

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

For Continuing Services

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. Attach documentation of a HealthCheck screen by a valid HealthCheck screener dated within one year prior to the first date of service requested.
7. Attach a copy of the in-depth assessment performed within 30 days of admission which has been timely reviewed and signed by a physician or other licensed mental health professional.
8. Attach a copy of the detailed narrative describing progress on the goals of earlier treatment plans, as well as a copy of the current treatment plan, dated within three months of the requested first date of service, which has been timely reviewed and signed by a physician or other licensed mental health professional. Indicate the expected schedule if the member is receiving intermittent services for stabilization at the RCC.

SECTION IV — SIGNATURE

9. SIGNATURE — Residential Care Center Clinical Supervisor	10. Date Signed
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DT-PA044-044