

Questionnaire: Rehabilitative and Community Support (RCS)

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1. *Please provide the functional assessment tool used:*

(Please select one.)

- ABAS
- Battelle
- Bayley
- CAFAS
- PECAFAS
- Vineland

2. *Functional Assessment Scores:*

3. *Date of Functional Assessment:*

4. *Name and credentials of who completed the assessment:*

Instructions: A new physician letter does not need to be uploaded at each request.

5. *Has a physician Letter for members under six years of age been uploaded?*

(Please select one.)

- Yes
- No
- N/A

6. *Has this member received all authorized units of service during the last review period?*

(Please select one.)

- Yes
- No

If you answered "No" on question 6

6.2.1. *Why not?*

(Please select between 1 and 3 items.)

- Staff availability
 - Family availability
 - Illness
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