PRTF Extension Request Tool*

The recipient is expected to meet the following for continued stay in PRTF:

- Behaviors continue to require intervention
- Continued progress is being made with interventions
- Consumer remains motivated for further treatment
- CANS completed within the past 90 days

Name: _____
RID#: _____
DOB: _____
DSM Dxs: _____
PA #: _____

Date of last CANS: LON: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

Reviews should contain the following: (N=new, C=continuing, ----=not applicable) **Select:** indicates drop down information

Fill in	Fill in	Select	Fill in	Select	Select (Drop Down)	Fill in
Date Onset	**Targeted and Measurable Goals for Risk Behaviors**	**N/C**	**Interventions or Medication Change**	**N/C**	**Progress Since Last Assessment**	**Barrier to Progress**

1.	Estimated date of discharge is:	Is this a change from past report? ☐Yes☐ No If yes, state why:
2.	Initial contact for transition planning made for: ☐home ☐school/IEP ☐ BH provider ☐ PMP☐ Community Resources ☐ Other	
3.	Has a MFP-PRTF application been completed? ☐ Yes ☐ No ☐ Not available ☐ After needs assessed	
4.	If discharge is anticipated within the next 30 days has the MCO been informed? ☐Yes ☐ No	
5.	Has the consumer received any passes this past period? ☐Yes ☐No If yes, provide date/s:	
6.	Is the family (including nontraditional), guardian, or advocate participating in treatment? ☐Yes ☐No	
7.	Is there a change in family participants? ☐Yes ☐No If so, why?	
8.	Are the consumer's current educational and health needs being addressed? ☐Yes ☐No If no, please explain:	
9.	Tobacco use assessment ☐ Yes ☐ No Tobacco treatment ☐ Yes ☐ No ☐ NA ☐ Refused	
10	Additional comments to support continued stay such as barriers to success:	
	Submitted by:	☐HSPP ☐MD ☐DO Other
	Signature_____	Date_____

Unsafe Behavior or Event/s	Events Last Month	Events This Month	Mild	Mod.	Severe
Run Away/ Attempts			☐	☐	☐
Child/Child Aggression			☐	☐	☐
Child/Adult (staff or parent) Aggression			☐	☐	☐
Sexual Behavior			☐	☐	☐
Sexual Offensive			☐	☐	☐
Suicide T/G/A			☐	☐	☐
Self-injurious			☐	☐	☐
Property Destruction			☐	☐	☐
Stealing			☐	☐	☐
Other			☐	☐	☐

*This form is required for prior authorization requests for continued stay at a Psychiatric Residential Treatment Facility.