Utilization Management
PO Box 3378
Honolulu, Hawaii 96801-3378
Phone: 453-6904, 453-6981
Fax: 453-6995

AMHD
ADULT MENTAL HEALTH DIVISION

Service Authorization Request	Bridge Subsidy

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.

Consumer Information

Name(Last Name, First Name, Middle Initial) :		
Date of Birth:	SSN:	Phone:
Is this Consumer Homeless: Yes ☐ No ☐	Is this Consumer a Veteran: Yes ☐ No ☐	

Diagnostic Information

ICD 10 Code:	ICD 10 Code:

A minimum of **one** AMHD eligible ICD-10 code is necessary for authorization.

Case Manager Information

CBCM Agency:	Name of Case Manager:
Case Manager's Phone:	Case Manager's Fax:

All Support services require linkage with case management.

Provider Information

◯	Steadfast	◯	MHK	Submitted by:	
Phone:		Fax:		Date of Submission:	
Signature of staff submitting request:					

Authorization Information

Admit ◯	Date:	Cont. ◯	Date:	Discharge ◯	Date:

Authorization Information

Admission Criteria: (Must Meet all of the following)	
☐	There is a need for permanent housing and the consumer possesses both the capacity and motivation to abide by general tenancy requirements.
☐	Consumer is eligible to receive AMHD services.
☐	The consumer is linked and actively working with a case manager.
☐	The consumer's annual income must fall at or below the current Federal Poverty Level Guidelines (FPL)

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Continuation Criteria: (Must meet all of the following)	
☐	Consumer's income continues to be at or below the current Federal Poverty Level Guidelines (FPL)
☐	Consumer is not linked with section 8

Discharge Criteria:							
Deceased	☐	Unable to locate	☐	Requires Higher LOC	☐	Awarded Section 8	☐
Hospitalized	☐	Refuses Treatment	☐	Incarceration	☐	Moved from State/County	☐
Other Discharge Criteria (please specify):							
Discharge to:							

Consumer Name (Last Name, First Name, Middle Initial):