



## THURSTON MASON BEHAVIORAL HEALTH ORGANIZATION Form

<b>TITLE:</b>	TMBHO Group Service Plan	<b>POLICY REFERENCE:</b>	SD-208
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**This form is for mental health groups only.**

TMBHO Network Providers must submit a Group Service Plan for any Thurston Mason TMBHO funded group mental health services. A separate Plan will be submitted to Thurston Mason TMBHO for each Group Service proposed before TMBHO will agree to fund those group services. Plans for prior approval should be submitted to TMBHO by fax (360-867-2601), mail (PHSS 412 Lilly Rd NE, Olympia WA 98506) or electronically to [tmrsn@co.thurston.wa.us](mailto:tmrsn@co.thurston.wa.us). If collaborative discussion is requested prior to submittal of a Group Service Plan, please contact Customer Service at 360-867-2602 to schedule an appointment.

This form will only be accepted if fully completed. Partially completed forms will be sent back to the Provider and the Group Service will not be approved.

Agency	Person Submitting Plan	Phone
Clinical Supervisor	Email	Phone
Title/Name of Group		Proposed Group Size (3-12)
Proposed Hours of Group Session (no more than 4)		Proposed Duration of Group (days, weeks, months)
Participating Clinician	Credentials	Specialty or Training
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Purpose of Group	
Group Design or Practice Model	
The Group is an:	Marketing Materials Attached
<input type="checkbox"/> Evidence Based Practice <input type="checkbox"/> Emerging Practice Model <input type="checkbox"/> Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Specific Therapeutic Interventions</b>
<b>Goals, Objectives, and Expected Outcomes</b>

\_\_\_\_\_  
Requestor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clinical Supervisor Signature

\_\_\_\_\_  
Date

**FOR TMBHO USE ONLY**

<b>Plan Approved:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No, provide reason below	
<b>Reason if not approved</b>	
_____ <b>TMBHO Signature</b>	_____ <b>Date</b>