VALUE BEHAVIORAL HEALTH of PENNSYLVANIA
A VALUEOPTIONS COMPANY

TSS Service Delivery Schedule: Temporary Schedule Change

Date:		Member Name:			
Member MAID:		Provider:		Provider Contact #:	

Current Prescribed Schedule (include days of week, time and location of service delivery):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time							
Location of Service							

Proposed Dates of Schedule Change (include dates, time and location of service delivery):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Dates							
Time							
Location of Service							

Please state reason for schedule adjustment:

Please confirm the following:	
☐	Number of hours per week remains same as prescribed.
☐	Location of service delivery remains same as prescribed (h, s, c).
☐	Goal of services delivered during adjusted time period remains same as prescribed.
☐	Responsible caregiver is present during service delivery.

BSC Signature ______________________________ **Date** _________________ **Phone** _________________________

Parent/Guardian Signature ____ **Date** _________________________

FAX COMPLETED FORM TO THE VBH-PA CAFS COORDINATOR MANAGING THE CASE