



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: \_\_\_\_\_