Recovery Coach Services First Clinical Review Form for In-Network Providers Only

Tufts Health Together - MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs): Fax to 888.977.0776
Tufts Health Unify: Fax to 857.304.6304
Tufts Health Plan Senior Care Options (SCO): Fax to 617.972.9424

Today's date: ___/___/___ Requested dates of service: from ___/___/___ to ___/___/___

To ensure continuous authorization, requests must be received a week before or after the previous authorization's end date. Use this form for the first medical necessity review; ***subsequent reviews are to be completed telephonically by calling 888.257.1985****.*

MEMBER INFORMATION

Name: _____ Tufts Health Plan Member ID: _____
Address: _____ Phone: _____ / _____/- _____
City: _____ DOB: _____/_____/_____
State: _____ ZIP:_____

PROVIDER INFORMATION

Organization name: _____ Organization phone #: _____
NPI _____ Tax ID _____
Provider Address: _____
City: _____
State: _____ ZIP: _____
Recovery coach name: _____ Supervisor name: _____
Recovery coach phone: _____ Supervisor phone: _____
Fax to send authorization to: _____/_____/_____

CLINICAL INFORMATION

1. ICD-10 Alpha Numeric Diagnosis Code: _____

2. Attach a copy of the member's updated Wellness Plan, including member goals.

3. By checking this box, I affirm that I have made at least five (5) connections with the member over each 30-day period of the last authorization.

4. In the space below, outline specific progress made toward goals since implementation of the original Wellness Plan. How is the member actively addressing components of the Wellness Plan? What adjustments have been made?

   _____
   _____
   _____
   _____

5. Outline care coordination of services with other behavioral health providers, the primary care provider, and other services and state agencies. If coordination has not been successful, document the reasons below.

   _____
   _____
   _____
   _____

6. Outline the discharge plan and any barrier to discharge below.

_____
_____
_____
_____

7. Does the member require psychopharmacological services? If yes, how are those services accessed?

_____
_____
_____
_____