



Recipient Name:

Recipient ID:

Recipient NPI#:

Complete a narrative description for each question below describing the medical necessity for a recipient to receive more than 6 hours a day or 30 hours a week in a nonresidential programs.

1. Provide a narrative of what has been seen in the recipient's behavior/treatment that indicates need for treatment services beyond 6 hours a day or 30 hours a week.

2. Provide a breakdown of how the hours (individual and/or group) will be used in a day and/or week.

3. Describe how treatment services (individual/group) beyond 6 hours a day or 30 hours a week benefit/assist the client in reaching their treatment goals?

Name and credentials of the licensed professional providing clinical justification.