



REQUEST FOR PRIOR APPROVAL HIGH INTENSITY SERVICES

State Form 54389 (11-10)

County		Date of submission (<i>month, day, year</i>)	
Name of Child		Date of birth (<i>month, day, year</i>)	
Name of Service Coordinator	Telephone number of Service Coordinator ()	Fax number of Service Coordinator ()	
Name of Provider	Discipline		
Name of Eligibility Determination Team	Discipline		

INFORMATION LISTED BELOW <u>MUST</u> BE ATTACHED, VERIFIED, AND COMPLETED FOR CONSIDERATION OF REQUEST BY FIRST STEPS <i>You may also submit any other documentation you feel might be relevant to the request.</i>	
<input type="checkbox"/> Eligibility Determination Statement <input type="checkbox"/> Documentation of all service(s) currently provided, including provider(s), discipline(s), intensity and frequency <input type="checkbox"/> The related outcome(s) and/or short term goal(s) to be achieved <input type="checkbox"/> Documentation of strategies and approaches currently in use <input type="checkbox"/> Proposed activities / goals for additional sessions	<input type="checkbox"/> Documentation of family involvement / training / follow through <input type="checkbox"/> Obstacles to current service level <input type="checkbox"/> Documentation of team discussion / approval <input type="checkbox"/> Face to Face sheets for the last quarter <input type="checkbox"/> Last three (3) progress reports

<i>Please complete the following information.</i>	
Current service level	
Length of time (<i>in months</i>) at current service level	
Proposed service level	
Suggested length of time (<i>in months</i>) at proposed service level	
Number of sessions	Number of missed sessions

THIS BOX FOR BUREAU OF CHILD DEVELOPMENT SERVICES USE ONLY		
<input type="checkbox"/> Approved	Length of time	Prior approval number
<input type="checkbox"/> Denied	Reason for denial	
<input type="checkbox"/> Pending	Information needed:	
Signature		Date (<i>month, day, year</i>)