

ACT/MOBILE TREATMENT-ADULT-INITIAL

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Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Provider Information

Provider Contact Name:*

Provider Contact #:*

Provider Extension:

Provider Contact E-Mail:*

Request Information

Does the participant have a PBHS specialty mental health DSM-5 diagnosis included in the priority population?*

Yes No

What impairments currently exist for this participant (check all that apply):

A clear, current threat to the participant's ability to live in his/her customary setting.

Participant is homeless and would meet the criteria for a higher level of care if mobile treatment services were not provided.

Participant is in a state institution or inpatient psychiatric facility and with the introduction of mobile treatment level of care would be able to return to living in his/her customary setting.

Inability to engage in, participate in, and benefit from traditional outpatient treatment.

Frequent use of emergency rooms/crisis services for psychiatric reasons.

Pattern of repeated psychiatric inpatient facility admissions or long-standing psychiatric hospitalizations.

Arrest for reasons associated with the participant's mental illness.

Please provide any additional information relevant to this request:

Data Capture Required:

Yes

Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.

