

# Behavioral Health Peer Support Request Form

Submit completed form electronically using our preferred method at **Availity** or by fax to **1-833-974-0059**.

Today's date:	
Contact at provider's office:	Secure fax:
Name of requestor:	Phone:
<b>Please note:</b> Provide appropriate contact information, including best working phone number, for Humana staff to contact you if clarification or additional information is needed to complete the request.	

Member information		
Last name:	First name:	
Humana ID:	Medicaid ID:	Date of birth:
Parent/guardian name:		Phone:
Member currently receiving peer support services:    Yes            No		
If yes, please provide agency name:		
Member currently receiving additional behavioral health services:    Yes            No		
If yes, please provide service and agency name:		
Authorization reference number (if applicable):		

Requesting provider/facility		
Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:

Treating/servicing provider		
Provider name:	TIN:	NPI:
Address:	City, state, ZIP:	
Contact name:	Phone:	Fax:



Humana Healthy Horizons in Louisiana is a Medicaid Product of Humana Health Benefit Plan of Louisiana, Inc.

### Diagnosis code(s) and date(s) of service (DOS)

ICD-10*:	ICD-10*:	ICD-10*:	ICD-10*:
Start date of service:		End date of service:	
Type of request:	Initial request	Concurrent request	

\* International Classification of Diseases, Tenth Edition.

### Service code(s)

Code:	Units:	Frequency:
Code:	Units:	Frequency:
Code:	Units:	Frequency:
Code:	Units:	Frequency:

### Diagnosis (psychiatric, chemical dependency and medical)

### Functional information—has member experienced any of the following in the last 30 days?

<ul style="list-style-type: none"> <li>A crisis</li> <li>Inpatient or residential treatment for behavioral health issues</li> <li>Problems with sleeping or feeling sad</li> <li>Problems with fear and/or anxiety</li> </ul>	<ul style="list-style-type: none"> <li>Issues with alcohol or drug use</li> <li>Legal trouble</li> <li>Relationship problems with family or friends</li> <li>An unstable living situation</li> <li>Current unemployment or school absence</li> </ul>
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### Functional impairment

<ul style="list-style-type: none"> <li>Personal hygiene</li> <li>Sleep</li> <li>Medication compliance</li> <li>Substance use (current)</li> </ul>	<ul style="list-style-type: none"> <li>Physical health</li> <li>Work/school</li> <li>Relationships</li> <li>Living situation</li> </ul>
Last substance used: _____	
Date of last use: _____	

### Recovery-related tasks to be completed by peer support services (PSS) for member

- Providing feedback to the treatment team regarding identified needs of member and level of engagement
- Developing goals
- Acting as advocate, with permission of member, in therapeutic alliance between member and provider
- Encouraging treatment engagement
- Ensuring member is receiving appropriate services of their choice and in a manner consistent with confidentiality and professional standards of care
- Utilizing a “lived experience” to aid in the recovery process and expectations of services

### Recovery-related tasks to be completed by PSS for member

- Rebuilding, practicing and reinforcing skills necessary to assist in member’s recovery and treatment process
- Providing support to member to assist with participation and engagement in meetings and appointments
- Assisting member in effectively contributing to planning and accessing services to aid in member’s recovery process
- Assisting member in identifying and overcoming barriers to treatment and communicating barriers to providers
- Supporting strategies for symptom/behavior management
- Supporting member to better understand their diagnosis and related symptoms
- Assisting member in finding and using psychoeducational materials
- Assisting member to identify and practice self-care behaviors, including but not limited to a wellness recovery and relapse prevention plan
- Explaining services and treatment options
- Assisting with the development of support systems and community resources
- Assisting member in setting goals, building effective coping skills and utilizing these skills
- Supporting principles of self-direction to support member
- Supporting member in arranging services in all areas of their life
- Providing support for member’s transition from a nursing facility to community living
- Being involved in treatment and with the clinical team
- Other: \_\_\_\_\_

### Please describe additional information to support request for PSS.

**Renewal request: Describe barriers to recovery goals from previous authorization.**

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**Submitted by:**

**Date:**