**Therapeutic Group Home (TGH)Admission template/requirements (submitted by provider)**

**Scenario:** Completing a pre-authorization review for the TGH Level of Care (LOC)

**Effective Date:** 12/1/2015

Please Email (preferred) OR Fax the completed form to the contact information below:

EMAIL: la.beh.auths@uhc.com

FAX #: **1-855-202-7023**

***NOTE: Requests should be typed and not handwritten.***

**REQUEST**

* Provider name: Click here to enter text.
* Tax ID #: Click here to enter text.
* NPI #: Click here to enter text.
* Date and time of request: Click here to enter text.
* Member name: Click here to enter text.
* Member date of birth: Click here to enter text.
* Member Medicaid identification number: Click here to enter text.
* Name and phone number of the requestor: Click here to enter text.
* Name and phone number of the legal guardian: Click here to enter text.
* Anticipated discharge plan with residence: Click here to enter text.
* Anticipated family involvement (note willingness to participate): Click here to enter text.
* History of inpatient stays (include approximate service date ranges): Click here to enter text.
* History of outpatient treatment? Was it helpful? Why not? : Click here to enter text.
* Diagnosis (include Mental Health & Substance Use Disorders, Developmental Delay, medical):

 Click here to enter text.

* Current medications: Click here to enter text.
* Medical history (include any special needs and note the Primary Care Physician): Click here to enter text.
* Full scale IQ (include tests used, if known): Click here to enter text.
* History of Office of Citizens with Developmental Disability (OCDD) involvement/status of referral (if not applicable, please note that): Click here to enter text.
* Risk factors (family history of MI, substance use, trauma, SI/HI, psychosis): Click here to enter text.
* Legal history and current legal issues: Click here to enter text.
* Compliance related issues: Click here to enter text.
* Current mental status with most recent psychological evaluation (within the last 30 days):

 Click here to enter text.

* Behaviorally measurable goals/expected outcomes from the TGH stay: Click here to enter text.

***continued…***

* Has a room & board provider been identified? (If, yes, provide information): Click here to enter text.

**For additional days requested**

* Specific and measurable goals: Click here to enter text.
* Progress: Click here to enter text.
* Discharge plan: Click here to enter text.
* Why is lower LOC not appropriate: Click here to enter text.
* Support system involvement: Click here to enter text.
* Coordination of care: Click here to enter text.