

**CHECKLIST OF FORMS FOR REQUEST SUBMISSION**

**TRANSITION REQUEST  
IBHS (Individual, Group, ABA), CRR-HH, & RTF**

- Child/Adolescent Services Submission form
- Evaluation or Written Order
- ISPT sign in sheet (RTF only)
- POC (RTF ONLY)
- Attachment 8 (RTF only)
- Treatment Plan
- Approval Notice from FFS or Approval letter from MCO

Capital Members: 1-888-722-8646 Franklin/Fulton Members: 1-866-773-7917  
Providers: 1-888-700-7370 Fax: 1-855-707-5823  
Mailing Address: 8040 Carlson Road, Harrisburg, PA 17112