

CHECKLIST OF FORMS FOR REQUEST SUBMISSION

**TRANSITION REQUEST
IBHS (Individual, Group, ABA), CRR-HH, & RTF**

- Child/Adolescent Services Submission form
- Psychiatric/Best Practice Psychological Evaluation or Written Order
- ISPT sign in sheet (RTF only)
- Assessment (IBHS only)
- Treatment Plan
- Approval letter from MCO, if applicable
- IBHS Fee-for-Service (FFS) to PerformCare Transition Form, if applicable