



Magellan Behavioral Health of Pennsylvania, Inc.
Bethlehem Care Management Center

Request for Reauthorization of Family Based Services

Cambria County

Lehigh County

Northampton County

Provider: _____ Telephone #: _____

Provider #: _____ Provider Contact Person: _____

Address: _____

Member's Name: _____ Telephone #: _____

Social Security #: _____ Date of Birth: _____ Sex: Male Female

Current DSM-5 Diagnosis:

Has member been compliant with treatment? Yes No

Describe family participation in treatment: _____

What goals were worked on during the first authorization period? _____

What progress was made toward these goals? _____

What are the projected outcomes for the next authorization period? _____

Have there been any changes in medication? (Please specify change and reason): _____

Member's Name: _____ **Date:** _____

List current medications and dosage for member: _____

Expected length of continued treatment: _____

Any new medical concerns: _____

Has member been hospitalized? (List dates and reasons) _____

What natural community supports were accessed/other system involvement? _____

Has CYS been involved? _____

Any changes in member's school placement: _____

What interventions will be implemented by the Family Based Team? _____

EXIT CRITERIA (Specific measurable outcomes and target dates): _____

Progress toward listed exit criteria: _____

What is the discharge plan? (List accountable parties): _____

Member's Name: _____ **Date:** _____

Progress toward discharge plan: _____

Hours/Units Requested: _____

Authorization Start Date: _____ **Authorization End Date:** _____

Attending Physician or Prescriber: _____

Clinician: _____ **Telephone #:** _____

Form Completed by: _____ **Telephone #:** _____

Date Form Completed: _____

Authorizations will be given for up to 120 days at a time. Forms should be submitted to Magellan at least 15 days prior to expiration of current authorization. Treatment plans should be submitted to the Care Manager every 30 days.

Please attach a copy of member's most recent treatment plan. If available, please include any current evaluations by licensed psychologist or psychiatrist.