

Patient's Name:		Sponsor SSN:	
DOB:	Age:	Date of Application:	
Patient Address:			
City:		State:	Zip:
Name of Parent/Legal Guardian:			
Telephone:			
Other Insurance: <input type="checkbox"/> Yes* <input type="checkbox"/> No *If yes, please specify:			
Patient's current placement:			
<input type="checkbox"/> Home <input type="checkbox"/> Other family <input type="checkbox"/> Hospital <input type="checkbox"/> Foster Setting <input type="checkbox"/> Juvenile Detention <input type="checkbox"/> Other RTC			

RTC APPLICATION INSTRUCTIONS

This application must be complete, legible and **signed** by the current treating **Physician or Clinical Psychologist** (PsyD or PhD, no other licensed clinicians can refer) who is recommending treatment in a RTC to avoid any delays. Information must be current and based on recent contact with the patient and family. Please fax this completed form with attachments to

FAX: (866) 811-4422

Note: Parent/guardian(s) may want to duplicate all of these materials since much of the same information will be required by the facility for which the applicant is being considered.

Services must be provided by a KePRO-Certified RTC for Children and Adolescents. A list of RTCs is available on the KePRO website: <http://tricare.kepro.com/>

RECOMMENDED DOCUMENTATION

To assist in determining medical necessity for residential treatment placement, it is **strongly recommended** that the following clinical documentation be provided as available/applicable:

- Current Psychiatric Evaluation by a psychiatrist (within 30 days of the request)
- Detailed psychosocial history
- If hospitalized, include the family therapy, individual therapy and doctor's progress notes for the current stay and indication of the outpatient provider support of RTC.
- Clinical from Previous Inpatient Psychiatric admissions
- If outpatient, include a letter from each outpatient provider summarizing the intensity of treatment over the past six (6) months and why treatment is failing or a copy of the treatment records for the past eight (8) visits.

*****Failure to complete all fields and include the supporting legible documentation could result in an adverse decision.*****

DSM 5 Diagnosis:
Is there cognitive/intellectual impairment? <input type="checkbox"/> Yes* <input type="checkbox"/> No* If yes, attach copies of psychological tests and describe:

If family involvement is therapeutically contraindicated, please explain:
Are any barriers anticipated with reunification back into the family home after discharge from RTC:

Family Therapy Requirements:

- If the custodial parent resides within 250 miles of the RTC, the custodial parent/family is encouraged to participate in weekly on-site family therapy.
- If the custodial parent resides more than 250 miles from the RTC, the custodial parent/family is encouraged to participate in monthly on-site family therapy and weekly geographic distant family therapy (GDFT).

This requirement has been discussed with the custodial parent; they understand and agree to participate
 YES NO

Name of local therapist proposed to participate in GDFT, if applicable:

Requested RTC Facility:	
Estimated Length of Stay:	
Licensure type: <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> PsyD <input type="checkbox"/> PhD (No other licensure type accepted)	Provider NPI:
Provider Address:	
City:	State: Zip:
Provider Telephone:	Provider Fax:
Provider Point of Contact:	Telephone:
Physician/Psychologist Certification: By signing below, I certify that I am the person rendering face to face clinical services to this patient, that the above statements are true, and that I have obtained appropriate signed release for all information provided to TRICARE South Behavioral Health.	
Provider Printed Name:	
Provider Signature:	Date:

Complete all fields in this application. Indicate “N/A” for sections that are not applicable.

In order for ValueOptions® to communicate health care related information to anyone other than the beneficiary/patient, Authorization for Release of Information (ROI) forms may be required even for minor children.