



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 #: - -

MA ID #: (13 Digits) _____

Level of Care Discharging to: _____

Date of Final Service: / /

Provider Discharging to: _____

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*****

DISCHARGE DIAGNOSIS	MEDICATIONS AT DISCHARGE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Prognosis: ☐ Poor ☐ Guarded ☐ Fair ☐ Good

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

☐ 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