Specialized Rehabilitation Program- Concurrent Request

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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

Which State Hospital are they coming from?*
--SelectOne--

Date released from State Hospital*
__/__/____

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