

**FORWARDHEALTH
PRIOR AUTHORIZATION / RESIDENTIAL CARE CENTER
TREATMENT SERVICES ATTACHMENT (PA/RCCA)**

For Initial Admission and Unplanned Readmission Within 90 Days of Discharge from RCC

Instructions: Type or print clearly. Before completing this form, read the PA/RCCA Completion Instructions, F-11076C.

SECTION I — MEMBER INFORMATION

1. Name — Member (Last, First, Middle Initial)	2. Date of Birth	3. Member Identification Number
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SECTION II — PROVIDER INFORMATION

4. Name – Residential Care Center (RCC)	5. National Provider Identifier
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SECTION III — CLINICAL INFORMATION

6. By my signature, I hereby attest that the following are true:
- ✓ The member named above has been admitted to the RCC named above on the date given in Element 14 of the PA/RF.
 - ✓ The member has received a HealthCheck screen performed and signed by a valid HealthCheck screener and dated not more than one year prior to the date of admission to the RCC.
 - ✓ Within 30 days of admission, the RCC staff shall perform an in-depth assessment of the member, which will be reviewed timely and signed by a physician or other licensed mental health professional, according to HFS 52.22 (1).
 - ✓ Within 30 days of admission, and at least every three months thereafter, the RCC staff shall develop and implement a treatment plan, which will be reviewed timely and signed by a physician or other licensed mental health professional, according to HFS 52.22 (2) and (3).
 - ✓ The RCC shall record in the resident's treatment record all services provided, according to HFS 52.49 and HFS 106.02 (9).

SECTION IV — ATTACHMENTS AND SIGNATURE

7. The following materials must be attached and *labeled*:
In accordance with HFS 52.21 (2) and HFS 101.03 (96m):
- a. An Admission Screening Report that documents the admission is medically necessary and appropriate.
 - b. An initial admission treatment plan developed with the member that addresses the member's presenting problem.

I attest to the accuracy of the information on this PA request.

8. SIGNATURE – Residential Care Center Clinical Supervisor	9. Date Signed
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DT-PA045-045