

PRIOR AUTHORIZATION FOR RESIDENTIAL SERVICES

State Match Initiation Form 928

Form 928 - for internal DSPD staff use only

Version Date: February 2024

This form is used internally by DSPD staff to initiate a state match agreement for a youth in the custody of the state of Utah, Department of Health and Human Services. It documents that the youth presents exceptional care needs that require receipt of residential services.

NAME OF PERSON:

PERSON'S ID:

REQUESTED START DATE:

PROVIDER NAME:

Certification: I have thoroughly reviewed this child's history, assessments, and support plans. As a result of that review, I certify that this child has exceptional needs as defined in Directive 1.56, and requires residential services under the categories selected below:

- Category A - behavioral needs
- Category B - physical or personal care needs

DSPD ADMINISTRATOR

Signature:

Date: