



Utilization Management

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Service Authorization Request	CMO/CSM Increased units/extension
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All fields are **mandatory**. UM may send back requests that are inaccurate or missing fields. The provider may not add additional fields, categories or otherwise amend this form in any way. Requests for authorization must be submitted to UM within thirty (30) days of the provision of service. Please allow thirty (30) business days to process any requests for additional units before contacting UM.

Consumer Information

Name (Last Name, First Name, Middle Initial):		
Date of Birth:	SSN:	Phone:

Crisis Agency Information

Name of Agency:	Name of Crisis Worker:
Crisis Workers Phone:	Agency Fax:
Submitted by:	Date of Submission:

Authorization Information

Additional Units CMO/CSM	CMO <input type="checkbox"/> CSM <input type="checkbox"/>	Service date(s) for Crisis Units:
Number of units already authorized:	Number of additional units requested:	
Authorization Number:	CCS members may not be authorized for CSM and AMHD is not the payor for CMO when a consumer is covered under CCS.	
→ <i>If your CMO or CSM request for additional units exceeds 20 units it must be accompanied by all progress notes.</i>		
→ <i>CSM extensions must include a copy of the DHS 1157 or a full explanation why one was not completed.</i>		
Extension of CSM dates	CSM authorization ends:	Extend authorization to:
→ <i>If your extension request for CSM is in excess of thirty (30) days it must be accompanied by all progress notes within the current episode of care.</i>		
Clinical Justification:		

Attestation I attest that the service requested is clinically necessary for the above named consumer. I have reviewed and approved the information in the service authorization request.

QMHP Name: (Please Print)	
License type:	Date Signed:
Signature:	