



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF SPECIAL HEALTH CARE NEEDS
ADULT BRAIN INJURY PROGRAM PRIOR AUTHORIZATION MODIFICATION AND MONTHLY PROGRESS REPORT

COMPLETED BY PROVIDER

CLIENT NAME (LAST, FIRST MI)	DATE OF BIRTH	DCN
PROVIDER NAME		DATE
PROVIDER ADDRESS		
CONTACT PERSON	EMAIL ADDRESS	

SERVICE REQUESTED <input type="checkbox"/> 0005 - Neuropsychological Evaluation/ Consultation <input type="checkbox"/> 0010 - Adjustment Counseling/Psychologist <input type="checkbox"/> 0011 - Adjustment Counseling/Social Work <input type="checkbox"/> 0012 - Adjustment Counseling/LPC	<input type="checkbox"/> 108 - Pre-Voc/Pre-Emp Training (3 hr half day) <input type="checkbox"/> 0008 - Pre-Voc/Pre-Emp Training (6 hr half day) <input type="checkbox"/> 0107 - Consultation Visit	<input type="checkbox"/> 0004 - Transitional Home and Community Support <input type="checkbox"/> 0007 - Special Instruction <input type="checkbox"/> 0009 - Supported Employment-Long Term Follow-Up
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COMMENTS: PROVIDER MUST JUSTIFY REASON FOR THE INCREASE OR DECREASE IN UNITS REQUESTED.

MONTH/YEAR	AUTHORIZED UNITS	UNITS PROVIDED THIS MONTH	UNITS REQUESTED FOR MODIFICATION

ABI SERVICE COORDINATOR ONLY	ABI PROGRAM MANAGER ONLY
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DATE RECEIVED	CURRENT MOHSAIC SCA DATE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED
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RECOMMENDATION <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> MODIFIED SERVICE COORDINATOR'S COMMENTS	PROGRAM MANAGER'S COMMENTS
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SERVICE COORDINATOR SIGNATURE	DATE	PROGRAM MANAGER'S SIGNATURE	EFFECTIVE DATE
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PARTICIPANT		
CLIENT NAME (LAST, FIRST MI)		DCN
MONTH/YEAR	UNITS DELIVERED	Progress Report Approved by SC <input type="checkbox"/>

MONTHLY PROGRESS REPORT

Monthly goals and strategies that were worked on should be outlined below. The monthly Progress Report should include Barriers, Successes, Incidents, etc.

DIRECT CARE STAFF SIGNATURE	DATE
SUPERVISOR SIGNATURE	DATE

PARTICIPANT

CLIENT NAME (LAST, FIRST MI)

DCN

MONTH/YEAR

UNITS DELIVERED

Progress Report Approved by SC **ADDITIONAL INFORMATION**