

**PM FORM 3.17.1**

**Inter-RBHA Transfer Request Form**

(to be completed 30 days prior to planned transfer date)

Member Name \_\_\_\_\_ CIS # \_\_\_\_\_

Member's forwarding address \_\_\_\_\_

City \_\_\_\_\_ ST/ZIP \_\_\_\_\_ Member Tel # \_\_\_\_\_

Referring/Home T/RBHA \_\_\_\_\_ Date Sent \_\_\_\_\_

Primary Contact Name and Telephone # \_\_\_\_\_

Receiving T/RBHA \_\_\_\_\_ Date Received \_\_\_\_\_

Primary Contact Name and Telephone # \_\_\_\_\_

**Documents Enclosed:**

**(COMPLETE BEHAVIORAL HEALTH RECORD TO INCLUDE THE FOLLOWING):**

Face Sheet/Behavioral Health Services Referral Form \_\_\_\_\_

Medication Sheet (for past 6 months) \_\_\_\_\_

Behavioral Health Professional Progress Notes (past 6 months) \_\_\_\_\_

Psychiatric Evaluation \_\_\_\_\_

Psychiatric Progress Notes (for past 6 months) \_\_\_\_\_

Psychosocial Comprehensive Assessment \_\_\_\_\_

Assessment Update (if Comp. Assess. is over 1 year old) \_\_\_\_\_

Title 14 and Title 36 information (if applicable) \_\_\_\_\_

Current ISP/Treatment Plan \_\_\_\_\_

SMI Determination Summary (SMI) \_\_\_\_\_

**GAF Scores** \_\_\_\_\_

Applicable consents and authorization to disclose information \_\_\_\_\_

Number of days of service in an IMD for the contract year  
(Title XIX persons age 21 – 64 only) \_\_\_\_\_

Number of hours of respite service received for the contract year \_\_\_\_\_

Demographic Info. (834 and most recent Companion data) \_\_\_\_\_