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| **HSTAR\_PA Part C: Care Coordination Information**To be submitted with the HSTAR\_PA form upon initial request, and with subsequent requests as there are changes |
| **Member information** |
| Member Full Name:        | Member Medicaid ID:       |
| **Primary Care Provider** |
| PCP Name:       | Contact Info:       |
| Has Care been Coordinated with this provider? [ ]  Yes [ ]  NoIf no, why not?       |
| **Dental Provider** |
| Dentist Name:       | Contact Info:       |
| Has Care been Coordinated with this provider? [ ]  Yes [ ]  NoIf no, why not?       |
| **Other Mental Health or SUD Provider** |
| Name:       | Contact Info:       |
| Has Care been Coordinated with this provider? [ ]  Yes [ ]  NoIf no, why not?       |
| **Other Mental Health or SUD Provider** |
| Name:       | Contact Info:       |
| Has Care been Coordinated with this provider? [ ]  Yes [ ]  NoIf no, why not?       |
| **Current Medication Prescriber** |
| Name:       | Contact Info:       |
| Has Care been Coordinated with this provider? [ ]  Yes [ ]  NoIf no, why not?       |
| Current Medications Prescribed:       |

Upon completion of this form, please submit, with HSTAR\_PA form and appropriate clinical documentation, to member’s assigned Behavioral Health Plan Partner:

* Clackamas County Behavioral Health – via Fax: (503)742-5355
* Multnomah County Behavioral Health - via Email: asoc.team@multco.us or via Fax: (503-988-9383)
* Washington County Behavioral Health – via Fax: (503)846-3522