

CSS REQUEST IN EXCESS OF OPC IPRS BENEFIT PLAN FOR ADULT MH OR SA

— REQUIRED CHECKLIST —

Name of Consumer: _____ OPC ID: _____

Requesting Agency: _____ Date: January 4, 2008
(Right-click to update the date field)

REQUIRED DOCUMENTS AND INFORMATION CHECKLIST:

- Recent Psychiatric Evaluation Is Attached.
- Updated PCP – which includes the use of natural and community resources in the Action Plan – Is Attached.
- Recent Hospitalizations Or Use Of Facility-Based Crisis: If None, Check Here:

Name of Hospital or FBC facility: _____	
Reason for Admission: _____	

Date of Admission: _____	Date of Discharge: _____

Name of Hospital or FBC facility: _____	
Reason for Admission: _____	

Date of Admission: _____	Date of Discharge: _____

- Risk Of Re-Admission To Psychiatric Hospital: *(List symptoms and briefly describe situation)*

- Other Services *(Frequency, attendance, compliance, name of agencies and response of consumer to the service)*

- Use Of First Responder Services Or Crisis Services: *(dates or frequency of use and reasons)*
