



SMI PACKET CHECKLIST

Follow-Up for Missing Information

Date: _____

Service Recipient Name: _____

Case Manager: _____ Site Fax #: _____

Clinical Director: _____ Date Referral Accepted: _____

The referral packet did not contain the following items necessary for the completion of the referral process:

- ADHS/DBHS Referral for Behavioral Health Services (PM Form 3.3.1)
- EA1011 Enrollment
- Current Demographic EA1013
- ADHS/DBHS Behavioral Health Assessment & Service Plan (PM 3.9.1)
- Part D: Behavioral Health Service Plan
- Part E: Current Annual Behavioral Health Update and Review Summary
- Psychiatric Evaluation and Annual Update (Prescriber Form E Input)
- Current Medication Flow Sheet
- Last Two Months of Psychiatric Progress Notes
- Last Two Months of Case Management Progress Notes
- Current *At Risk Crisis Plan*
- PM form 3.4.1 Non-Title XIX/XXI Co-Payment Assessment (only for non TXIX)
- Advance Directives form (or evidence that the patient declined)
- RBHA/RSA Coordination Form (If applicable)
- Consent to Release Protected Health Information (PHI)

***Provider Contact Information for Missing Documentation:**