



Maryland

DEPARTMENT OF HEALTH

Behavioral Health Administration

55 Wade Avenue - Dix Building SGHC - Catonsville, Maryland 21228

RESIDENTIAL REHABILITATION PROGRAM (RRP) CERTIFICATE of DETERMINATION (COD) REVIEW FORM

To be completed by the Core Service Agency (CSA)/Local Behavioral Health Authority (LBHA)

(To be completed by Administrative Service Organization)

Jurisdiction: _____

COD completed: Yes No

RRP Provider Name: _____

Approved: Yes No

RRP Provider Fax #: _____ OR
document can be sent via encrypted email to the
RRP Provider.

Approved for RRP Level of Care in: Intensive General

CONSUMER INFORMATION

Name: _____

Date of Birth: ____ / ____ / ____

MA # or SS #: _____

Other Insurance: _____

CSA/LBHA ATTESTATION

The Core Service Agency/Local Behavioral Health Authority has reviewed this individual's application for a Residential Rehabilitation Program. Based upon the CSA/LBHA's review of the application including the medical necessity criteria for the recommended level of placement, the CSA/LBHA has approved this consumer's placement:

Approved by CSA/LBHA

Priority level: State Hospital HIU (High Inpatient Utilizer)
 County Resident Out-of County Resident

RRP Level of Care : Intensive General

CSA/LBHA Only:

Approval Date: ____ / ____ / ____

Submission Date to RRP Provider: ____ / ____ / ____

Staff Signature: _____

Staff Name(*Printed /Typed*): _____

Comments:

RRP Providers Only:

Date authorization submitted to Administrative Service Organization: ____ / ____ / ____

Please attach the RRP application including the RRP COD when submitting to Administrative Service Organization for authorization via ProviderConnect.