

Application for Residential Treatment Center Placement

(Must be completed by family)

PRIVACY ACT STATEMENT

This statement serves to inform you of the purpose for collecting personal information required by Health Net Federal Services, LLC (Health Net) on behalf of the TRICARE program, and how it will be used.

AUTHORITY: 10 U.S.C. Chapter 55; 38 U.S.C. Chapter 17; 32 CFR Part 199, and E.O.9397 (SSN), as amended.

PURPOSE: To collect information from you in order to manage your TRICARE enrollment, provide your benefits and/or pay for those services.

ROUTINE USES: Your information may be disclosed in order to investigate waste, fraud and abuse, security, and privacy concerns. Use and disclosure of your records outside of DoD may occur in accordance with the DoD Blanket Routine Uses published at <http://dpclo.defense.gov/privacy/SORNs> and as permitted by the Privacy Act of 1974, as amended (5 U.S.C. 552a(b)). Any protected health information (PHI) in your records may be used and disclosed as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), and includes purposes of treatment, payment, and health care operations.

DISCLOSURE: Voluntary; if you choose not to provide your information, no penalty may be imposed, but absence of the requested information may result in administrative delays or the inability to process an individual's request.

Residential treatment centers (RTCs) are used to treat children and adolescents up to 21 years of age with mental disorders. The family/legal guardian must complete this application. Residential treatment center (RTC) placement cannot be considered without documentation of treatment, including intensive outpatient measures (multiple weekly visits), family therapy and/or acute inpatient admissions. Health Net Federal Services, LLC will process the request once the completed provider and family packets are received. Incomplete or illegible documentation will result in a processing delay of the request.

For questions on the RTC benefit, help locating TRICARE-certified facilities or assistance completing this form, please contact 1-844-524-3578. Submit this application and all supporting documentation via fax to 1-844-818-9289.

Family Therapy Agreement

The TRICARE RTC benefit is for medically necessary treatment, not for long-term placement. Family participation is required and the goal of treatment is to return the child home. The residential treatment is intended for stabilization so treatment can resume on an outpatient basis.

- Family therapy is required as directed in your child's RTC treatment plan. If you live less than 250 miles from the residential treatment facility, you can attend weekly family sessions either onsite or via telemedicine according to TRICARE Policy Manual guidelines. If you live more than 250 miles away, you may participate in Geographically Distant Family Therapy (GDFT) which allows you to take part in weekly therapy sessions with a local therapist or via telemedicine. One onsite session is preferred monthly. For more information please visit <http://www.tricare-west.com>.
- If you participate in GDFT you will attend family therapy sessions **at a therapist's office** near your home. The GDFT therapist will conduct the session telephonically with you, your child and his/her therapist at the RTC.
- Telemedicine services are conducted through secure audio and video conferencing via webcam. Telemedicine services may be conducted from a TRICARE-authorized provider's office or from home, but must meet certain technical requirements. For more information call 1-844-524-3578.
- There is no copayment for GDFT. It is essential to begin as soon as possible to ensure your child's success. Failure to comply with family therapy guidelines may result in denial of continued authorization and discharge from the RTC.

I agree to comply with the requirements of family therapy and onsite visits listed above.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Authorizations and Referrals • PO Box 9108 • Virginia Beach, VA 23450-9108

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General Information

Date of request:	
Patient Information	
Patient name:	Patient date of birth:
Sponsor name:	Sponsor Social Security number:
Patient address:	
Custodial Guardian Information	
Name:	
Address:	
Home telephone number:	Work telephone number:

Reason For Request

Why are you requesting residential treatment services for this child?

What is your greatest concern about your child's behavior?

What is your expectation of the RTC admission including where the child will return after treatment?

Has the beneficiary received other more intensive treatment options before considering a residential treatment center?

Is there availability for treatment more than once a week nearby?

Social Situation

Where does the child currently reside? _____

Marital status of parents: _____

Number of siblings and where do they live? _____

If child is at home, has his/her behavior disrupted the family environment? If so, how?

Detail evidence of substance use/abuse, risky behaviors, sexual activity, and psychiatric symptoms (such as depression, agitation, anxiety). Please include when the symptoms began:

History of trauma (physical/emotional/sexual abuse, traumatic events/significant losses, any prior diagnosis of PTSD):

What family/social supports are available (such as friends, relatives, church, community organizations)?

Involvement of Other Agencies

Juvenile justice/probation (explain and give the name and telephone number of all involved):

School (including date of current IEP):

Child Protective Services (explain and give names of all involved):
