

Residential Rehabilitation Program-Concurrent Request

Residential Rehabilitation Program-Concurrent Request Details

Residential Rehabilitation Program-Concurrent Request

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Service Request Information

Person completing this request:*

Contact #:**

Contact e-mail:*

Requested start date of authorization:*

Requested Services:**

On-Site Off-Site Blended

Level of Services Requested:**

General Intensive Specialized RRP

Clinical Information

Describe continued risk of deterioration in participant's functioning that may lead to inpatient admission or harm to him/herself and/or others:*

How are the current resources and social support systems inadequate to provide the required level of residential support and supervision:*

Describe progress in relation to specific symptoms/impairments/dysfunction:*

What goals remain for participant to be ready to transition to a less intensive level of care?*

DLA-20 Required:

Yes

