

**PRIOR AUTHORIZATION FOR RESIDENTIAL
HABILITAION**

This form is to be used to certify and authorize Residential Habilitation Services for a child in the custody of the State of Utah Department of Human Services because the individual presents exceptional care needs. This certification is valid for one year from the date of certification unless a substantial change in condition necessitates reassessment.

PERSON'S NAME:	TODAY'S DATE: ____/____/____ (mm / dd / yyyy)
PERSON'S ID: 0 _____	REQUESTED START DATE: ____/____/____ (mm / dd / yyyy)
SUPPORT COORDINATOR:	REVIEW DATE OF CARE NEEDS (not more than one year): ____/____/____ (mm / dd / yyyy)
SUPPORT COORDINATOR'S PHONE NUMBER: ()	PROVIDER NAME:
RECORDS REVIEWED:	

Directions: Place a checkmark in the box for each of the needs that a child exhibits that may affect the intensity or skill level required of the provider of Residential Habilitation Services. A child must have at least one need in Category A OR Category B in order to be considered a child with exceptional care needs. The child's record MUST include documentation of the need, and these needs must be reflected in the person's Person Centered Support Plan.

Category A: Behavioral Needs

The child must display at least one of the following characteristics and require a psychiatric or a behavioral support plan as a result:

- The child has encopresis or enuresis during daytime hours several times a week
- The child has severe hyperactivity to the point of frequent destructiveness or sleeplessness
- The child is chronically depressed, withdrawn or anxious
- The child engages in bizarre or severely disturbed behavior
- The child demonstrates significant acting out behaviors
- The child demonstrates persistent attempts at elopement
- The child exhibits high-risk behaviors including habitual alcohol or drug use, sexually promiscuous behaviors, or sexual predation.
- The child engages in repeated and uncontrolled under socialized behavior resulting in delinquency status such as property offenses, assaults or arson
- The child engages in persistent injurious or destructive behaviors
- The child demonstrates a severe eating disorder including anorexia nervosa, pica, or polydipsia
- The child demonstrates the presence of psychotic or delusional thinking and behaviors

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- The child requires 24-hour awake supervision or care in order to ensure the safety of the minor or those around him/her

Category B: Physical or Personal Care Needs

The Child must display at least one of the following characteristics and requires a medical or personal care intervention as a result:

- The child requires assistance with multiple personal care needs including bathing, dressing and toileting
- The child requires catheterization or ostomy care
- The child must be fed, requires tube or gavage feedings, or requires direct supervision while eating to prevent complications such as choking, aspiration or excessive intake
- The child requires frequent care to prevent or remedy serious skin conditions such as pressure sores or persistent wounds
- The child requires suctioning
- The child has a complex and unstable medical condition that requires constant and direct supervision
- The child requires two or more hours of therapy follow-through each day
- The child requires other medical, medication-related or treatment follow-through throughout the day
- The child requires assistance with transfers and positioning throughout the day
- The child requires 24-hour awake supervision and care

Certification: I have reviewed thoroughly this child's history, assessments and support plans. As a result of this review, I certify that this child has exceptional needs for the Residential Habilitation Service afforded to him/her based upon the presence of the condition I have indicated above with a checkmark.

Division Support Coordinator: _____ Date: _____

APPROVALS:

DSPD Administrator: _____ Date: _____