meridianhealth
A WellCare Company
1 Campus Martius, Suite 700
Detroit, MI 48226
866-606-3700
TTY: 711
www.mhplan.com

BEHAVIORAL HEALTH DISCHARGE TRANSITION OF CARE FORM

Behavioral Health Care Coordination

Complete this form and fax it to MeridianHealth and the member's PCP at the time of discharge.

Member Information
Member Name_____
Member ID_____
D.O.B._____

Member's Discharge Demographics
Address_____
City_____ State_____ Zip_____
Phone Number(s) _____

Check if any of the following apply upon discharge:
- ☐ Homelessness – lacks a fixed, regular and adequate nighttime residence.
- ☐ Imminent Risk of Homelessness – will imminently lose primary nighttime residence within 14 days or lacks the resources or support networks needed to obtain other permanent housing.
- ☐ High-Risk of Homelessness – has not had a lease, ownership interest or occupancy agreement in permanent housing during the last 60 days or had two or more moves during the preceding 60 days.

Medical Intervention, if Applicable_____
_____
_____

Primary Care Provider (PCP) Coordination
PCP Name _____
PCP Phone # _____
PCP Fax # _____
Date last notified _____
Faxed this form to PCP? ☐Yes ☐No
If no, why?_____
_____

PCP Appointment upon Discharge
Appt. Date _____ Appt. Time_____

BH Appointment (within 7 days of discharge)
Provider Name_____
Provider Phone # _____
Appt. Date _____ Appt. Time_____

Acute Service Provider Information
Admitting Service Provider_____
_____
Admit Date_____ Discharge Date_____

DSM-5 Diagnosis

ICD-10 Code	Diagnosis

Reason for Admit_____
_____
_____

BH Status upon Discharge_____
_____
_____

Significant Medical History_____
_____

BH Appointment (within 30 days of discharge)
Provider Name _____
Provider Phone # _____
Appt. Date _____ Appt. Time_____

Clinic or Support Group Appointment (optional)
Agency Name _____
Appt. Date _____ Appt. Time_____

Discharge Medication

	Name	Dose	Qty.	Date	Meds	Script
1.					☐	☐
2.					☐	☐
3.					☐	☐
4.					☐	☐
5.					☐	☐
6.					☐	☐

Use additional forms if necessary. Please fax to MeridianHealth's Behavioral Health department at 312-508-7200.