

Instructions for Completing the HealthSystems of Mississippi MYPAC Waiver Admission Request Form

YOUTH'S INFORMATION

Youth's Name - Enter the youth's last and first name. If the youth has an active Medicaid number record the name as it appears on the Mississippi Medicaid ID card.

MS Medicaid # - If the youth has an active MS Medicaid number, enter the number that appears on the MS Medicaid ID card. If the youth does not have an active number, LEAVE BLANK.

Check If no active Medicaid # - Check the box if the youth does not have an active Mississippi Medicaid ID.

Soc. Sec. # - If Mississippi Medicaid has been applied for, enter the youth's social security number.

Date of Birth - Enter the month, date, and year of the youth's birth.

Sex - Indicate the sex of the youth.

Age - Enter the age of the youth at the time service is to be rendered.

Guardian/Representative Name - Enter the name of the youth's legal guardian/representative.

Guardian/Representative Address - Enter the mailing address of the guardian/representative.

PROVIDER INFORMATION

MYPAC MS Medicaid Number - Enter the MYPAC Waiver Medicaid provider number.

MYPAC Provider Name - Enter the name of the MYPAC Waiver provider.

Request Date - Enter the date of the request in month, day, and year format.

Requester's Name - Enter the name of the individual who is primary contact for this case.

Phone # - Enter the requester's telephone number, including area code and extension, if applicable.

PHYSICIAN INFORMATION

Medical Director Name - Enter the name of MYPAC Waiver provider's Medical director.

Medical Director Address - Enter this information only if the MYPAC Waiver provider's Medical Director's Ms Medicaid ID number is unavailable.

Medical Director MS Medicaid# - Enter the MS Medicaid ID number of the Medical Director.

Medical Director Phone # - Enter the phone number of the MYPAC Waiver provider's Medical director.

Medical Information

Planned date of Admission - Enter the month, date and year of the planned admission.

IQ - Enter the youth's IQ score.

Diagnosis Axis - Enter the youth's current diagnoses (five parts of multi-axial).

ICD - 9-CM Codes - Enter the ICD-9-CM codes that correspond with each of the listed diagnosis.

REQUESTED SERVICES

The following information must be submitted for each type of service requested. Please note that once a Treatment Authorization Number has been issued by HSM, request for respite services must be submitted via the web.

Dates of Service - Indicate date service will start and the date thru which the service is requested.

Units - Record the total number of units requested. Please do not exceed the maximum units allowed.

CLINICAL INFORMATION

Psychiatric History - List a brief history of the youth's psychiatric care.

Current Behavior - List a detailed explanation why the youth requires this intensity of services.

Previous Admission - List all admissions within the last three months for psychiatric treatment. Include shelters, group or foster homes, detention centers, training schools or outpatient therapy.

Discharge Plans - List any discharge plans.

Location and Distance - List the county and state the youth resides, and the approximate distance the family member must travel to the facility for family sessions.

NOTES:

- A copy of an independent evaluation completed by a psychiatrist or psychologist, which indicates the need for psychiatric residential treatment and the potential for benefit from psychiatric residential treatment, must be attached to this form. This evaluation must be performed within the last 60 days prior to the proposed admission date.
- The MYPAC Waiver's Medical Director must attest to the clinical information in the request, that a copy of an independent evaluation is attached to the request, and sign and date page two of request form (space provided).