



Youth Empowerment Services (YES) Program

Medical Necessity Form- LPHA Recommendation for Children & Family Treatment & Support Services

Psychosocial Rehabilitation (PSR) Service Summary: Helps the child/youth relearn skills to help support the child/youth in their home, school, and community. The child/youth must have a mental health or substance use diagnosis to receive this service.

Instructions: This form can only be completed and signed by a Licensed Practitioner of the Healing Arts (Individual currently licensed as a Registered Professional Nurse, Nurse Practitioner, Psychiatrist, Licensed Psychologist, Licensed Psychoanalyst, Licensed Master Social Worker, Licensed Clinical Social Worker, Licensed Marriage & Family Therapist, Licensed Mental Health Counselor, or Licensed Creative Arts Therapist, or Physician).

Recommendation for Psychosocial Rehabilitation Services:

Client Name:	Date of Birth:
Parent/Caregiver:	Medicaid CIN#
Address:	Phone:

Behavioral Health Information:

List	Specific Diagnosis	Diagnosis Code
Primary		
Secondary		
Other		

Areas of Functioning/Needed Intervention:

Check	Domain	Description of Impairment	Description of Needed Intervention:
•	Self-Direction/Control		
•	Self-Care		
•	Family Life		
•	Social Relationships		
•	Symptom Management		

**By signing below, I am recommending the above-named individual for Psychosocial Rehabilitation Services to:

1. Prevent the worsening of symptoms. and 2. Restore/Rehabilitate functioning level in the home and community.

 **LPHA Signature: Printed Name: NPI #: Date:

 Agency Name: Credential: License #:

Supervisor Name, Signature, and License Number required for limited permit holders and LMSWs.

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