



## Behavioral Health Inpatient Facility or Behavioral Health Residential Facility Additional Request for Information (Child and Adolescent Only)

Form 3.14.9

Behavioral Health Inpatient Facility
  Behavioral Health Residential Facility

The following information should be sent as applicable with request for prior authorization.

**Fax** this form and checked attachments to Magellan Care Management at **1-866-568-6147**. Indicate on form if n/a or if a document is applicable but awaiting to obtain. Please do not hold information awaiting further documentation.

**Attached Supporting Documentation (if applicable):**

Child/Family Team (BH Service) Plan (last 3)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Court Reports/orders and/or detention Incident Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Individual Education Plan (mandatory for IEP placements)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Police Reports and/or Probation/Parole Reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Psychiatric evaluation & last 3 psychiatric progress notes	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Psychoeducational testing report	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Psychological evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Psychosexual assessment (if one has been done)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Safety plan and Crisis plan	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Strengths Needs Culture Discovery	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Summaries from any treatment/direct support agencies	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A