



Date: _____

Non-Covered Medicaid TRR Services Form

Please fill out the form to request Non-Covered Medicaid TRR Services.

Supportive Employment (Adult), Supportive Housing (Adult), Family Partner Support (Child/Adolescent)

Please submit to LifePath UM Department: BHUMQM@lifepathsystems.org or Fax to 214-871-3328.

Requesting Provider Name: _____

Phone: _____

Client Name: _____ Client DOB: _____ Client Case#: _____

Client Insurance: _____ Client Insurance ID: _____

County of Residence (Only Collin County Residents are eligible): _____

ANSA/CANS completion date: _____

LOC Recommended: _____ LOC Authorized: _____ on date: _____

Service Requesting:

___ Supportive Employment (Only available for Adult LOC 1S-5: LOC 1S-4=72 Units; LOC 5=12 Units)

___ Supportive Housing (Only available for Adult LOC 1S-5: LOC 1S-4=72 Units; LOC 5=12 Units)

___ Family Partner Services (Available for Child/Adolescent LOC 0-5 & YC)

Describe need:

----Utilization Management Only----

___ Authorized Authorization Number: _____

___ Denied Denial Reason: _____

Authorized/Denied by: _____ Date: _____