

Plan For One Application

Section A – (Refer to section 2.0 on PF1 Instruction sheet) (If just a request for Room and Board complete Section A ONLY)				
Consumer:			Region:	
Date:			Requesting Rep:	
Requester Contact Info:				
Is this a request for Room and Board?		Yes:	No:	
If Yes: What setting is the individual entering:				
Plan for Sustainability: (Choose all that apply)				
Medicaid:	Applied	Pending	Approved	Denied
Medicare:	Applied	Pending	Approved	Denied
SSDI:	Applied	Pending	Approved	Denied
SSI:	Applied	Pending	Approved	Denied
Insurance:	Yes	No	Name:	
Notes and/or other applicable information:				

Section B – (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)

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3.2 Medical and Behavioral Health diagnoses:

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3.3 Consumer Needs, Preferences and Goals:

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Plan Duration

Anticipated Patient Discharge Date From Current Service:

Anticipated End Date of Plan*:

****If plan exceeds 6mos, quarterly progress reports are expected to be submitted to DBH***

3.4 Detailed description of all discharge options that have been explored:

3.5 Detailed description of Services to be Provided:

3.6 Outcomes Expected:

Click or tap here to enter text.

FOR DHHS USE ONLY

BH-20 attached

Yes

No

Received By:

Date:

Date:

Approved By:

Date:

Not Approved

Date:

Reason for non-approval:

ALL PLANS FOR ONE MUST BE REVIEWED WITHIN 5 BUSINESS DAYS OF RECEIPT