



---

# PROVIDER ALERT

Alert#: PA-2006 01

Issued: May 2006

To: CT BHP Hospitals (psychiatric and detox), Freestanding Drug and Alcohol Centers and Psychiatric Residential Treatment Centers,

Subject: CT BHP Member Discharge Notification Form

---

Dear Provider,

This alert outlines the process and serves as advance notification to CT BHP Hospitals (psychiatric and detox), Freestanding Drug and Alcohol Centers, and Psychiatric Residential Treatment Centers of the implementation of the Member Discharge Notification Log (attached). Discharge notification to CT BHP is essential in the coordination and management of behavioral health services for our members.

Currently, it has been necessary to call CT BHP to notify us of any discharges for CT BHP members. We are now asking for all discharge information to be faxed to CT BHP as the discharges occur. Providers must submit the Discharge Notification Log (attached) upon each CT BHP member's discharge from the following authorized levels of care

- Inpatient
- Detox (hospital and free-standing)
- Psych Residential Treatment

The Discharge Notification Log can be faxed to the CT BHP @ 1-866-584-4194.

We appreciate your patience as we make this transition. We are committed to creating a consumer-focused system and believe that this change will assist us in achieving our commitment.

If you have any questions, please feel free to contact us at 1-877-552-8247.



**CONNECTICUT**

Behavioral Health Partnership

**FACILITY:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

Please promptly submit  
**upon discharge:**

**Fax: 1-(866)-584-4194**

**MEMBER DISCHARGE NOTIFICATION FORM**

	Member Name	Member Name	Member Name
CT BHP ID Number			
Member DOB			
Actual Discharge Date			
<b>First Post Discharge Appt</b> <b>Aftercare/Level of Care (Circle one):</b> PHP, IOP, EDT, Home Vst/Other, Home Hlth Agency, Medical Psych Therapy, Psych Testing, Developmental Testing, Methadone Maintenance, EPSDT, Outpatient, FFT, FST, IICAPS, MST, MDFT RTC, Group Home, PRTF, SA Rehab, Other	<b>Aftercare/Level of Care (Circle one):</b> PHP, IOP, EDT, Home Vst/Other, Home Hlth Agency, Medical Psych Therapy, Psych Testing, Developmental Testing, Methadone Maintenance, EPSDT, Outpatient, FFT, FST, IICAPS, MST, MDFT RTC, Group Home, PRTF, SA Rehab, Other	<b>Aftercare/Level of Care (Circle one):</b> PHP, IOP, EDT, Home Vst/Other, Home Hlth Agency, Medical Psych Therapy, Psych Testing, Developmental Testing, Methadone Maintenance, EPSDT, Outpatient, FFT, FST, IICAPS, MST, MDFT RTC, Group Home, PRTF, SA Rehab, Other	<b>Aftercare/Level of Care (Circle one):</b> PHP, IOP, EDT, Home Vst/Other, Home Hlth Agency, Medical Psych Therapy, Psych Testing, Developmental Testing, Methadone Maintenance, EPSDT, Outpatient, FFT, FST, IICAPS, MST, MDFT RTC, Group Home, PRTF, SA Rehab, Other
With Whom and Telephone			
Primary Disch DX			
GAF			
Medications			
Medical Aftercare			
Prescribing Medical Physician			
Medical Physician's Telephone			
Appointment Date	Date: _____ or N/A	Date: _____ or N/A	Date: _____ or N/A
MCO notified to assist in aftercare planning?	YES or NO	YES or NO	YES or NO
Member Requested/Agreed to a Peer Specialist?	YES or NO	YES or NO	YES or NO
Actual Discharge Residence			
Member/Support System involved in Discharge Plan?	YES or NO	YES or NO	YES or NO
Member Provided Written Copy of Discharge Plan?	YES or NO	YES or NO	YES or NO