**OFFICE OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES (OMHSAS)**

**COVID-19 Reporting Form**

**REPORTING FORM FOR SUSPECTED AND CONFIRMED CASES AND DEATHS DUE TO COVID-19**

Licensed providers should use this document to report all suspected or confirmed cases of COVID-19 to the Office of Mental Health and Substance Abuse Services (OMHSAS). When submitting this form, providers should consider copying both the applicable County Mental Health office and Medicaid Behavioral Health Managed Care Organization (BH-MCO) to streamline your reporting obligation.

**Instructions**

Files are to be submitted in either WORD or PDF format. If a provider has multiple licensed programs a separate form should be submitted for each license.

Providers must complete Section I “Behavioral Health Provider Information” and submit the form to the electronic resource account [RA-PWOMHSASCOVID-19@pa.gov](mailto:RA-PWOMHSASCOVID-19@pa.gov) within 24 hours of notification that an individual served or staff member is suspected or confirmed to have COVID-19 or has died as a result of COVID-19.

1. **Behavioral Health Provider Information**
2. **Provider type and license information***(Include provider name, provider type, license number, address, and contact information):*

|  |  |  |
| --- | --- | --- |
| **Provider Name:** |  | |
| **Provider Type:** |  | |
| **License Number:** |  | |
| **Program Address:** |  | |
| **Contact Name** | **Phone** | **Email** |
|  |  |  |

1. **Individuals Served and Staff Information***(Include the total number of individuals served and staff who have tested positive, are suspected positive or have died from COVID-19 below. Include the total numbers at the date and time of submission. A new form needs to be submitted as your numbers change):*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **# of Individuals Served Confirmed Positive** | **# of Individuals Served Suspected to be Positive** | **# of Deaths of Individuals Served Due to COVID-19** | **# of Staff Confirmed Positive** | **# of Staff Suspected to be Positive** | **# of Staff Deaths Due to COVID-19** |
|  |  |  |  |  |  |