



**Admission Packet Cover Sheet
PRTF Document Checklist**

****Please Note: Incomplete and/or illegible packets will not be processed.**

Date Fax Sent:	
Consumer's Name:	
Consumer's Current Placement:	
Provider:	
Provider Contact Person's Name:	
Provider Contact Person's E-Mail:	
Provider's Phone #:	
Provider's Fax #:	
Is this a Resubmission of a PRTF because a bed wasn't found in 30 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a PRTF lateral transfer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Treatment Choice Form Included? (only for the 26 counties listed in Stakeholder Memo 8-3-09)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Documents Included in the Referral (please check the left column to indicate that the information is included)		Date of the Document
X		
	PRTF Admissions Form is complete (all fields filled in)	
	Social Security Number	
	Medicaid number or Funding Source	
	Agency Contact	
	Assessment Date (within 30 days)	
	CAFAS Admin Date (within 60 days)	
	CAFAS Score	
	1.16 Admission Diagnosis	
	IQ Score (within 2 years)	
	1.17 and Admission Criteria Narrative	
	1.20 and Symptoms Narrative	
	1.21 and Previous Treatment Narrative	
	Psychiatric Evaluation (within 60 days)	
	Medications listed with dosages and times given	
	Current Diagnosis	
	Current Symptoms	
	Signed & Dated by MD	
	Legible	
	Psychosocial Evaluation (within 60 days)	
	Psychological Evaluation (within 2 years)	
	Psychosexual Evaluation (if available and applicable)	

Please Fax Completed Packet to 1-800-728-6524 (APS Secure E-Fax)



**PRTF
Admission Packet
Definitions of the Additional Required Documentation**

*All data fields with an * are required.*

***Psychiatric Evaluation**

This evaluation must be legible and dated within 60 days of the date the Admission Review is submitted. This evaluation must include the following: current medication(s) with dosage and times given; current diagnosis; current symptoms and behaviors; and signed and dated by the MD, ARNP, CNS and PA. This evaluation can be initiated by a hospital, your agency, RYDC, etc. as long as it is dated within 60 days of the date of the Admission Review Form. In addition, APS will accept a psychiatric progress note that contains all of the above information that is signed and dated by MD, ARNP, CNS or PA.

***Psychological Evaluation**

This evaluation must be dated within 2 years of the date the Admission Review is submitted. This evaluation must include the following: IQ score; recommendations; and signed and dated by the Licensed Psychologist. This evaluation can be initiated by a previous treatment setting (such as hospital, educational setting, etc) as long as it includes the above listed information and within timeframe.

***Psychosocial Evaluation**

This evaluation must be dated within 60 days of the date the Admission Review is submitted. This evaluation must include the following: consumer's historical information (past placements, hospitalizations, treatment history, developmental history, medical history, family history, etc); presenting behaviors; and signed and dated by the clinician. This document must be legible. APS will accept an evaluation that is older than 60 days with an addendum that includes current information within 60 days. This evaluation can be initiated by a previous treatment setting (such as hospital, educational setting, etc) as long as it includes the above listed information and is within timeframe.

Psychosexual Evaluation (if applicable)

This evaluation may be included if it is available and applicable. This evaluation may be included if the consumer has any sexualized behaviors that warranted this type of evaluation in the past.