



COMMUNITY-BASED ADULT SERVICES (CBAS) DISCHARGE NOTIFICATION / PLAN OF CARE

FAX TO: 1-855-883-1552 | PHONE: 1-888-301-1228 | www.goldcoasthealthplan.org

Gold Coast Health Plan (GCHP) requires that Community-Based Adult Services (CBAS) providers complete a CBAS Discharge Notification / Plan of Care for any member who determines they no longer need CBAS services. Please complete and submit this form, along with the [California Department of Aging CBAS Discharge Summary Report](#).

Center Name: _____ Date: _____
Member Name: _____ Member ID Number: _____
Name of Member's Physician(s): _____
Date Denial Notice of Action Issued (if applicable): _____
Date of CBAS Benefit Terminated (if applicable): _____
Date of CBAS Discharge: _____
Member's Current Medical Condition, Treatment(s) and Medication(s):
Potential Referrals for Medically Necessary Services / Other Services or Community Resources Needed:
Name of Member's CBAS Case Manager / Social Worker: _____
Contact Information for CBAS Case Manager / Social Worker
Phone: _____ Email: _____

Member / Member Representative Name (Please Print): _____ Date: _____

Member / Member Representative Signature: _____ Date: _____