



Member Stamp (PCC Use Only)

Primary Care Clinician (PCC) Plan Community Support Program Referral Form

What is the CSP Service? The *Community Support Program (CSP)* is made up of community based agencies that provide expertise in engaging members in treatment, and resolving barriers to care. The CSP provides member focused, in-person intervention, focusing on problem resolution to help PCC Plan members access the healthcare they need. CSP services are most effective for your established members who are not complying with their treatment plan and, as a result, are putting themselves at risk.

How do I make a referral to a CSP? Complete all of the information below and call the MBHP Assessment Unit @ 1-800-495-0086 (select option #1, then #2) x 455633 to get a name of a CSP in your area. Once you get the name and contact information of a local CSP, send the completed form to that CSP. The CSP will contact your office within five business days to confirm receipt of the referral and to gather any additional information. The CSP will contact the member by phone and seek consent from the member to provide these services. They will coordinate with your office and provide periodic updates with the Member's permission.

CSP Name: _____

Section I. Primary Care Clinician Information

PCC and

Practice name: _____

PCC number: _____

Office contact

Person: _____

Telephone: _____

Address: _____

Referral Date: _____

Section II. Member Information

Name: _____

RID: _____

Address: _____

Telephone: _____

Date of Birth: _____ Gender ____F ____M

Primary Language: _____

Section III. Reason for referral
