Magellan HEALTHCARE

Safe and Sober Housing Request Form

Please ensure this form is fully completed before submission. Incomplete forms will not be accepted. Submit the completed form through Magellan's authorization system in Availity Essentials (Magellan Healthcare Idaho Payer Space > Authorizations tile) or fax it to **1-888-656-2586**.

***Fields marked with an asterisk (*) are required**

Member Information			Safe & Sober Housing Provider Information		
*Member Name:			*Provider Name:		
*Member ID:			*TIN#	*MIS or NPI#:	
*Date of Birth:			*Provider Phone:		
*Phone:	*Language:		Provider Fax:		
*Street Address:			*Provider Street Address		
*City:	*State:	*ZIP Code:	*City:	*State:	*ZIP Code:

Requestor Information				
*Request Submitted by:			Date:	
*Requestor's Email:			Phone:	
*Requestor's Address:	*City:		*State:	*ZIP Code:
*If SUD Services are provided, I attest that the appropriate SUPRT forms were completed	YES ☐	NO ☐	NA ☐	

Safe & Sober Housing Service:

Diagnosis Code(s):

*Start Date	*Stop Date	*Procedure/Service Code	*Modifier	*Service Description	*Units

- Safe and Sober Housing is limited based on available funding and is not a covered benefit under Medicaid.
- All members who need safe and sober housing will have to complete a state funded screening prior to admission. State funded screenings can be completed by calling 1-855-202-0973 (TTY 711).
- Members without active Medicaid who are found eligible for state funding through the screening will be required to apply for Medicaid. They will be granted an initial 30 days of state funded services while they apply for Medicaid. To keep their state funding coverage beyond 30 days, members are required to call the eligibility line to provide the Medicaid application date, outcome, or denial code to have their state funding coverage expanded to one year.
- Members who are eligible for state funding are eligible for state funded covered services up to the threshold limits outlined in the Magellan provider handbook.
- Authorizations must be submitted prior to or on the date of admission. Services provided prior to the authorization submission will not be considered.
- All Safe and Sober Discharges should be faxed to 1-888-656-2586 or emailed to IBHPClinical@magellanhealth.com.
- Safe and Sober Housing providers are to obtain a copy of the outpatient providers proof of enrollment into a substance use disorder level of care and submit to Magellan with the authorization request form and continued participation in treatment should be submitted with all concurrent requests.

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For a member to obtain safe and sober housing benefit, they must be engaged in outpatient substance use disorder treatment or provide proof of successful completion of a substance use disorder program within the last 180 days. **Please complete the following information and attach supporting documents as proof of meeting this requirement:**	
Outpatient Provider Name:	Level of Care:
Admission Date:	
In the Last 30 Days, describe why the members would benefit from Safe and Sober Housing:	
Discharge Plan:	Discharge Date:

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