

# Pre-Authorization Request for Forensic Community Services

To: \_\_\_\_\_ (Forensic Specialist)

From: \_\_\_\_\_ (CMHC or RMHI Forensic Coordinator)

Name of Defendant: \_\_\_\_\_

Social Security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date of Birth: \_\_\_\_\_

We request approval for the following level of services:

## A & B = ADULTS AND JUVENILES

- A. Level I – Follow up of defendant found competent but with a mental illness  
(No Pre-authorization Required)
- B. Level II – Requires additional intervention to complete evaluation and/or prevent hospitalization
- Physician services (medication management or consultation) \_\_\_\_\_
  - Competency training sessions (must have competency issues related to mental illness – MR services paid for by DMRS) \_\_\_\_\_
  - Other mental health assessment (specify) \_\_\_\_\_

## C & D = ADULTS ONLY

- B. Level III – Competency Training/Maintenance for defendant charged with misdemeanor\*
- Misdemeanor charge \_\_\_\_\_
  - Number of sessions requested (Maximum of 12) \_\_\_\_\_
  - Recommended by \_\_\_\_\_ Mental Health Institute (Letter attached)
- C. Level IV- Court Ordered Competency Training/Maintenance for defendant charged with felony (T.C.A. §33-7-401\*)
- Felony charge: \_\_\_\_\_
  - Court granting approval: \_\_\_\_\_
  - Date of initial appointment: \_\_\_\_\_

\_\_\_\_\_  
Date Received in Central Office

\_\_\_\_\_  
TDMHDD Forensic Specialist

Approved \_\_\_\_\_

Total # of Sessions Approved \_\_\_\_\_

Denied \_\_\_\_\_

Reason for Denial \_\_\_\_\_

\* Plan and/or court order to be submitted at the time authorization for payment is requested.