



Magellan Behavioral Health of Pennsylvania, Inc.
Pennsylvania Client Placement Criteria III (PCPC-III) Summary Sheet
for Drug and Alcohol Treatment Providers

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

Member Name: MA ID #:

Reviewer/Therapist: Phone #:

Facility: Date:

SELECT ONE: Admission Continued Stay Discharge/Referral

# of Sessions Requested:

Treatment Type:

Expected Frequency:

Service Request: From: To: From: To:

Projected Termination Date: Discharge Plan in Place: Yes No

PAYMENT OF CLAIMS IS BASED UPON MEMBER ELIGIBILITY

Show the level of care and criteria indicated for each dimension below (e.g., Dimension 1: LOC 3B; Criteria 1 A2.B).

Indicate the level of care recommended, the program or facility referred to:

Indicate Criteria in the Following Sections:

Table with 3 columns: Dimension Number, Level of Care, and Criteria Indicated. Rows include Intoxication/Withdrawal, Biomedical Conditions, Emotional/Behavioral, Treatment Acceptance/Resistance, Relapse Potential, and Recovery Environment.

A brief comment about the member's progress or status is required in each dimension. For detox admissions, include in Dimension 1 amount, duration, and last use for each substance.

Dimension 1:

Dimension 2:

Dimension 3:

Dimension 4:

Dimension 5:

Dimension 6: