal or State Law or Department policy.

If the hearing decision is not in your favor, the total additional cost of those services will be considered an overpayment and you will be responsible to pay those costs.

The purpose of a hearing is to give you an opportunity to show that the action you dispute was due to an error on the part of the Department. Established program limits are a matter of federal law or state law or Department policy and are not errors. If you claim there is a medical necessity for services that have been denied, reduced, suspended or terminated, you must provide sufficient medical evidence to show the Department made a mistake.

Any person who believes he/she has been discriminated against because of race, color, religion, sex, national origin, age, political beliefs, handicap, or status with respect to marriage or public assistance may file a written complaint with the county social service board; the North Dakota Department of Human Services for Civil Rights; or the Office of Civil Rights, Department of Health and Human Services, Centers for Medicare & Medicaid Services, 1600 Broadway, Suite 700, Denver, CO 80202-4967, Phone (303)844-2111.

You may have an attorney, relative, friend or other person assist you in your hearing. If you do not have money to pay for an attorney, you may contact a free legal service organization. The North Dakota Department of Human Services has available a listing of legal aid organizations. You may request a list of legal aid organizations or instructions on how to request a hearing by calling 1-800-472-2622, extension 2341