



## CAT Extension/Readmission Authorization Form

*\*If extension request, forms must be submitted at least 30 days prior to consumer's anticipated discharge date*

*\*If readmission request, enter N/A for all fields and complete "Readmission Justification" section only*

**Provider Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Consumer Information:

Name:

DOB:

SSN:

### Treatment Details: *(If readmission request, skip to "Readmission Details" Section)*

Date of CAT Admission:

Length of Extension Time Requested: ☐ 1 Month ☐ 2 Months ☐ 3 months

Discharge Date if Extension is Approved:

Current CAT Treatment Plan Goals and Progress:

Goal:	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
Goal:	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed
Goal:	<input type="checkbox"/> Completed <input type="checkbox"/> Not Completed

Evidence Based Practices (EBP) Utilized during CAT Treatment:

☐ Cognitive-Behavioral Therapy ☐ Wraparound ☐ Motivational Interviewing ☐ Dialectical Behavior Therapy ☐ Trauma Focused  
Cognitive Behavioral Therapy ☐ Solution Focused Brief Therapy ☐ EMDR ☐ Child Parent Relational Therapy ☐ WRAP ☐ Other \_\_\_\_\_

Client Symptoms Requiring Continued CAT Treatment:

Family's Level of Engagement During CAT Treatment:



Challenges/Barriers During CAT Treatment:

Specific CAT Interventions that Will be Implemented During the Requested Extension Period:

Current CAT Discharge Plan Recommendations Following Extension Period: ☐ Outpatient Therapy ☐ Case Management ☐ Behavioral Analyst ☐ Psychiatric Services ☐ Mentoring ☐ FSPT ☐ Other \_\_\_\_\_

**Readmission Details:**

Readmission Justification:

**[\*\*Please submit all CAT Extension/Readmission Authorization requests to your Network Manager and Meghan Riley-Reynolds, Children's System of Care Manager via encrypted email.\*\*]**



Contact Information:			
Agency Representative (Enter Name of Contact Person)	Phone	Fax	Email
LSF Health Systems Network Manager	904-900-1075	904-900-1628	NM:
LSF Health Systems Children's System of Care Manager - Meghan Riley-Reynolds	904-510-4802	904-900-1628	meghan.rileyreynolds@lsfnet.org
Provider Contact Name:			
Parent/Guardian Name (if applicable):			

\_\_\_\_\_  
Provider Representative Signature

\_\_\_\_\_  
LSF Health Systems Signature, **Authorizing**  
***extension/readmission***