COLORADO
Department of Health Care Policy & Financing

Verification Form for Behavioral Health Secure Transportation (BHST) Services more than 250 miles

Provider Request

Member Information

First Name: _____ Last Name: _____

Date of Birth: _____ Health First Colorado ID: _____

Location of Behavioral Health Crisis/Address of BHST Origin: _____

_____

Behavioral Health Facility Information

Name of Receiving Facility/BHST Destination: _____

Address of Receiving Facility/BHST Destination:

_____

Distance between Address of BHST Origin and Destination: _____ (# of miles)

Identify why the receiving facility over 250 miles away was chosen and any other factors that necessitate a 250 mile transport (i.e. diversion from closer facilities, weather, road detour)?

Was the member's Regional Accountable Entity contacted to provide care coordination of transportation or receiving facility? ☐ **Yes** ☐ **No**

Behavioral Health Provider Requestion Transport

Behavioral Health Provider's Name & Credentials: _____

Behavioral Health Provider's Agency Name: _____

Behavioral Health Provider's Phone number: _____

Behavioral Health Provider's email: _____

Term of Verification

Date(s) Verification is Valid: _____ **Date of Transport:** _____

Behavioral Health Provider Attestation

I understand that if I have given false information or intentionally failed to disclose information, I may be subject to prosecution, criminal, civil, or both. I certify under penalty of perjury, that I have obtained the information on the form from the patient or their representative, and the information provided is accurate to the best of my knowledge.

Printed Name of Behavioral Health Provider: _____

Behavioral Health Provider Signature :_____Date: _____

This form cannot be completed after the transport has occurred. This transport must meet the requirements in 10 CCR 2505-10 8.019 Secure Transportation.

Visit the Provider Contact web page for information on who to contact for assistance. Contact hcpf_crisisservices@state.co.us to provide feedback on this form.