SMHK Residential Authorization Readiness Checklist

Please have the following information available when requesting Residential Authorization

Child Information

☐ RCST Name and Contact Information
☐ Current Behavioral Health Diagnosis (if known)

Assessment Documentation

☐ Independent Assessment (IA) (if applicable)
☐ RCST Approval Form
☐ CS-9 completed and attached
☐ For Adoption Subsidy Youth: DL-20 Assessment attached (if applicable)

Placement Information

☐ Residential Facility Name
☐ Requested Admission Date

Before Submission

Please verify:

☐ RSCT Approval Form attached
☐ CS-9 attached
☐ Court Order attached (if applicable)
☐ Clinical documentation included
☐ Admission rationale clearly documented

Clinical Information

☐ Summary of Previous Behavioral Health Treatment
☐ Outcomes of Previous Services/Treatment Attempts
☐ Supporting Clinical Documentation from Providers

Legal/Custody Information

☐ Adoption Subsidy Worker Notified (if applicable)

Discharge Planning

☐ Initial Discharge Goal Identified
☐ Expected Family/Permanency Plan (if known)
☐ Discharge Planning Contact (if known)

**** There are additional templates available on Home State Health Website to assist with authorization needs** SMHK - PRE-AUTH