|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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:** | | | | | | | | |
|  | | | | | | | | |
| **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*** | | | | | | | | |
|  | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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** | | | |