

APPENDIX N

**INTAKE FORM DATA FIELDS FOR
JUST CAUSE AND TRANSITION OF MEMBERSHIP**

Fields

MCP Contact Information

Did you contact you MCP first before requesting Just Cause? Yes/No/N.A.
If you answered No to the question above, did you inform the consumer to contact
their MCP within 3 days? Yes/No

Assistance Group Information

Case Name
Case Number
SSN:
Phone Number from CRIS-E
New Phone #
Assistance Group
Work Phone
Alternate #
County
Mailing Address – As Reported in CRIS-E
Street Address A
Street Address B
City
State & Zip
Residence Address – As Reported in CRIS-E
Street Address A
Street Address B
City
State & Zip

Selection Status

Name of Current MCP
Effective Date
Request Change to
Initial Month
Open Selection Month
Assigned
Case Addition

Request Information

Request being made for
Relationship
SSI: Yes/No
BCMh Child: Yes/No
PCP
PCP Phone Number
PCP Address
PCP City-State-Zip
Specialists

Reason for Request (As Indicated by Consumer)

Pregnancy: Yes/No
Due Date
OB/GYN
Hospital
Surgery: Yes/No
Surgery Date
Surgeon
Hospital
Illness/Diagnosis: Yes/No
Please Specify
Length of Time in Treatment

Medical Appointments with PCP: Weekly/Bi-Weekly/Monthly/Quarterly/As Needed

Medical Appointments with Specialist(s): Weekly/Bi-Weekly/Monthly/Quarterly/As Needed

Scheduled Appointment(s)

Additional Pertinent Information

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