



A. FORM INSTRUCTIONS

1. This form may be completed by an individual seeking service or a service provider on behalf of the individual.
2. All sections must be THOROUGHLY complete and legible in order to determine eligibility of services. **Incomplete referrals will not be accepted.**
3. Items should not be left blank, and N/A indicated only where appropriate.
4. Certified Peer Specialist (CPS) providers may request the referring provider forward the psychiatric evaluation that has been completed by an MD within the past 12 months.
5. The signature of the person being referred is required to indicate agreement and understanding of the referral being made. If unable to sign, justification must be documented.
6. Completed forms should be sent to **ONLY ONE** provider of choice from the list below to the identified.

B. REFERRAL SOURCE RESPONSIBILITY

1. If the CPS Provider is unable to contact the referred individual, the referral source will be responsible for assisting the CPS Provider in making contact.
2. If an individual is being referred by a hospital, the referral should be submitted as soon as it is recognized that the individual has an interest in CPS services.
3. If an Individual is receiving Medicaid reimbursable peer support services at the time of this referral, they are not eligible to receive additional services unless it is part of transition to a new provider. Included services are those bundled with CTT, ECSC, IDDT, Mobile Treatment of Transition Age Youth and Mobile Medication.

C. CERTIFIED PEER SPECIALIST PROVIDERS IN ALLEGHENY COUNTY

Milestone Centers Inc.

Adult CPS only
412-243-3400 (phone)
412-731-2684 (fax)

RHD – Allies

Forensic CPS Services
412-652-9957 (phone)
412-652-9197 (fax)

Peer Support and Advocacy Network (PSAN)

Adult CPS only
412-227-0407 (phone)
1-888-972-6489 (fax)

Staunton Clinic

Adult CPS only
412-749-7888 (phone)
412-749-7765 (fax)

Pittsburgh Mercy

Adult CPS only
412-339-6046 (phone)
412-323-6999 (fax)

UPMC Western Behavioral Health

Adult and Youth/Young Adult starting at 14
412-586-9423 (phone)
412-204-9134 (Fax)

PeerSupportReferral@upmc.edu



Allegheny County
 Department of Human Services
 Office of Behavioral Health
 Universal Certified Peer Specialist (CPS) Referral

D. SERVICE PARTICIPANT DEMOGRAPHICS

Name:	Last:	First:		
Date of Birth:		Age:	Gender:	
Primary Language:		Race:		
Address:		Homeless: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Contact Numbers:	Home:	Cell:		
Email:		Best Time to Contact:		
Accommodations: <input type="checkbox"/> TTY <input type="checkbox"/> Interpreter <input type="checkbox"/> Sign Language <input type="checkbox"/> Ambulatory Limitations <input type="checkbox"/> Other - please describe:				

E. REFERRAL INFORMATION

Reason For Referral:			
Referral Date:	Referring Source:	Agency Name:	
Phone #	Cell #:	Email:	
Referring Service Program: <input type="checkbox"/> CTT <input type="checkbox"/> Inpatient <input type="checkbox"/> JRS <input type="checkbox"/> ECSC <input type="checkbox"/> Outpatient <input type="checkbox"/> Other Please describe Other:			
Current Services:			

F. ELIGIBILITY CRITERIA

Diagnosis:	
1. Adults 18 years of age or older with a diagnosis of schizophrenia, major mood disorder, psychotic disorder NOS or borderline personality disorder. 2. Referrals for adults without one of these diagnoses include the diagnostic exception rationale.	
Primary BH Diagnosis ICD-10 Code:	
Other BH Diagnosis ICD-10 Code:	
Health or Medical Conditions:	
Diagnostic Exception Rationale:	
Date Last Psychiatric Evaluation:	MD Evaluator:

G. Pennsylvania regulations state this recommendation MUST be signed by a licensed Practitioner of the Healing Arts (LPHA): a physician's assistant, certified nurse practitioner or psychologist that reviewed the referral information, attests to the accuracy, and recommend the above-mentioned participant for Certified Peer Specialist Services.

Signature: Physician/LPHA:		Printed Name:	
Medical Number:	Phone #:	Signature Date:	
Signature of Participant:		Date:	



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