



UTAH DEPARTMENT OF
HEALTH

**Division of Medicaid
and
Health Financing**

SPECIAL REHABILITATION SERVICES FOR ID/RC APPLICATION

Facility Name: _____ Form 10-A Document #: _____

Resident Last Name: _____ Resident First Name: _____

Medicaid ID #: _____

Intellectual Disability Diagnosis and Code: _____

Related Condition Diagnosis and Code: _____

DOCUMENTATION NEEDED FOR A COMPLETE APPLICATION

- An ID/RC PASRR II which indicates the resident needs specialized rehabilitation (on file at RAS)
- Signed MD order for SRS Services
- Date the program starts: _____
- A copy of the comprehensive plan of care which documents the SRS program
- A program that follows the Medicaid Rule R414-502-7 (See Utah Administrative Code)
- Include the evaluation of needs with assessments, goals and steps to reach those goals
- Tracking sheets for following the progress of the program
- Facility staff that will be tracking and documenting the program on the MDS
- The staff that will document progress monthly and revise the program when a goal is met
- Documentation of outside services of professionals who specialize in providing specialized rehabilitation services (if applicable)

FOR STATE USE ONLY

Resident qualification for SRS: YES NO Effective Date: _____

Nurse Reviewer Signature: _____ Approval Date: _____

RESIDENT ASSESSMENT UNIT
PO Box 143111
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Phone Number: (801) 538-6155
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