



Magellan Behavioral Health of Pennsylvania, Inc. Newtown Care Management Center Children in Substitute Care (CISC) Referral Form

*****IMPORTANT: Provider must complete this in full in order for a non par to be requested.
Incomplete forms will not be processed.*****

Date of Submission:	
Name of Person Submitting Form:	
Phone # and Extension to Person Submitting Form:	Ext:
MEMBER INFORMATION	
County per EVS:	<input type="checkbox"/> Bucks County <input type="checkbox"/> Montgomery County <input type="checkbox"/> Delaware County
Member Name:	
MA ID #:	
Member DOB:	
CYS Contact:	
CYS Contact Phone #:	
Member's CURRENT County of Residence:	<input type="checkbox"/> Bucks County <input type="checkbox"/> Montgomery County <input type="checkbox"/> Delaware County <input type="checkbox"/> Other:
Member's CURRENT Address/Placement:	
Type of Placement	<input type="checkbox"/> Foster Care <input type="checkbox"/> TFC <input type="checkbox"/> JPO <input type="checkbox"/> Group Home <input type="checkbox"/> Other :
PROVIDER INFORMATION	
Name of Provider Requesting Non Par:	
Address:	
Phone #:	
MA Enrollment #:	Provider Type: Specialty:
Tax ID #:	
Fax #:	
Level of Care being Requested:	<input type="checkbox"/> BHRS <input type="checkbox"/> Outpatient <input type="checkbox"/> Drug/Alcohol <input type="checkbox"/> PHP <input type="checkbox"/> Other:
Name of Contracting Contact Person (Provider Representative Responsible for Non Par):	
Phone # and Extension of Contracting Contact Person:	Ext:
SERVICE SITE INFORMATION	
Address of Service Site Where Treatment will be Rendered:	
Contact Person at Service Site:	
Phone # of Service Site:	

CLINICAL INFORMATION			
Axis I:			
Axis II:			
Axis III:			
Axis IV:			
Axis V:			
Current Medications:			
Physician Providing Medication Monitoring: (Name/Agency/Contact #)			
Treatment Goals to be Addressed:			
PCP: (Name/Contact #)			
SERVICE(S) REQUESTED			
Name of Service	CPT Code	# of Units/Sessions (not to exceed 24 for OP)	Start/End Date (not to exceed 6 months)
			through
			through
			through
			through
			through

*****PLEASE NOTE*****

It is imperative that you provide the service site where the member will receive treatment. Please be aware that a non par can only be completed for service sites that are MA enrolled. Services provided at a location that is not an MA enrolled site will not be covered by PA HealthChoices.

PLEASE FAX COMPLETED FORM TO: 866-667-7744

PLEASE ADDRESS TO THE APPROPRIATE CARE MANAGER BASED ON COUNTY OF RESIDENCE:

DELAWARE COUNTY: Wendy Davis

BUCKS COUNTY: Larry Kahanofsky

MONTGOMERY COUNTY: Tony Scalise