Case Management Discharge Notification Form
All Counties

Please select the member's county of eligibility and fax form to the corresponding fax number

- Allegheny 888-251-0087
- Erie 855-892-8495
- York/Adams/Berks 866-418-0366
- Carbon/Monroe/Pike 866-562-2405
- North Central (Pittsburgh Office) 866-294-3935
- Chester 888-589-6559
- North East 866-284-9184

Date: 

Member Name: 

Provider: 

Fax:

Assigned Case Manager: 

Last Auth Period Dates: From: 

To: 

# Units of Last Auth (if known): 

MH Intensive Case Mgmt D/C Date: 

MH Blended Case Mgmt D/C Date: 

MH Resource Coordination D/C Date: 

DA Case Mgmt D/C Date: 

Diagnosis:

Axis I: 

Axis II: 

Axis III: 

Axis IV: 

Axis V Current: 

Last Year: 

Risk Factors - Check all that apply

- Suicide Attempts/Self Injury
- Social Isolation
- Out of Home Placement/Parental
- Jail
- Inability to care for self
- Homicide Attempts
- Victim of Physical/Sexual Abuse
- None
- D/A Abuse
- Violent/Aggressive Behavior
- Homeless/Inadequate Housing

Reason for Discharge: 

Aftercare Plan: 

Crisis Plan: 

Call Built to CSR (Community Care Staff Use): 

- Yes
- No

Member Signature: 

CM/Supervisor Signature: 

County/Other Signature: 

Community Care Signature:

Print Form