

St. Clair County Community Mental Health Authority  
**General Fund Support Service Request**

Individual: \_\_\_\_\_ Case #: \_\_\_\_\_ Date Request Initiated: \_\_\_\_\_

Check one: ☐ ID/DD ☐ SMI ☐ SUD ☐ SED

Check one: ☐ Child ☐ Adult

Check all benefits: ☐ Medicaid/HMP ☐ Medicare ☐ Private ☐ Spend Down ☐ No

**Note:** All sections on this page must be completed prior to submission or form will be returned

Insurance (G/F Only)

What services and quantity are being requested beyond general fund benefit plan? (Specific codes and units):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date (3 month period for which it is needed): (G/F Only) From: \_\_\_\_\_ \_ Until: \_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Hospitalization / More Restrictive Placement**

Is there imminent risk of hospitalization if services are denied?

☐ Yes

☐ No

Explain: \_\_\_\_\_

\_\_\_\_\_

Is the need for this service / support reflected by a goal or objective in the IPOS?

Yes

No

N/A – New to Service

IPOS Date: \_\_\_\_\_

Goal #: \_\_\_\_\_

What other supports have been tried? \_\_\_\_\_

\_\_\_\_\_

Community agencies/resources (identify by agency)? \_\_\_\_\_

\_\_\_\_\_

Natural Supports: \_\_\_\_\_

\_\_\_\_\_

Was Medicaid applied for?

Yes

No

If **Yes**, When was it applied for? \_\_\_\_\_

What is the status? \_\_\_\_\_

If **No**, an application will be submitted by: \_\_\_\_\_

Staff Name: (**Please Print**)

Date

Reviewed By Supervisor

Date

## PROGRAM DIRECTOR APPROVAL

Date Received: \_\_\_\_\_

I have reviewed this request and it ☐ Does ☐ Does not meet the criteria for CMH services.

I recommend ☐ Approval ☐ Denial for: ☐ General Fund ☐ Auths as Requested  
☐ Request approved, but modified auths as detailed below

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Program Director/Designee:

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

## FOR INTERNAL USE ONLY

### ***If approved***

Caseholder to add authorizations to current location and include authorized services in objectives/intervention in IPOS.