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**The Department of Medical Assistance Services
ADDICTION AND RECOVERY TREATMENT SERVICES (ARTS) AND
MENTAL HEALTH SERVICES (MHS) REGISTRATION FORM**

The information on this form must be submitted to the member's plan. Each requested service must be submitted separately. Multiple services cannot be registered on the same form.

MEMBER INFORMATION

Member First Name: Molly

Member Last Name: Moore

Medicaid ID: 898184
ANTHEM

Member Date of Birth: 29/02/1964

Gender: F

Member Plan ID#:

Primary Phone: 132-409-5121

Primary Address: 9105 Alex ways
HomeParent/Legal Guardian Name (s):
n/aParent/Legal Guardian Phone #:
N/A**PROVIDER INFORMATION**

Organization Name: Therapy Rehab center

Group NPI #: 1295116150

Provider Tax ID #: 599982064

Provider Phone #: (526)411-6043

Provider E-Mail :

Provider Address: 1141 N Loop 1604 #105436

City, State, Zip: San Antonio, TX, 782321339

Provider Fax #: (391)646-5120

Clinical Contact Name and Credentials*:

Clinical Contact Phone #:

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*This is to the individual to whom the Health Plan can reach out to answer additional clinical questions.

CRISIS CALL CENTER INFORMATION
(Mobile Crisis Response Only)

Data Platform Reference #:

SERVICE INFORMATION (Time of admission is only required for Crisis Services)

Requested Service:

Assertive Community Treatment (ACT) (H0040).

Requested Units:

15

Time of Admission:

JANUARY 30, 2024, 1:40:20 PM

Requested Start Date: 29/02/2024

Requested End Date: 30/03/2024

CLINICAL INFORMATION

Current Diagnosis:

Provided By: Tribe Healthcare on January 30, 2024

- E11.9 : Type 2 diabetes

ADDITIONAL INFORMATION

If requesting Mental Health Case Management or Substance Use Case Management for an individual that is (or will be) participating in Assertive Community Treatment (H0040), please provide the following:

1. Evidence of how the provision of both services will not be a duplication of service.
2. Identify treatment goals for the case management services and how these goals will be different from the goals for Assertive Community Treatment.
3. Evidence that the individual participating in the service has been provided education on case management services and the service components of Assertive Community Treatment and the individual is requesting separate case management service.