

# PRIOR AUTHORIZATION INITIAL BEHAVIORAL HEALTH CONTACT AND TRIAGE REQUEST

## PERSON COMPLETING AND SUBMITTING THIS FORM:

Name:	Facility:	
Phone:	Fax:	Date form submitted:

## MEMBER INFORMATION:

Member Name:	DOB:	Member ID:
State ID:	SSN:	
Member address:		
City:	State:	Zip:
Member phone:		

Select the line of business or organization this request is for (*check all that apply*):

- CHP+ offered by Colorado Access     CHP+ State Managed Care Network  
 CAMC     CAPE  
 Access Behavioral Care Denver     Access Behavioral Care NE

Primary diagnosis:	Secondary diagnosis:
--------------------	----------------------

## SERVICES:

**Routine Outpatient Treatment** - no authorization required if member is eligible and provider is contracted with Colorado Access (*must offer appointment within seven business days*)

**Urgent** (*must see member within 24 hours*)

Requested Appointment Date:	Time:
Requested Appointment Date:	Time:

Please explain any delay in meeting the required timeframes:

For routine or urgent care, you must offer a referral to us if you cannot meet the required timeframes for access to services. Referral offered?  Yes  No If "No," please explain why:

**Emergent** (*must see member within one hour urban/suburban; two hours in rural areas*)

Date/time request for MH evaluation was made:	Date/time MH evaluation was initiated:
---	--

Was the patient evaluated within one hour of arrival at ED?  Yes  No

Time frame between request for MH evaluation and time MH evaluation initiated?

- <1 hour     1-2 hours     2-4 hours     >4 hours

Please explain any delay in meeting the required timeframes:

- Inpatient Treatment** - Facility/provider:
- ATU** - Facility/provider:
- Day Treatment** - Facility/provider:
- Short Term Residential** - Facility/provider:
- Respite** - Facility/provider:
- Other** - Facility/provider:

**After completing this form, fax it to 720-744-5130 or 877-232-5976**

Monday - Friday 5:00 am - 8:00 pm and 24 hours on Saturday and Sunday

**After-hours fax number: 303-361-8258**



coaccess.com  
800-511-5010