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| **Section A –** *(Refer to section 2.0 on PF1 Instruction sheet)**(If just a request for Room and Board complete Section A* ***ONLY****)* |
| **Consumer:** | **Click or tap here to enter text.** | **Region:** | **Click or tap here to enter text.** |
| **Date:** | Click or tap to enter a date. | **Requesting Rep:** | **Click or tap here to enter text.** |
| **LRC Admit Date:** | **Click or tap here to enter text.** | **LRC Discharge Date:** | **Click or tap here to enter text.** |
| **Requester Contact Info:** | **Click or tap here to enter text.** |
| **Is this a request for Room and Board?** | **Yes:**[ ]  | **No:**[ ]  |
| **If Yes: Please list the setting the individual entering:** |
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| **Plan for Sustainability:** *(Choose all that apply)* |
| **Medicaid:** | [ ]  **Not Applied Click or tap to enter a date.** | [ ] **Pending Click or tap to enter a date.** | [ ] **Approved Click or tap to enter a date.** | [ ] **Denied Click or tap to enter a date.** |
| **Medicare:** | [ ]  **Not Applied Click or tap to enter a date.** | [ ] **Pending Click or tap to enter a date.** | [ ] **Approved Click or tap to enter a date.** | [ ] **Denied Click or tap to enter a date.** |
| **SSDI:** | [ ]  **Not Applied Click or tap to enter a date.** | [ ] **Pending Click or tap to enter a date.** | [ ] **Approved Click or tap to enter a date.** | [ ] **Denied Click or tap to enter a date.** |
| **SSI:** | [ ]  **Not Applied Click or tap to enter a date.** | [ ] **Pending Click or tap to enter a date.** | [ ] **Approved Click or tap to enter a date.** | [ ] **Denied Click or tap to enter a date.** |
| **Insurance:** | [ ] Yes | [ ] No | **Name**:Click or tap here to enter text. |
| **Notes and/or other applicable information:** Click or tap here to enter text. |
| **Section B Completed by LRC –** *(Refer to section 3.0 on PF1 Instruction sheet)**(If application is for more than Room and Board you must complete BOTH sections A and B)* |
| **3.1 Summary of Patient Background, history of prior hospitalizations and prior response to treatment:** *(\*or attach assessment if desired)* |
| **Click or tap here to enter text.** |
| **3.2 Medical and Behavioral Health diagnoses:** |
| **Click or tap here to enter text.** |
| **3.3 Consumer Needs (including ADL and Safety Needs), Preferences (patient’s discharge wants), and Goals (to be worked on or are working on currently):** |
| **Click or tap here to enter text.** |
| **Plan Duration** |
| **Anticipated Patient Discharge Date From Current Service:** | Click or tap to enter a date. |
| **Anticipated End Date of Plan\*:** | Click or tap to enter a date. |
| ***\*If plan exceeds 6mos, quarterly progress reports are expected to be submitted to DBH*** |
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| **3.4 Detailed description of all discharge options that have been explored:**  |
| Click or tap here to enter text. |
| **3.5 Detailed description of Services to be Provided: Include LOCUS.** |
| Click or tap here to enter text. |
| **3.6 Outcomes Expected:**  |
| Click or tap here to enter text. |
| **FOR LRC TREATMENT TEAM USE ONLY** |
| **BH-20 attached** | [ ] **Yes** | [ ] **No** |
| **Treatment Team Review Date:** | **Date:** Click or tap to enter a date. |
| **Treatment Team Approval Date:** | **Date:**Click or tap to enter a date. |
| **Administrative Review Date:** | **Date:**Click or tap to enter a date. |
| **Administrative Decision:** | [ ]  **Approved**[ ]  **Not Approved** | **Date:**Click or tap to enter a date. |
| **Reason for non-approval:**Click or tap here to enter text. |

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| **FOR DHHS USE ONLY** |
| **BH-20 attached** | [ ] **Yes** | [ ] **No** |
| **Signature of Individual/Guardian** | Click or tap here to enter text. | **Date:** Click or tap to enter a date. |
| **Received By:** | Click or tap here to enter text. | **Date:**Click or tap to enter a date. |
| **Approved By:** | Click or tap here to enter text. | **Date:**Click or tap to enter a date. |
| [ ]  **Not Approved** | **Date:**Click or tap to enter a date. |
| **Reason for non-approval:**Click or tap here to enter text. |
|  | **ALL PLANS FOR ONE MUST BE REVIEWEIN 5 BUSINESS DAYS OF RECEIPT** |