

Physician Prescription for Comprehensive Community Services

Patient Name: _____

Date of Birth: _____

Please have your psychiatrist or physician complete the information below:

CCS is a voluntary program for MA-eligible individuals with mental health and/or substance abuse disorder needs. CCS may be able to provide psychosocial rehabilitative services that meet your patient's needs. The types of services offered include service planning, specialized evaluations, medication management, physical health monitoring, peer support, individual skill development, employment-related skill training, psychoeducation, wellness management, psychotherapy, and substance abuse treatment.

Psychiatric and/or Substance Use Diagnoses (include ICD-10 code):

I, the undersigned, prescribe Comprehensive Community Services (CCS) for _____.

Patient Name

X _____

Date: _____

Psychiatrist/Physician signature (***Must be MD or DO***)

Printed name, address, phone number, NPI of psychiatrist/physician (***MD or DO only***):

NPI #: _____

Unless otherwise indicated, prescription expires after one year.