



Montana Medicaid Utilization Management Forms

Current Form Name	Type of Services Utilizing Form	Form Location	Fax: 1-833-574-0650 (Only through 2/28/2020)	Form Uploaded to Qualitrac or Faxed to 1-833-574-0650
Discharge Notification Form TGH/HSS	1. CMHB Therapeutic Group Home 2. Home Support Services	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Emergency 72-hour TGH Payment Authorization Request	1. CMHB Therapeutic Group Home	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms		X
ENA Request for Youth in TGH	1. CMHB ENA	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Home Support Services Authorization Request After 365 Days	1. CMHB Home Support Services	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Home Support Services Exception to HSS Admission Criteria Request	1. CMHB Home Support Services	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms		X
Interstate Compact Forms: 1. Financial Medical Plan 2. ICPC 100A 3. ICPC 100B	1. CMHB PRTF OOS	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms		X
Mental Health Continued Stay Review Form	1. AMDD ICBR 2. AMDD PACT 3. AMDD Adult Group Home 4. AMDD Crisis Stabilization	Montana DPHHS website https://dphhs.mt.gov/amdd/FormsApplications	X	
Mental Health Prior Authorization Review Form	1. AMDD ICBR 2. AMDD PACT	Montana DPHHS website https://dphhs.mt.gov/amdd/FormsApplications	X	

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	3. AMDD Adult Group Home			
Out of State Acute Inpatient Hospital Prior Authorization Request Form	1. CMHB Acute Inpatient OOS	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Partial Hospitalization Program Continued Stay Request Form	1. CMHB Partial Hospitalization	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Partial Hospitalization Program Initial Stay Request Form	1. CMHB Partial Hospitalization	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Substance Use Disorder (SUD) Continued Stay Request Form for Residential and Inpatient Services	1. AMDD ASAM 3.7 Adult 2. AMDD ASAM 3.7 Adol 3. AMDD ASAM 3.5 Adult 4. AMDD ASAM 3.5 Adol 5. AMDD ASAM 3.1 Adult 6. AMDD ASAM 3.1 Adol	Montana DPHHS website https://dphhs.mt.gov/amdd/FormsApplications	X	
Substance Use Disorder (SUD) Prior Authorization Form for Residential and Inpatient Services	1. AMDD ASAM 3.7 Adult 2. AMDD ASAM 3.7 Adol 3. AMDD ASAM 3.5 Adult 4. AMDD ASAM 3.5 Adol 5. AMDD ASAM 3.1 Adult 6. AMDD ASAM 3.1 Adol	Montana DPHHS website https://dphhs.mt.gov/amdd/FormsApplications	X	
Therapeutic Group Home Continued Stay Request	1. CMHB Therapeutic Group Home	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Therapeutic Group Home Initial Stay Request	1. CMHB Therapeutic Group Home	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Therapeutic Group Home Transfer Form	1. CMHB Therapeutic Group Home	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms		X
Therapeutic Home Visit Over Three Days request	1. CMHB Therapeutic Home Visits	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	

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Youth Certificate of Need Psychiatric Residential Treatment Facility (PRTF)	<ol style="list-style-type: none"> 1. CMHB PRTF OOS 2. CMHB PRTF Assessment 3. CMHB PRTF In State 	Mountain-Pacific website https://www.mpqhf.org/corporate/medicaid-portal-home/medicaid-portal-document-library		X
Youth Continued Stay Authorization Request Form – Psychiatric Residential Treatment Facility (PRTF)	<ol style="list-style-type: none"> 1. CMHB PRTF In State 2. CMHB PRTF OOS 	Mountain-Pacific website https://www.mpqhf.org/corporate/medicaid-portal-home/medicaid-portal-document-library	X	
Youth Discharge from Services Notification Form	<ol style="list-style-type: none"> 1. CMHB PRTF OOS 2. CMHB PRTF Assessment 3. CMHB PRTF In State 	Mountain-Pacific https://www.mpqhf.org/corporate/medicaid-portal-home/medicaid-portal-document-library	X	
Youth Genetic Testing for Mental Health Request Form	<ol style="list-style-type: none"> 1. CMHB Youth Mental Health Genetic Testing 	Montana DPHHS website https://dphhs.mt.gov/dsd/CMB/ChildrensMentalHealthProviderForms	X	
Youth Prior Authorization Request Form – Psychiatric Residential Treatment Facility (PRTF)	<ol style="list-style-type: none"> 1. PRTF In State 2. PRTF OOS 	Mountain-Pacific website https://www.mpqhf.org/corporate/medicaid-portal-home/medicaid-portal-document-library	X	