



Member Stamp (PCC Use Only)

## Primary Care Clinician (PCC) Community Support Program Referral Form

**What is the CSP Service?** The *Community Support Program (CSP)* is made up of community-based agencies that provide expertise in engaging Members in treatment and resolving barriers to care. The CSP provides Member-focused, in-person intervention, focusing on problem resolution to help PCC Plan Members access the health care they need. CSP services are most effective for your established Members who are not complying with their treatment plan and, as a result, are putting themselves at risk.

**How do I make a referral to a CSP?** Complete all of the information below and fax to the HNE Be Healthy Assessment Staff at 855-818-1248. Assessment staff or CSP staff will contact your office within five business days to confirm receipt of the referral and to gather any additional information. The CSP will contact the Member by phone and seek consent from the Member to provide these services. They will coordinate with your office and provide periodic updates with the Member's permission.

**CSP Name:** \_\_\_\_\_

### Section I. Primary Care Clinician Information

PCC and

Practice name: \_\_\_\_\_

PCC number: \_\_\_\_\_

Office contact

Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Referral Date: \_\_\_\_\_

### Section II. Member Information

Name: \_\_\_\_\_

RID: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender  F  M

Primary Language: \_\_\_\_\_

### Section III. Reason for referral

Please include a behavioral health diagnosis or description of behavioral health issues.

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