

Child/Adolescent Services-FBMH Services Treatment Review Update Form

Please submit for 30 Day Review (due by 45th day of treatment) and 120 Day Review (due by 135th day of treatment)

Member County of Residence: Cumberland Dauphin Franklin Fulton Lancaster Lebanon Perry

Member's Name: _____

MAID #: _____

DOB: _____

Name of Agency: _____

Agency Site: _____

Phone: _____

Contact Person: _____

Required Information (Please check to ensure all documents are included.)

<input type="checkbox"/> 30 Day Treatment Review Update (due 45th day of treatment) – this is a treatment team meeting and packet submission <ul style="list-style-type: none"> • Child/Adolescent Services Request Submission Sheet • FBMHS Treatment Review Update Form • Interagency Treatment Team Meeting Form • Initial Treatment Plan (including tentative discharge plan) 	<input type="checkbox"/> 120 Day Treatment Review Update (due 135th day of treatment) – this is a packet submission <ul style="list-style-type: none"> • Child/Adolescent Services Request Submission Sheet • FBMHS Treatment Review Update Form • Updated treatment plan (including updated crisis and discharge plans)
Original start date of FBMH Services: _____	Current FBMH authorization end date: _____

	Beginning Date:	Ending Date:
Days that identified child was placed in MH inpatient unit		
Days that identified child was placed in a shelter program		
Days that identified child was removed from their current living situation to a Children and Youth placement		
Days that identified child was placed in a JPO placement		
Is one adult Member actively involved in treatment with the FBMH Services team <input type="checkbox"/> Yes <input type="checkbox"/> No		

Additional Information, if needed:

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917

Providers: 1-888-700-7370 Fax: 1-855-707-5823

Mailing Address: 8040 Carlson Road, Harrisburg, PA 17112