Residential Rehabilitation Services (RRS)
Admission Notification for In-Network Providers Only

TUFTS Health Plan
a Point32Health company

Completed forms can be faxed to the following locations:

- **Tufts Health Together:** 888-977-0776
- **Tufts Health One Care:** 857-304-6304

Rev. 4/2026

Today's date / / Initial date of service / /

Notification required within one week of the start of services. Upon timely notification, initial authorization for 90 days will be entered from the date of admission, enabling provider to bill for the services.

Level of RRS *(Select one)*

☐ Adult ☐ Family ☐ Transitional ☐ Youth ☐ Pregnant/Post-Partum ☐ Co-occuring/enhanced

Member Information

Member name

THP member ID # DOB / /

Member address Member phone

City State ZIP

Provider Information

Organization name Organization phone

NPI # Tax ID #

Provider address

City State ZIP

Clinical contact name Clinical contact phone

Supervisor name Supervisor phone

Fax to send authorization to

Clinical Information *(Diagnosis information is necessary to bill for initial treatment period of 90 days)*

1. ICD-10 Alpha Numeric Diagnosis Code from Prior Level of Care

Current ICD-10 Alpha Numeric Diagnosis Code

Additional Alpha Numeric Diagnosis Code

Additional Alpha Numeric Diagnosis Code

Additional Alpha Numeric Diagnosis Code

This information shown below is requested but not required for notification:

2. Is the member involved with state agencies? *(Select all that apply)* ☐ None ☐ DMH ☐ DCF ☐ DDS ☐ DYS

☐ Other

3. How was the member referred?

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4. Prior level of care for the member:

5. Please attach the assessment tools including the biopsychosocial clinical assessment.

6. Please attach the After Care Plan.

7. Is the member receiving medication assisted treatment (MAT)? Yes No

8. If yes, where is the treatment being administered?

Attestation

I attest that we are meeting the performance specifications for this level of care.

Signature Print name Date / /

CLEAR FORM