

State Managed Services Program Service Plan

This Form Does Not Authorize Services

Important:

A Service Plan is required with the State Managed Services Request Form for Mental Health, Substance Abuse Treatment and Home Health Services. Do not use this form for Dental Services.

Completing this form does not authorize payment of services. A service Authorization Form must be received before services may occur. The State Managed Services Program is not responsible for services provided before the authorization date and all service authorizations will expire on June 30, 2010.

1. Date Completed: _____

2. Agency/Health Systems/Clinic Name: _____
Provider/Doctor Name: _____
Provider Address: _____
Phone: _____
Fax: _____

3. Client Name: _____

4. Service Plan completed for the following service:
 Mental Health Services
 Substance Abuse Services
 Home Health Services

