



Please Fax Completed Cover Sheets to 866-879-4742

Personalized Recovery Oriented Services (PROS) IRS/ IRP Cover Sheet

Directions: Complete the following and attach this cover sheet to IRS/ IRP. Please include all relevant progress notes.

Member Information

Member Name: _____

Member ID#: _____

Plan: _____

Date of Birth: _____

Diagnosis (ICD-10 code and description): _____

Provider Information

Provider/ Agency Name: _____

Provider ID: _____

Contact Name (questions on request or treatment plan): _____

Site Address: _____

Phone Number: _____

Service	HCPCS Code	Time per day (min/hour)	Days per week
Community Rehabilitation and Support (CRS)			
Intensive Rehabilitation IR)			
Ongoing Rehabilitation and Support (ORS)			
Clinical Treatment			

Requesting:

Time Frame: Start Date _____ End Date _____

Member Initial Service Recommendation Date: _____

Date of Initial/ Previous IRP: _____

Most Recent IRP update (date): _____