

Residential Treatment Center (RTC) Concurrent Review, Humana Military

Patient name:

DOB:

(TRICARE RTC benefit is for under age 21 years, with a behavioral health primary diagnosis)

Patient ID or Sponsor SSN:

Facility:

Attending MD:

DSM 5 diagnosis:

List Current Medications:

Check one (use "X" by one or more that applies):

Beneficiary is felt to be an ongoing potential danger to self or others

Beneficiary exhibits patterns of disruptive behavior, with evidence of disturbances in family functioning, social relationships and persistent psychological and/or emotional disturbances

Moderate to severe psychiatric or behavioral or other comorbid condition, with serious dysfunction in daily living or inability to function in age appropriate roles

Briefly describe current symptoms (including specific dates and examples, level of safety checks or precautions, summary of response to therapeutic interventions and treatment progress. Summarize also individual therapy, and recent MD note:

Family therapy status summary including date occurrences, measurable goals, and biopsychosocial assessment/stressors (method: face to face, virtual? Frequency: weekly is recommended)

Treatment planning/modalities used, list revisions if failure to achieve goals and objectives, and/ or attach treatment plan to portal:

Estimated length of continued treatment:

Discharge planning:

Patient will discharge to care of:

Individual therapy: Provider Name/recommended frequency:

Family therapy: Provider name/recommended frequency:

Medication Management provider name:

(If no current provider begin search one month prior to discharge to secure new patient appointment).

Is IOP or PHP recommended or available?

NOTE: All individual providers and hospital based providers can be searched here:

<https://hmd.humana-military.com/ProviderSelection/> using pts home zip code.

For patients with autism, is ABA therapy recommended? Y/N, name provider:

Contact Humana Military (800) 444-5445 and review

<https://tricare.mil/Plans/SpecialPrograms/ACD/GettingCare>, if needing

Information on TRICARE's Autism Demonstration Program/ECHO program.

Patients with CD issues: referrals to community support groups:

Education plan, 504 or IEP supports in place if recommended:

Any additional community based services or supports planned:

Submit concurrent review form online at [HumanaMilitary.com](https://www.humanamilitary.com), via copy and paste of completed review into the web portal notes of the authorization.