

Chapter 503

Behavioral Health Rehabilitation Services

Appendix 503A

West Virginia Bureau for Medical Services
Behavioral Health Clinic and Rehabilitation Services
Authorization for Services

**West Virginia Bureau for Medical Services Behavioral
Health Clinic and Rehabilitation Services
Authorization for Services**

Client Name: _____ Medicaid Number: _____

Admission Date: _____ Diagnosis (es): _____

The following Medical or Remedial services have been authorized for the above named recipient in order to reduce physical or mental disability and/or to restore functional ability:

Type of Service: (check the services authorized)

Assessment Services	Service Planning
Case Consultation	Behavioral Health Counseling
Skills Training and Development	General Medical Care Services
Assertive Community Treatment (ACT)	Comprehensive Community Support
Day Treatment	Crisis Intervention
Community Psychiatric Supportive Tx.	Residential Children's Services
Therapeutic Behavioral Services	Transportation Services
Other:	Other:

I certify that the services for the above-named individual are medically necessary and appropriate. My determination is based upon:

- Personal evaluation of the member within the past seven days; or
- Review of assessment(s) provided by an individual functioning within his/her scope of practice and approved by the credentialing committee of this agency.

Any change or extension in services indicated above will be authorized in an individualized service plan or written treatment strategy as required by behavioral health licensing regulations and BMS policy.

Signature of Initiating/Admitting Staff (Valid for 72 hours)

Date

Signature of Physician/Licensed Psychologist

Date