MHACG
MHA of Columbia-Greene

Care Coordination Program
Service Referral Form

Please complete the service referral form in full. Clients must be medicaid eligible, have a qualifying diagnosis, and have specific appropirateness for service needs in order to be enrolled in Care Coordination Services. For questions or assistance, please contact Jacklyn P. at 518.751.0039 or Samantha R. at 518.265.4613

Please email completed forms to CareCoordination@mhacg.org or fax to 518.943.4500

APPLICANT CLIENT INFORMATION

Date:

Last Name: First Name: DOB:

Street Address: City: State: Zip:

Mailing Address (if different from above):

Primary Phone: Phone Type: ○ Home ○ Cell ○ Work Gender: ○ Male ○ Female

Secondary Phone: *(optional)* Phone Type: ○ Home ○ Cell ○ Work

Email Address: Preferred method of contact: ○ Phone Call ○ Email ○ Text

EMERGENCY CONTACT INFORMATION

Full Name: Contact Phone Number: Relationship:

MEDICAID ELIGIBILITY

Individual must have an active Medicaid plan to qualify for Care Coordination Services. All Medicaid plans will be assessed prior to the referral being accepted.

Medicaid CIN: SSN (if CIN unknown): Managed Care Organization (MCO): MCO ID:

QUALIFYING DIAGNOSIS

Individual **must meet at least one** of the diagnostic criteria below. Please check all that apply and list conditions that are applicable.

- ☐ One Serious Mental Illness (SMI)
- ☐ HIV/AIDS
- ☐ Two or more chronic conditions: mental health condition, substance use disorder, asthma, diabetes, heart disease, BMI over 25, or other chronic conditions. Please list below.

APPROPRIATENESS - REASON(S) FOR REFERRAL *(select all that apply)*

Individual must be assessed and found to have significant behavioral, medical, or social risk factors that require the intensive level of Care Coordination Services provided by the program.

Individual **must meet at least one** of the criteria below, check all that apply.

- ☐ Adverse Events Risk: Current H-code in EMEDNY (HARP Eligible/Enrolled)
- ☐ Adverse Events Risk: Current POP flag in PSYCKES
- ☐ Adverse Events Risk: Current Quality or HH+ flag in PSYCKES or equivalent from RHIO or MCO
- ☐ Healthcare Risk: During the last 3 months, the member has been unable to schedule and keep their healthcare appointments
- ☐ Healthcare Risk: Member does not have a healthcare provider or specialist to treat a chronic health condition
- ☐ Healthcare Risk: Member has not seen their provider (e.g., PCP, BHC, etc.) in the last year
- ☐ Readmission/recidivism Risk: Released from inpatient medical, psych, or detox within the last 6 months. Must specify name of instituion and date of release:
- ☐ Readmission/recidivism Risk: Released from jail/prison or other justice program within the last 6 months. Must specify name and date of release:
- ☐ Social Determinants Risk: Current intimate partner violence/current family violence in the home of the member
- ☐ Social Determinants Risk: Currently cannot access food due to financial limitations or inability to shop or access food site
- ☐ Social Determinants Risk: Currently homeless (HUD 1, 2, or 4)
- ☐ Social Determinants Risk: Member has fewer than 2 people identified as a support by the member
- ☐ Social Determinants Risk: Member has had a change in guardianship/caregiver within the last 6 months
- ☐ Social Determinants Risk: Member does not have needed benefits (SSI, SNAP, etc.)
- ☐ Social Determinants Risk: Recent institutionalization or nursing home placement of member's primary support person
- ☐ Treatment Non-adherence Risk: Member/care team member report of non-adherence. Must specify which medication(s) and/or treatment(s) are involved:
- ☐ Treatment Non-adherence Risk: PSYCKES flag related to non-adherence or equivalent from RHIO or MCO
- ☐ Direct Referral from MCO
- ☐ Direct referral from Adult Protective Services

SERVICE NEED

Based on the appropriateness criteria above, describe how the individual will benefit from Care Coordination Services.

REFERRAL INFORMATION

Referral Provider/Agency:

Contact Name:

Contact Email:

Contact Phone: