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| HEALTH SYSTEMS DIVISION  Child and Family Behavioral Health |  |
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Request for Long-Term Psychiatric Care for Persons Age 17 And Under

# Request information

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| --- | --- | --- |
| Child’s name: | | Date received: |
| Parent/guardian: | | |
| Address: | | Phone: |
| City | ZIP code: | County: |
| Child’s Oregon Medicaid or Prime ID | | Date of birth |
| Coordinated care organization (CCO): | Other insurance: | |
| Current program: | | Admission date: |

# Referring agency information

|  |  |  |
| --- | --- | --- |
| County or CCO: | | Contact person: |
| Phone number: | | Fax number: |
| Date of review: | | Reviewed by: |
| Result of review: | | |
| Support referral | Recommend alternative: | |
| Guardian is aware of the expectation for family participation in the program. | | |

# For Utilization Management Organization completion only:

|  |  |  |  |
| --- | --- | --- | --- |
| Reviewed by: | | | Date of decision: |
| Result of review*:* | | | |
| Approved | Denied. Reason for denial: |  | |

# For Oregon Health Authority completion only. *If you have questions about this decision, contact Summer Hunker at* [*summer.hunker@dhsoha.state.or.us*](mailto:summer.hunker@dhsoha.state.or.us) *or 503-756-8540. If your request is approved, a Trillium representative will contact your agency regarding admission timelines and procedures.*

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| --- | --- | --- | --- | --- | --- |
| Reviewed by:  Summer Hunker | |  | | | Date of decision: |
| Result of review*:* | | | | | |
| Approved | Denied. Reason for denial: | | |  | |
| SCIP Referral | SAIP Referral | |  | | |
| Determination form faxed to Trillium Family Services | | | | | |