

## State Managed Services Program Service Plan

### This Form Does Not Authorize Services

**Important:**

A Service Plan is required with the State Managed Services Request Form for Medical Nutritional Therapy, Mental Health, Substance Abuse Treatment and Home Health Services. Do not use this form for Dental Services.

Completing this form does not authorize payment of services. A service Authorization Form must be received before services may occur. The State Managed Services Program is not responsible for services provided before the authorization date, and all service authorizations will expire on June 30, 2016.

1. Date Completed: \_\_\_\_\_
  
2. Agency/Health Systems/Clinic Name: \_\_\_\_\_  
Provider/Doctor Name: \_\_\_\_\_  
Provider Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_
  
3. Client Name: \_\_\_\_\_
  
4. Service Plan completed for the following service:
  - Medical Nutritional Therapy
  - Mental Health Services
  - Substance Abuse Services
  - Home Health Services

