

# TBS- Treatment Request

TBS-Treatment Request Details

## TBS-Treatment Request

### Provider Information

Provider Contact Name:\*   
Provider Contact #:\*   
Provider Extension:   
Provider Contact E-Mail:\*   
Is this a telephonic request? (INTERNAL OPTUM USE ONLY)\*\*  
 Yes  No

### Request Information

Request Type:\*\*  
 Initial  Concurrent

Number of hours requested per week:\*

#### Days of the week services will be provided

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

Will parent/guardian/caretaker be present for all services?\*\*  
 Yes  No

Participant's current living situation:\*

Diagnoses:\*

Describe how participant's behaviors and symptoms put the participant's current living arrangements at risk or create a risk for more restrictive placement:\*

Detail increased behaviors or issues occurring in the home, indicating precipitating factors, severity and frequency:\*

Can the participant's behaviors or symptoms be safely and effectively treated in the community?\*\*  
 Yes  No

Does the participant require on-site one-to-one behavioral assistance and intervention in order to accomplish outcomes specified in the behavioral plan?\*\*  
 Yes  No

Behavioral History (include placement history/hospitalizations, previous services):\*

Indicate goals of service and how TBS will be rehabilitative for the participant, include information on previously higher level of functioning:\*

List interventions or programs already in place for the participant:

Participant's current therapist:

Participant's current therapist contact #:

**Please attach the behavior plan under Attachments when you return to the authorization screen.**

The Data Capture form will launch automatically when this form is saved. No selection is needed on this question. \*\*

Yes