



MANAGED CARE PLAN REFERRAL TO HCSP

FROM:

TO:

NAME OF PLAN			<p align="center">Home Care Services Program Central Intake Unit 253 Schermerhorn Street, 3rd Fl Bklyn, NY 11201 Telephone:(718) 722-4810 FAX: (718) 923-6733</p>	
ADDRESS				
CONTACT PERSON	PHONE NUMBER	DATE		
NAME OF CONSUMER			CLIENT IDENTIFICATION NUMBER (CIN)	
CONSUMER TELEPHONE NUMBER			CONSUMER'S EMERGENCY CONTACT NAME	
NAME OF PCS VENDOR			TELEPHONE	
SERVICE LEVEL			PCS VENDOR ID	
AUTHORIZATION PERIOD:➔			AUTHORIZED HOURS	
M11Q Attached: (Y) (N)			BILLING HOURS	
			FROM:	
			TO:	

The consumer listed above is being disenrolled from our plan effective: _____

REASON FOR DISENROLLMENT (if known).

HCSP USE ONLY

Action Taken:

The consumer's coverage was converted to Medicaid fee-for-service effective: _____

The case has been referred to CASA _____ on _____

- This case was not previously known to HCSP
 - M-11Q received on _____
 - M-11Q mailed on _____

This case was previously known to HCSP

HCSP authorization provided from _____ to _____

The case was found to be no longer Medicaid eligible and/or HCSP eligible.

- HCSP application package mailed on _____

The case was referred to the Homebound Medicaid Unit on _____

WORKER'S NAME	WORKER'S SIGNATURE	DATE
---------------	--------------------	------

HCSP 3018 02-2012 Rev.
MANAGED CARE PLAN REFERRAL TO HCSP

Instructions to Managed Care Plans:

- 1) Consumers who were in receipt of personal care services immediately prior to plan disenrollment or loss of Medicaid coverage should be referred to HRA/MICSA/HCSP.
- 2) The Managed Care plan must complete all sections of the top portion of the form.
- 3) The Managed Care Plan must attach a copy of the most recent assessment, including a medical order.