

# Group approval activity form

Following the CMS 1500 guidelines, Magellan needs the following information to approve groups. Please complete this form and email it to [wyclinical@magellanhealth.com](mailto:wyclinical@magellanhealth.com) at the time new Plans of Care are submitted for all participating group members.

Group Leaders (list all)	
Date of Activity Form Submittal:	

List the names of all youth who will be participating in the group:

Youth Name	Number of Units per Month

List the group schedule:

Date of each session	Time

What is this group's objective?

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What curriculum will the group utilize?

- ☐ A pre-approved Magellan Healthcare Curriculum (no need to complete the rest of the form)
- ☐ A new curriculum that needs approved (please continue with the rest of the form)

**ONLY COMPLETE THE FOLLOWING FOR NEW CURRICULUM**

Describe the curriculum and/or activities for the group:

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What are the sources for this curriculum (i.e. books, articles, websites)?

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Are the activities considered evidence-based practice?

- ☐ Yes
- ☐ No

PLEASE SEND THIS COMPLETED FORM TO [WYCLINICAL@MAGELLANHEALTH.COM](mailto:WYCLINICAL@MAGELLANHEALTH.COM)