



UTAH DEPARTMENT OF  
**HEALTH**

**Division of Medicaid  
and  
Health Financing**

**SPECIALIZED REHABILITATIVE SERVICES APPLICATION**

Facility Name: \_\_\_\_\_ 10-A Document Number: \_\_\_\_\_

Resident Last Name: \_\_\_\_\_ Resident First Name: \_\_\_\_\_

Medicaid ID : \_\_\_\_\_

Intellectual Disability Diagnosis and Code: \_\_\_\_\_

Related Condition Diagnosis and Code: \_\_\_\_\_

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*DOCUMENTATION NEEDED FOR A COMPLETE APPLICATION*

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- An ID/RC PASRR II which indicates the resident needs specialized rehabilitation
- 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)

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*FOR STATE USE ONLY*

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Resident qualification for SRS:  YES  NO

Effective Date: \_\_\_\_\_

Nurse Reviewer Signature: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Phone Number: (801) 538-6155  
Toll Free: (800) 662-9651  
Fax Number (801) 536-0970