



SUBMIT TO
Utilization Management Department
 Phone: 1-877-644-4623 Fax: 1-844-824-7705

PARENT MANAGEMENT TRAINING OREGON (PMTO) REQUEST FORM

Please print clearly – incomplete or illegible forms will delay processing.

MEMBER INFORMATION

Name _____ Member ID# _____

Date of Birth _____ Social Security # _____

PROVIDER INFORMATION

Provider Name _____ NPI# _____

Group Name _____ Fax# _____

Provider Tax ID# _____ Phone# _____

IDENTIFIED PARENT/PLACEMENT TO RECEIVE PMTO TREATMENT:

Name: _____ Phone _____

SUMMARIZE THE RATIONALE FOR PMTO REQUEST

ELIGIBILITY CRITERIA

Please mark all applicable boxes for Category A and Category B.

CATEGORY A - PROGRAM CRITERIA

Please mark which boxes apply for program criteria.

- | | |
|---|---|
| <input type="checkbox"/> Child has been out of the home for less than six months | <input type="checkbox"/> Child re-entered foster care |
| <input type="checkbox"/> Child is reintegrating within 90 days of referral for PMTO | <input type="checkbox"/> Foster Family to stabilize placement |

AND Next page →

CATEGORY B - CHILD OR FAMILY CRITERIA

Please mark which boxes apply **for either the Child Criteria or the below Family Criteria.**

Child Criteria: Select the appropriate column based on the child’s age and select at least one identifying criteria.

Ages 3-5 (if in kindergarten)

- PECFAS 50+
- PECFAS 20 in 1 subscale
- Child is in PRTF
- Child has an IEP with behavioral disorders
- SED waiver services by mental health center
- Psychiatric inpatient treatment within the last year
- Taking psychotropic medication

Ages 6-17

- CAFAS 60+
- CAFAS 30 in 1 subscale
- Child is in PRTF
- Child has an IEP with behavioral disorders
- SED waiver services by mental health center
- Psychiatric inpatient treatment within the last year
- Taking psychotropic medication

OR

Family Criteria: Indicate which caregiver(s) the referral for PMTO is for

MOTHER

- PSI - clinical significance in PCDI domain
- PSI - clinical significance in DC domain
- PSI - overall score with clinical significance
- SDM Risk score is high to very high for abuse

FATHER

- PSI - clinical significance in PCDI domain
- PSI - clinical significance in DC domain
- PSI - overall score with clinical significance
- SDM Risk score is high to very high for abuse

FOSTER PARENT

- Foster Family to stabilize placement

Requested authorization start date: _____

Billing Service Codes:

- Procedure code for member present will be S5111 HR for 52 sessions.
- Procedure code for member not present will be S5111 HS for 52 sessions.

Please feel free to attach additional documentation to support your request (e.g. updated treatment plan, progress notes, etc.).

STANDARD REVIEW:

Standard 14-day time frame will be applied.

EXPEDITED REVIEW: By signing below, I certify that applying the standard 14-day time frame could seriously jeopardize the member’s health, life or ability to regain maximum function.

Clinician Signature

Clinician Signature

Date

Date

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