



PRIOR AUTHORIZATION

State Form 55941 (R5 / 1-20)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION OF MENTAL HEALTH AND ADDICTION



Please e-mail completed form to Recovery.Works@fssa.IN.gov.

Name of designated agency		Date (month, day, year)
Name of designated provider		
DARMHA identification number	Internal agency identification number	

PRIOR AUTHORIZATION SERVICE REQUESTING:

- Clinically Managed Low-Intensity Residential Services
- Clinically Managed High-Intensity Residential Services
- Medication Assisted Treatment (OTP Bundle) Monthly PA

NARRATIVE

Please provide a narrative about this participant. Ensure ALL questions are addressed.

1. What specific circumstances make the requested service the most appropriate option for this participant? *(Answer should be individualized.)*

2. What services and supports has the participant already utilized? Included what did and did not work well and why. *(If participant has had previous attempts with the service currently being requested, explain what will be different this time.)*

3. How does this service fit into the participant's overall individualized treatment plan and goals?

4. What other less intensive / restrictive services were considered? Why do you believe those services are not appropriate at this time?

5. Does the participant have insurance coverage? If not, what plan is in place to get them coverage?

* Units must be full values as noted in the Recovery Works Policies and Procedures Manual (see reverse side).

Service duration / frequency	Rate / units	Total

REFERENCE: PRIOR AUTHORIZATION SERVICES AND REIMBURSEMENT

<u>SERVICE</u>	<u>RATE</u>	<u>UNIT</u>
Medication Assisted Treatment – Buprenorphine Sublingual (Subutex)	At Cost	\$ 1
Medication Assisted Treatment – Buprenorphine / Nalone Sublingual (Suboxone)	At Cost	\$ 1
Medication Assisted Treatment – Methadone	\$16.05	1 Day
Medication Assisted Treatment – Naltrexone	At Cost	\$ 1
Clinically Managed High-Intensity Residential Services	\$361.65	1 Day
Clinically Managed Low-Intensity Residential Services	\$126.46	1 Day

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<input type="checkbox"/> Approved <input type="checkbox"/> Rejected	Date received (<i>month, day, year</i>)	Reference number
Reviewed by:		
Amount or services approved		
Additional information		
Determination date (<i>month, day, year</i>)		