



Request for Extension of
Approval of Intensive Temporary Residential Treatment Services
(Mainecare Benefits Manual Chapter II, Section 97.02-5)

Name of Child/Youth: _____

Medicaid ID#: _____

Parent/Guardian Name: _____

Referral Source Name: _____

Referral Agency, Contact Number _____

Date of Request: _____

This is a request for an Extension of the Approval of the Intensive Residential Treatment Request for this member for an additional _____ days. (up to 60 days)

Rationale for Extension: (Please explain why the child/youth has not entered a Residential Treatment Program and why the additional days are needed):

Please describe member's current symptoms and behaviors that continue to require Residential Treatment:

If approved, this extension is effective up to 60 days. If the child/youth is not admitted to Intensive Residential Treatment at the end of those 60 days, another extension may be submitted with updated additional information.