

Respite Service Request

Respite Service Request Details

RESPITE SERVICE REQUEST

Is this a telephonic request? (INTERNAL OPTUM USE ONLY)**

Yes No

Provider Information

Provider Name:**

Provider Contact #:**

Provider Extension:

Provider E-Mail:**

Request Information

Request Type:**

Initial Concurrent

Participant is:**

Adult Child/Adolescent

Location of Services:**

In-Home Out-of-Home

Does the participant have a PBHS specialty mental health DSM-5 diagnosis?**

Yes No

Please check all that apply:**

The family or caregiver's ability to participate in normal activities of daily life in the community, including employment, training opportunities, other family obligations, and social connection is compromised as a result of caring for the individual.

The additional stress on the caregiver of caring for the participant puts the participant at-risk of out-of-home placement, homelessness, or a higher level of care.

Please provide any additional information relevant to this request:

Data Capture Required:

Yes

Please note this authorization request is not a guarantee of payment, coverage is still subject to applicable State of Maryland benefits.

