



**Magellan Behavioral Health of Pennsylvania, Inc.
Attachment 6**

**Pennsylvania Department of Human Services
Child and Adolescent Services System Program (CASSP)
Plan of Care Summary**

Bucks County Cambria County Lehigh County Montgomery County Northampton County

Name: _____ Age: _____ Time Period: _____

Authorizing Agent (County): _____ ICD 10 Code: _____

Physician/Licensed Psychologist Name: _____

BSU #: _____ MA ID #: _____

DSM-5 Diagnosis:

SERVICE	SERVICE SYSTEM PROVIDER	RESPONSIBLE PERSON	LENGTH OF SERVICE	FREQUENCY	FUNDING SOURCE	COST PER UNIT	TOTAL COST

Review Date: _____