

**INTENSIVE OUTPATIENT  
CONTINUED STAY REVIEW AUTHORIZATION REQUEST FORM  
(IOP – CSR)**

*Revised 7.1.16*

<b>To be Completed by OBH</b>	
<b>Tracking #</b>	<b>Date/Time of Receipt</b>
<b>PROVIDER INFORMATION</b>	
<b>Provider Company Name</b>	
<b>Person Making Referral</b>	<b>Credentials</b>
<b>Provider Phone #</b>	<b>Provider Email</b>
<b>Provider Address</b>	
<b>CLIENT INFORMATION</b>	
<b>Recipient Name</b>	<b>SS#</b>
<b>Age</b>	<b>DOB</b>
<b>Gender</b>	<b>Gender Expression</b>
<b>Parent/Guardian</b>	<b>Ethnicity</b>
<b>Address</b>	<b>Marital Status</b>
	<b>Phone #</b>
<b>IOP CONTINUED STAY REVIEW REQUEST</b>	
<b>Admit Date</b>	<b>Last Date Authorized by OBH</b>
<b>Requested Start Date</b>	<b>Requested End Date</b>
<b>Are you requesting additional days, change in level of care, or recommending discharge?</b>	
<b>Additional Days</b> <input type="checkbox"/>	<b>Change in Level of Care</b> <input type="checkbox"/>
<b>Discharge(D/C)</b> <input type="checkbox"/>	<b>Date of D/C</b>
<b>Medicaid Status</b> <input type="checkbox"/>	<b>Date Applied</b>
<b>Applied</b> <input type="checkbox"/>	<b>Denied</b> <input type="checkbox"/>
<b>Date Denied</b>	
<b>Medicaid Approval/Denial Explanation</b>	
<b>Current Diagnosis</b>	
<b>ICD10 Code</b>	
<b>Medications</b>	
<b>Changes to Current Medications</b>	
<b>Most recent UDS/BAL results</b>	
<b>REASON FOR EXTENDED AUTHORIZATION</b>	
<b>Despite reasonable therapeutic efforts, clinical evidence indicates at least one of the following: (check all that apply)</b>	
<input type="checkbox"/>	<b>The persistence of problems that caused the need for IOP admission to a degree that continues to meet IOP criteria</b>
<input type="checkbox"/>	<b>The emergence of additional problems that meet the IOP admission criteria</b>
<input type="checkbox"/>	<b>Disposition planning and/or attempts at therapeutic reentry into a less intensive level of care have resulted in, or would result in exacerbation of the substance related disorder to the degree that would necessitate continued intensive outpatient treatment.</b>
<b>Explain the need for extended authorization:</b>	
<b>Comment</b>	
<b>OR Continued stay needed due to:</b>	
<input type="checkbox"/>	<b>Court order or Judicial Commitment</b>
<input type="checkbox"/>	<b>Probation or Parole</b>
<input type="checkbox"/>	<b>Employment Related</b>
<input type="checkbox"/>	<b>Other - explain</b>
<b>Detail the discharge plan as well as the anticipated day of discharge:</b>	
<b>Comment</b>	