



Magellan Behavioral Health of Pennsylvania, Inc.
HEALTHCHOICES MENTAL HEALTH DISCHARGE SUMMARY

Bucks County Cambria County Delaware County Lehigh County Montgomery County Northampton County

Date of Birth: / /

Provider Name: _____

Member Name: _____

Provider MIS #: _____

Member Address: _____

Provider Phone #: - -

PROC Code(s) for Level of Care Discharged From: (Enter Below)

Member Phone #: - -

Level of Care Discharging to: _____

MA ID #: (13 Digits) _____

Provider Discharging to: _____

Date of Final Service: / /

POMS INFORMATION: CLOSURE. Please complete ONLY if submitting for complete member closure from all mental health treatment - not for a level of care change or provider change. Please "X" one code:

- 01 Member rejected further mental health services orally or in writing.
02 PH-MCO is unable to contact/locate the member due to inactivity.
03 The member and the PH-MCO agree that the consumer no longer needs mental health services.
04 The PH-MCO has determined that the member no longer needs mental health services.
05 Parent of member withdrew the member from mental health services.
06 Agency (C&Y or Juvenile Justice) withdrew member from mental health services.
97 Member deceased.
98 Unknown reason why member was terminated from a specific course of mental health treatment, due to inactivity.
99 Terminated from mental health treatment due to disenrollment from the PH-MCO.

*** COMPLETE AND SIGN FOR AUTHORIZED SERVICES ONLY***

Table with 2 columns: DISCHARGE DIAGNOSIS and MEDICATIONS AT DISCHARGE. Each column contains multiple horizontal lines for text entry.

Prognosis: Poor Guarded Fair Good

CLINICAL SUMMARY (Include Reason for Discharge and Discharge Plan):

Multiple horizontal lines for clinical summary text entry.

By checking this box, the provider attests that POMS information has been submitted on www.MagellanHealth.com/provider. Please reference your Provider Handbook for additional information.

Clinician's Signature

Date