

Children's Residential Mental Health Treatment Facility Notification

Create a new notification or edit member information (see [Getting Started](#)).
(Note: All fields with a red asterisk are required.)

Select *Behavioral Health (Group)* from the *Authorization Type* dropdown menu and select *Children's Residential Mental Health Treatment Facility Notification* from the second dropdown menu.

Authorization Type*

Behavioral Health (Group) ▼

Children's Residential Mental Health Treatment Facility Notification ▼

Template (If you do not know which template to use please leave as No Template.)

No Template ▼

Load Form

Fill out *Submitter Information* in full and enter the *Services Start Date* and *Anticipated End Date*.
(Note: *Service Start Date* defaults to the date the notification is entered.)

Children's Residential Mental Health Treatment Facility Notification

A clinical update must be faxed to PrimeWest Health every month the member resides in the facility. Fax clinical updates to 320-762-5967.

Submitter Information

First Name*
Provider1

Last Name*
Basic

Phone:*
() - -

Ext:

Email*
provider1@test.com

Service Start Date*
03/01/2020

Anticipated End Date*
04/30/2020

Enter the *Facility* information and the *Phone number*.

Facility

Facilities have been broken out by City. Please use the Facility City to select the correct grouping of facilities.

Facility City

Facility*

Phone*

Enter the *Primary Mental Health Diagnosis*.

Primary Mental Health Diagnosis

Primary ICD 10 Code*

Diagnosis Description

Add Diagnosis

Attach supporting documentation and submit the notification to PrimeWest Health

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

File

Choose File

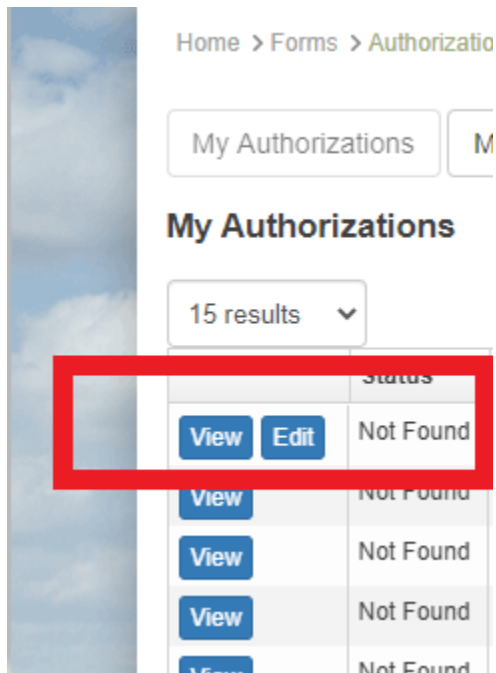
No file chosen

Add File

Submit

Cancel

After the notification has been submitted, the notification can be edited to add the discharge date. On the My Authorizations page, select *Edit* next to the appropriate member.



Home > Forms > Authorizations

My Authorizations M

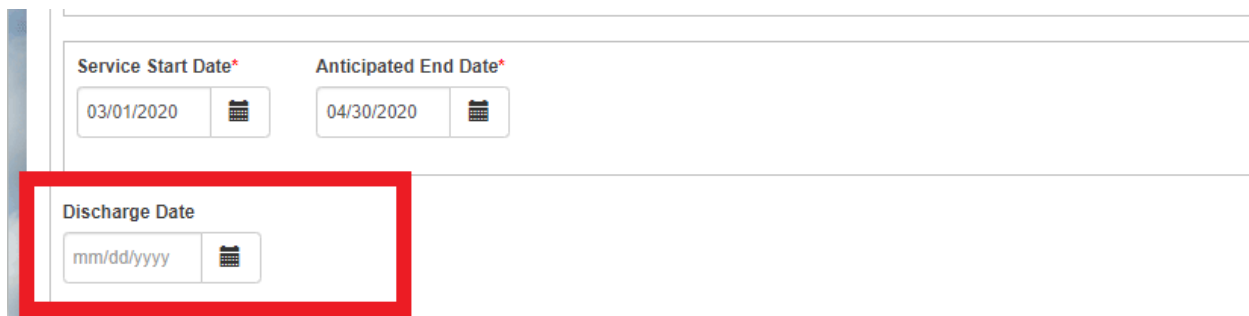
My Authorizations

15 results ▾

	Status
View Edit	Not Found
View	Not Found
View	Not Found
View	Not Found
View	Not Found

Enter the discharge date.

(Note: Once the discharge date has been entered, the notification can no longer be edited.)



Service Start Date* 03/01/2020 

Anticipated End Date* 04/30/2020 

Discharge Date

mm/dd/yyyy 

Attach supporting documentation and submit the notification to PrimeWest Health.

Attachments

Supporting documentation (History of present illness, complete admission orders, lab results, emergency department records and other.)

Already uploaded files

TEST.pdf

File*

Choose File

No file chosen

Add File

Submit

Cancel