

**The Low Intensity Support Service Program
Requirements for Letters of Recommendation**

(Required for all medical & health related services, prescription drugs, therapies, and items)

Code of Maryland Regulation 10.22.14.06(D), requires all medical and health related services, prescription drugs, therapies, and items be recommended by an authorized Maryland licensed professional, and must be a treatment or item approved by the respective health occupations licensing board as a valid treatment for the individual's diagnosis. All experimental or prohibited treatments by the Health Occupations Licensing boards and the FDA are excluded services.

Please ask an authorized Maryland licensed professional to complete this form (please print).

1. **Name of the person requiring the treatment or item** _____

2. **Name of the treatment or item** _____

3. **Diagnosis requiring the treatment or item** _____

4. **Does an applicable health occupation licensing board approve this treatment or item for the diagnosis stated above?** _____

(► **Notice:** The validity of the treatment or item will be verified)

5. **Reason for recommending the treatment or item:** _____

6. **Please explain the expected outcome of using the treatment or item** _____

7. **Name & Address of the authorized, licensed professional completing this form** (Please print)

8. **Signature of the authorized, licensed professional** _____

(By signing this form, you attest this information is factual)

9. **Maryland License Number** (required for verification) _____

10. **Date** _____

It is the applicant or their representative's responsibility to ensure the accurate completion of this form.
Incomplete or missing information could result in a denial of funding for the service or item.
Providing this information does not establish a guarantee or commitment of funding.