

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: MA ID #:

Provider: Sender:

Phone: 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: _____