



Behavioral Health Case Management Request Form

Date of Request:

Name:	DOB:
DCN:	
Address:	
Phone:	
Name of Parent or Guardian (if child):	
Psychiatrist:	Therapist:

Member has poor appointment compliance (DNKA)

Member has frequent ER visits

Substance abuse or misuse of medications requiring coordination of services

Recent suicide attempt or self-harm gesture that required inpatient hospitalization

Explain (please include facility and dates of service):

Member has a medical condition requiring coordination of services

Specify:

Psychosocial or environmental problems (primary support, housing, legal, etc.)

Explain:

Member's medications not on Missouri Care formulary

Medication(s):

Additional Comments:

Please fax to **866-543-2385** attn: Behavioral Health Case Management or mail to:
Missouri Care Health Plan, Behavioral Health, 2404 Forum Blvd, Columbia, Missouri 65203