



MARYLAND Department of Health

Behavioral Health Administration
55 Wade Avenue - Dix Building SGHC - Catonsville, Maryland 21228

RESIDENTIAL REHABILITATION PROGRAM LEVEL OF CARE CHANGE FORM

RRP Provider Requesting Change: _____

Consumer's Name: _____ Date of Birth: _____

County: _____

Program: _____

Current Level of Care: _____ General _____ Intensive

Requested Level of Care: _____ General _____ Intensive

Current RRP Category: _____ Adult Specialty: _____

Requested RRP Category: _____ Adult Specialty: _____

Reason for request: _____

Anticipated time frame for new level of service: _____

Requested by: _____

Title: _____

Phone number: _____

Fax number: _____

Date: _____

Core Service Agency/Local Behavioral Health Authority Approval

Approval: _____ Yes _____ No Date: _____

CSA/LBHA Signature: _____

Printed Name: _____

CSA/LBHA must approve prior to change in authorization