

Nebraska Medicaid Managed Care Program Crisis Stabilization Admission Notification UnitedHealthcare Community Plan

Admission Date: _____

Notification Date: _____

Managed Care Organization		
<input type="checkbox"/> UHC Fax: 1-877-235-9905		
Provider(s) Information		
Provider/Facility Contact Person:	Phone #: Fax #:	Rendering Provider: NPI#:
Facility Information		
Name:	Medicaid Provider #:	NPI:
Member Information		
Name:	Date of Birth:	Nebraska Medicaid #:
Address:	Mobile Phone #: Home Phone #:	Contact Name: Relationship: Phone #:
Current Diagnoses		
Psychiatric/Co-Occurring Substance Disorder: Medical:		
Current Medications (medication name, dosage, frequency and prescriber): <input type="checkbox"/> None <input checked="" type="checkbox"/> Yes. See Patient Med List		
Reason for Crisis Stabilization Admission (Please submit current clinical information/presentation): 		
Expectation for consumer's improvement/stabilization: 		
Discharge/Transition Plan: (See attached Treatment Plan) Inpatient Admission in the last 90 days: <input type="checkbox"/> None <input type="checkbox"/> Yes		
Overall Motivation to Treatment: <input type="checkbox"/> Good – Willing to follow up with recommendations and actively participate in treatment <input type="checkbox"/> Somewhat - Wants treatment, but sometimes forgets to complete action steps/plans or follow up with recommendations <input type="checkbox"/> Poor – <input type="checkbox"/> Has or had difficulties following up with treatment because of poor insight <input type="checkbox"/> Not fully engaged or is ambivalent about the benefits of treatment <input type="checkbox"/> Denies having any problems and/or blames other for his/her problems <input type="checkbox"/> Other:		
Family Involvement: <input type="checkbox"/> Active <input type="checkbox"/> Limited <input type="checkbox"/> None <input type="checkbox"/> Not Applicable Explain any less than active involvement:		
Participation in Community Supports: <input type="checkbox"/> Not at this time <input type="checkbox"/> As follows:		
Other Supports: <input type="checkbox"/> None at this time <input type="checkbox"/> As follows:		
Treating Provider Signature:		Date: