Michigan Department of Health and Human Services
Children's Special Health Care Services
Children with Medical Complexity Targeted
Case Management (CMC TCM)
Deauthorization Form

Instructions: This form is required to notify CSHCS of a patient's discontinuation of services for any reason and to remove the CMC TCM case management entity NPI number for that patient.

Please fax this form to the document management portal (DMP) at 517-335-9491 or submit electronically in the DMP, located under external links in CHAMPS. If using the electronic method, please use the "Notice of Action" document type and "Provider Updates" document title.

Each box must be completed, including the reason for discontinuation of services.

Beneficiary's Name (Last, First, Middle):		
Date of Birth:	CSHCS/Medicaid ID:	Beneficiary's County:
Case Management Entity (Organization) Name:	CMC TCM Case Management Entity NPI Number:	
Program Name (if different):	CMC TCM Core Team Member Requesting Deauthorization:	
Reason for Discontinuation of Services:		
Requested End Date:		
The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.		
AUTHORITY: Title XIX of the Social Security Act and Administrative rule 400.1104(a) COMPLETION: Is voluntary, but is required if Medical Assistance program payment is desired.		