

Montana Medicaid Youth Discharge Notification Form

Notice of Discharge from Services

Please type or print clearly. Processing may be delayed if information submitted is illegible or incomplete.

Youth Information					
YOUTH NAME:					
CUSTODY:		<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Turned 18 <input type="checkbox"/> Child and Family Services		<input type="checkbox"/> Department of Corrections <input type="checkbox"/> Tribal <input type="checkbox"/> Other:	
ADDRESS:			CITY:		STATE: ZIP:
COUNTY:		SSN:	DOB:		MEDICAID NUMBER:
REASON FOR DISCHARGE:	<input type="checkbox"/> No longer meets criteria – Higher LOC required <input type="checkbox"/> No longer meets criteria – Lower LOC required <input type="checkbox"/> No longer meets criteria – Aged out <input type="checkbox"/> Completed treatment <input type="checkbox"/> Ran away – Eloped		<input type="checkbox"/> Parent/Guardian withdrawal <input type="checkbox"/> Youth cannot be managed in milieu <input type="checkbox"/> Current treatment not appropriate for diagnosis <input type="checkbox"/> Other:		

Responsible Party Information			
NAME:			PHONE NUMBER:
ADDRESS:		CITY:	STATE: ZIP:
RELATIONSHIP TO YOUTH:	<input type="checkbox"/> Parent/Legal Guardian <input type="checkbox"/> Child and Family Services <input type="checkbox"/> Tribal Social Services <input type="checkbox"/> BIA	<input type="checkbox"/> Youth Court <input type="checkbox"/> Youth Department of Corrections <input type="checkbox"/> Other:	

Discharging Provider Information			
PROVIDER NAME:			
NPI NUMBER:		TAXONOMY:	
NAME OF PERSON SUBMITTING FORM:			PHONE NUMBER:
DISCHARGED TO:	<input type="checkbox"/> Parent/Relative <input type="checkbox"/> Independent Living <input type="checkbox"/> Foster Home <input type="checkbox"/> Therapeutic Foster Home <input type="checkbox"/> Homeless Shelter/Shelter Care	<input type="checkbox"/> Hospital Acute/Partial <input type="checkbox"/> In-state PRTF <input type="checkbox"/> TGH (Name:) <input type="checkbox"/> Out-of-state PRTF <input type="checkbox"/> Jail/Correctional Facility <input type="checkbox"/> Other:	
NAME OF CONTACT UPON DISCHARGE:		PHONE NUMBER:	
TODAY'S DATE (MM/DD/CCYY):	DATE OF ADMISSION (MM/DD/CCYY):	DATE OF DISCHARGE (MM/DD/CCYY):	

To transmit request information:

Fax: 1-800-639-8982

Phone: 1-800-770-3084

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