

Chapter 503

Licensed Behavioral Health Center (LBHC) Services

Appendix 503A

West Virginia Bureau for Medical Services

Licensed Behavioral Health Center (LBHC) Services

Authorization for Services



CHAPTER 503 LICENSED BEHAVIORAL HEALTH CENTER (LBHC) SERVICES

**West Virginia Bureau for Medical Services
Licensed Behavioral Health Center (LBHC) 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)

| | | | |
|--------------------------|--------------------------------------|--------------------------|---------------------------------|
| <input type="checkbox"/> | Assessment Services | <input type="checkbox"/> | Service Planning |
| <input type="checkbox"/> | Case Consultation | <input type="checkbox"/> | Behavioral Health Counseling |
| <input type="checkbox"/> | Skills Training and Development | <input type="checkbox"/> | General Medical Care Services |
| <input type="checkbox"/> | Assertive Community Treatment (ACT) | <input type="checkbox"/> | Comprehensive Community Support |
| <input type="checkbox"/> | Day Treatment | <input type="checkbox"/> | Crisis Intervention |
| <input type="checkbox"/> | Community Psychiatric Supportive Tx. | <input type="checkbox"/> | Residential Children's Services |
| <input type="checkbox"/> | Therapeutic Behavioral Services | <input type="checkbox"/> | Transportation Services |
| <input type="checkbox"/> | IOP | <input type="checkbox"/> | 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, PA, APRN or Licensed Psychologist

Date