

**Bucks County Department of Behavioral Health / Developmental Programs
Peer Support Services Referral**

Date: _____

First Name: _____ Last Name: _____ Middle Initial: _____

Is applicant currently homeless? Yes No

Street Address (if homeless, last known address): _____

City: _____ State: _____ Zip Code: _____ SSN#: _____

DOB: _____ Email: _____ Okay to send email: Yes No

Gender: _____ Pronouns: _____ Race: _____ Ethnicity: Hispanic: Non-Hispanic:

Primary Phone #: _____ Okay to leave voicemail: Yes No Preferred Language: English Spanish

Alternate Phone #: _____ Okay to leave voicemail: Yes No Other (please specify): _____

Emergency Contact: _____

Insurance Information:

Primary Insurance Company Name: _____ Member ID: _____

Secondary Insurance Company Name: _____ Member ID: _____

**For individuals not receiving Medical Assistance and in need of County Funding, please call the Bucks County
Department of BH/DP, Coordinator of Rehabilitation Services at 215-444-2876.**

REFERRAL SOURCE INFORMATION

Referral Agent (Type): _____ Title: _____

Phone #: _____ Email: _____

Agency / Program: _____

Reason for Referral: _____

Provide Primary Mental Health Diagnosis: _____

Diagnostic Code, DSM V: _____ Diagnostic Code, ICD 10: _____

Secondary Mental Health Diagnosis (if applicable): _____

Diagnostic Code, DSM V: _____ Diagnostic Code, ICD 10: _____

Peer Support Services (PSS) are available to individuals living with a primary diagnosis of Serious Mental Illness or Serious Emotional Disturbance. To receive PSS, a Licensed Practitioner of the Healing Arts (LPHA) must complete a recommendation for the service. An LPHA would include Physician, Physician's Assistant, Certified Registered Nurse Practitioner, Psychologist, Licensed Clinical Social Worker, Licensed Professional Counselor, and Licensed Marriage and Family Therapist.

Recommendation below to be completed only by a LPHA

Current Functional Impairment: This participant has moderate to severe functional impairment that interferes with or limits performance (relative to the person's ethnic or cultural environment) in at least one of the following domains:

- Achieving or maintaining one or more developmentally appropriate social, behavioral, cognitive communicative, or adaptive skills
- Role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing)
- Instrumental living skills (e.g., maintaining a household, managing money, getting around the community, taking prescribed medication)
- Functioning in social, family, and vocational/educational contexts

Please describe the applicant's functional impairment:

Any history of the following?

- | | | |
|---|---|--|
| <input type="checkbox"/> Trauma | <input type="checkbox"/> Suicidal thoughts / attempts | <input type="checkbox"/> Homicidal thoughts / actions |
| <input type="checkbox"/> Aggressive / Assaultive behavior | Are there any weapons in the home? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain if any boxes are checked:

LPHA Name: _____ Phone Number: _____
NPI Number: _____ Type of Practitioner: _____

By signing this form, the Practitioner has reviewed the referral information, attests to its accuracy, and recommends the above-mentioned participant for service with Peer Support Program.

LPHA Signature / Credentials: _____

Date: _____

**Medicaid Exception to Diagnostic Criteria approval by Magellan: Contact Steph Cassanese at
CassaneseS@magellanhealth.com**

Exception to Diagnostic Criteria: _____

Date of Contact: _____

Time: _____

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Please fax this completed referral form to the Peer Support Services Provider chosen from the list below.

BUCKS COUNTY PEER SUPPORT SERVICE PROVIDERS

Child and Family Focus	2935 Byberry Road, Suite 108	Hatboro, PA 19040	Fax: 215-957-9785
Phone: 215-957-9771 ext. 403	Website: www.childandfamilyfocus.org		<u>Notes:</u> For individuals ages 14-26 only
Family Service Association	4 Cornerstone Drive	Langhorne, PA 19047	Fax: 215-757-2115
Phone: 215-757-6916	Website: www.fsabc.org		
Indian Creek Foundation	420 Cowpath Road	Souderton, PA 18964	Fax: 267-203-1510
Phone: 267-203-1500 ext. 182	Website: www.indcreek.org		<u>Notes:</u> For individuals with dual diagnosis of mental illness and intellectual disability
Lenape Valley Foundation	500 North West Street	Doylestown, PA 18901	Fax: 267-893-5368
Phone: 215-345-5300	Website: www.lenapevf.org		
Mental Health Partnerships – Peer Net	1200 Veterans Highway, Suite C-10	Bristol, PA 19007	Fax: 215-788-1428
Phone: 257-507-3990	Website: www.mentalhealthpartnerships.org		
Penndel Mental Health	1517 Durham Road	Penndel, PA 19047	Fax: 215-752-7195
Phone: 215-752-1541	Website: www.penndelmhc.org		
St. Luke's Penn Foundation	807 Lawn Avenue	Sellersville, PA 18960	Fax: 833-506-2767
Phone: 215-257-6551	Website: www.pennfoundation.org		