REFERRAL FORM: BEHAVIORAL HEALTH CARE COORDINATION FOR CHILDREN AND YOUTH

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| **DEMOGRAPHIC INFORMATION** |  |  **Date of Referral:** Click here to enter a date. |
| **Youth Name:**Click here to enter text. **Youth Phone:**Click here to enter text.**Cell Phone:**Click here to enter text.**Gender:** [ ] M/ [ ] F**DOB:** Click here to enter text. | **Address:** Click here to enter text. **City:**  Click here to enter text. **Zip Code:** Click here to enter text **State:** Click here to enter text.**MA#:**  Click here to enter text. **SS#:** Click here to enter text.  |  |
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| **Parent/Legal Guardian(s) (if legal guardian, a court order must be attached):** Click here to enter text.**Address (if different from child):** Click here to enter text.**Parent/Guardian Phone:** Click here to enter text. | **Cell:** Click here to enter text.**Email:** Click here to enter text. |

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| **Ethnicity/Race** [ ]  White [ ] American Indian or Alaskan Native [ ] Black or African American [ ] Asian [ ]  Native Hawaiian or Pacific Islander [ ] Hispanic, Latino or Spanish origin [ ] Not AvailablePrimary Language: Click here to enter text. Are interpreter services required? [ ] Yes [ ] No[ ]  Deaf or hearing impaired [ ]  Blind Special Accommodations: Click here to enter text.  |

**Living Situation:**  Does this youth currently live or have a plan to live in a group home or any other congregate group setting other than a family or foster home? [ ]  Yes [ ]  No

**School/Education:**

Current School:Click here to enter text. Current GradeClick here to enter text. Not in SchoolClick here to enter text.

Special Education Services: [ ] Yes [ ] No IEP [ ]  504 Plan [ ]

Guidance Counselor: Click here to enter text. Phone: Click here to enter text.

**Behavioral Health Diagnosis** Diagnosed By: Click here to enter text.

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| Diagnosis | ICD Code |
| a.Click here to enter text. | Click here to enter text. |
| b.Click here to enter text. | Click here to enter text. |
| c. |  |

**Medical Diagnoses Impacting Behavioral Health Diagnosis**: [ ] None

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| Diagnosis | ICD code |
| a.Click here to enter text. | Click here to enter text. |
| b.Click here to enter text. | Click here to enter text. |
| c. |  |

 **Psychosocial/ Environmental Elements Impacting Diagnosis:** [ ] None

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| Diagnosis | ICD Code |
| a.Click here to enter text. | Click here to enter text. |
| b.Click here to enter text. | Click here to enter text. |
| c. |  |

**Current Medication:** [ ] None

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| Name  | Dosage |
| a.Click here to enter text. | Click here to enter text. |
| b.Click here to enter text. | Click here to enter text. |
| c. |  |

**Primary Physician:** Click here to enter text. **Phone Number: Click here to enter text.**

**Reason for Referral: (Please provide a brief explanation of the level the child/youth is being referred)**

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|  Click here to enter text. |

**Release of Information: (please review and have the parent/guardian sign the release)**

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| I understand that I am applying for Care Coordination in Choose an item.. This service has been explained to me and I understand that if approved I will participate in development of a Plan of Care with a team of people working with my family. I authorize the release of information to the Care Coordination Organization in Choose an item. so they can conduct a full screening and initiate an eligibility determination by the Administrative Service Organization (ASO) to determine my eligibility for Care Coordination services. I understand that I may revoke my permission at any time by written or verbal request.  |
| Signature of parent or legal guardian: | Date: |
| Witness Signature: | Date: |

**Name of Person Making Referral:** Click here to enter text.

**Agency:** Click here to enter text. **Phone:** Click here to enter text.

**FAX:** Click here to enter text. **E-Mail** Click here to enter text.

**Please indicate the level of care that you intend to refer the youth**

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| [ ]  **Level I- GENERAL (must meet at least 2)** A. [ ]  participant is not linked to behavioral health services, health coverage or medical services;B. [ ]  participant lacks basic supports for education, income, shelter and food;C. [ ]  participant is transitioning from one level of intensity to another level of intensity of services;D. [ ]  participant needs care coordination services to obtain and maintain community-based treatment and services; |

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| [ ]  **Level II- MODERATE (must meet at least 3)**A.[ ]  participant is not linked to behavioral health services, health insurance or medical services;B.[ ]  participant lacks basic supports for education, income, food or transportation;C.[ ]  participant is homeless or at risk of homelessness;D. [ ]  participant is transitioning from one level of intensity to another level of intensity of services including transitioning out of the following services:  (1)[ ]  inpatient psychiatric or substance use services (2)[ ]  RTC; OR (3)[ ] 1915(i) services under COMAR 10.09.89E. Due to multiple behavioral health stressors within the past 12 month, the participant has a history of:(1)[ ]  of psychiatric hospitalizations, or (2)[ ] repeated visits or admissions to: (a) [ ]  Emergency room psychiatric units; (b) [ ]  crisis beds; or (c) [ ]  inpatient psychiatric units ;F. Participant needs care coordination services to obtain and maintain community- based treatment and services; |

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| [ ]  **Level III- INTENSIVE - must meet at least 1 of the below criteria and submit CON documents outlined in I-IX below.** |
| A. Participant shall meet the following criteria to be eligible based on their impaired functioning and service intensity level:(1)[ ]  Transitioning from RTC to the community; or(2)[ ]  Living in the community: and; (a)[ ] Be at least 13 years old and have: (i) [ ]  3 or more inpatient psychiatric hospitalizations in past  12 month; or (ii) [ ]  been in RTC within the past 90 calendar days; or(b) [ ]  Be 6 through 12 years old and have: (i)[ ]  2 or more inpatients psychiatric hospitalizations in past 12 months; or (ii)[ ] been in RTC within the past 90 calendar days | B. Youth who *are younger than 6 years* old shall either:(1) [ ]  Be referred directly from an inpatient hospital unit; or (2) [ ]  If living in the community, have 2 or more psychiatric inpatient hospitalizations in the past 12 months |
| ***Level 3 referrals require submission of a psychosocial evaluation and a psychiatric evaluation dated within 30 days prior to submission of application. This evaluation must address the following:*** 1. Identifying information.
2. Reason for referral.
3. Reports reviewed to complete this referral.
4. **Risk of Harm**- Indicate child’s potential to be harmed by others or cause significant harm to self or others.
5. **Functional Status**- Indicate the degree to which the child or adolescent is able to fulfill responsibilities and interact with others. Include educational.
6. **Co**-**Occurrence of Conditions**-Developmental, medical, substance use, and psychiatric. Include DSM 5 diagnosis and medications, both current and past.
7. **Recovery Environment**- Indicate environmental factors that have the potential to impact a youth’s efforts to achieve or maintain recovery. Include description of family constellation and commitment.
8. **Resiliency and/or Response to Services**-Indicate the child or adolescents ability to self-correct when there are disruptions in the environment. Include any major life changes and how the child or adolescent responded.
9. **Involvement in Services-** Indicate the quantity and quality of the child/youth and primary care taker’s involvement in services. Include involvement with other agencies; list all inpatient and outpatient treatments, and out of home placements (i.e. group homes, shelters, foster care or RTCs)
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Care Coordination Organization Contacts

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| ***Jurisdiction*** | ***CCO Name*** | ***CCO Phone #*** | ***CCO Fax#*** |
| Allegany | Pressley Ridge of Western MD | 301-724-8413 | 301-724-8417 |
| Anne Arundel | Center for Children | 240-419-9144 | 301-609-7284 |
| Baltimore City | Hope Health Systems | 410-265-8737 | 410-265-1258 |
| Wraparound Maryland | 443-449-7713 | 443-451-8268 |
| Baltimore County | Hope Health Systems | 410-265-8737 | 410-265-1258 |
| Calvert | Center for Children | 410-535-3047 | 410-535-3890 |
| Caroline | Wraparound Maryland | 410-690-4805 | 410-690-4806 |
| Carroll | Potomac Case Management | 443-244-4113 | 443-293-7086 |
| Cecil | Upper Bay Counseling and Support Services (FUSIONS) | 410-996-5104 | 410-939-8748 |
| Charles | Center for Children | 301-609-9887 | 301-609-7284 |
| Dorchester | Wraparound Maryland | 410-690-4805 | 410-690-4806 |
| Frederick | Potomac Case Management | 443-244-4113 | 240-578-4885 |
| Garrett | Burlington United Methodist Family Services | 301-334-1285 | 301-334-0668 |
| Harford | Empowering Minds Resource Center | 443-484-2306 | 443-484-2970 |
| Howard | Center for Children | 240-291-6984 | 301-609-7284 |
| Kent | Wraparound Maryland | 410-690-4805 | 410-690-4806 |
| Montgomery | Volunteers of America | 240-696-1565 | 301-306-5105 |
| Prince George’s | Alek’s House | 301-429-6100 | 301-429-1333 |
| Volunteers of America | 240-696-1565 | 301-306-5105 |
| Queen Anne’s | Wraparound Maryland | 410-690-4805 | 410-690-4806 |
| St. Mary’s | Center for Children | 301-475-8860 | 301-475-3843 |
| Somerset | Wraparound MD | 410-219-5070 | 410-219-5072 |
| Talbot | Wraparound Maryland | 410-690-4805 | 410-690-4806 |
| Washington | Potomac Case Management | 301-791-3087 | 301-393-0730 |
| Wicomico | Wraparound Maryland | 410-219-5070 | 410-219-5072 |
| Worcester | Worcester Co Health Dept. | 410-632-9230 | 410-632-9239 |

Should you require additional assistance or need information or clarification about the services, you may contact the local Core Service Agency/Behavioral Health Authority.

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| **ALLEGANY COUNTY Allegany Co. Behavioral Health System's Office** P.O. Box 1745 Cumberland, Maryland 21502-1745 Phone: 301-759-5070 **Fax: 301-777-5621** | **ANNE ARUNDEL COUNTY Anne Arundel County Mental Health Agency** PO Box 6675, MS 3230, 1 Harry S. Truman Parkway, 101 Annapolis, Maryland 21401 Phone: 410-222-7858 **Fax: 410-222-7881** |
| **BALTIMORE CITY Behavioral Health System Baltimore** 100 S. Charles Street, Tower II; 8th Floor; Baltimore, Maryland 21201-3718 Phone: 410-637-1900 **Fax: 410-637-1911** | **BALTIMORE COUNTY Bureau of Behavioral Health of Baltimore County Health Department** 6401 York Road, Third Floor Baltimore, Maryland 21212 Phone: 410-887-3828 **Fax: 410-887-3786** |
| **CALVERT COUNTY Calvert County Core Service Agency** 975 Solomons Island Road, Prince Frederick, Maryland 20678 Phone: 410-535-5400 #331 **Fax: 410-414-8092** | **CARROLL COUNTY Carroll County Health Department, Bureau of Prevention, Wellness, and Recovery** 290 South Center Street Westminster, Maryland 21158-0460 Phone: 410-876-4449 **Fax: 410-876-4832** |
| **CECIL COUNTY Cecil County Core Service Agency** 401 Bow Street Elkton, Maryland 21921 Phone: 410-996-5112 **Fax: 410-996-5134** | **CHARLES COUNTY Department of Health** Core Service Agency P.O. Box 1050, 4545 Crain Hwy. White Plains, Maryland 20695 Phone: 301-609-5757 **Fax: 301-609-5749** |
| **FREDERICK COUNTY Mental Health Management Agency of Frederick County** 22 South Market Street, Suite 8 Frederick, Maryland 21701 Phone: 301-682-6017 **Fax: 301-682-6019** | **GARRETT COUNTY Garrett County Behavioral Health Authority** 1025 Memorial Drive Oakland, Maryland 21550-1943 Phone: 301-334-7440 **Fax: 301-334-7441** |
| **HARFORD COUNTY Office on Mental Health of Harford County** 125 N Main Street Bel Air, Maryland 21014 Phone: 410-803-8726 **Fax: 410-803-8732** | **HOWARD COUNTY Howard County Health Department, Local Bureau of Behavioral Health** 8930 Stanford Boulevard, Ascend One Building, Columbia, Maryland 21045 Phone: 410-313-7350 Fax: 410-313-7374 |
| **MID-SHORE COUNTIES** (Includes **Caroline**, **Dorchester**, **Kent**, **Queen Anne** and **Talbot Counties**) **Mid-Shore Mental Health Systems, Inc.** 28578 Mary’s Court, Suite 1 Easton, Maryland 21601 Phone: 410-770-4801 **Fax: 410-770-4809** | **MONTGOMERY COUNTY Department of Health & Human Services, Montgomery County Government** 401 Hungerford Drive, 1st Floor Rockville, Maryland 20850 Phone: 240-777-1400 **Fax: 240-777-1145** |
| **PRINCE GEORGE’S COUNTY Prince George's County Health Department Behavioral Health Services Prince George's County Core Service Agency** 9314 Piscataway Road, Suite 150 Clinton, Maryland 20735 Phone: 301-856-9500 **Fax: 301-324-2850** | **SOMERSET COUNTY Somerset County Local Behavioral Health Authority, Somerset County Health Department**, 8928 Sign Post Road, Westover, MD 21871, Phone: 443-523-1790 **Fax: 410-651-3189** |
| **ST. MARY’S COUNTY St. Mary’s County Health Department** 21580 Peabody Street, Leonardtown, MD 20650 Phone: 301-475-4330 **Fax: 301-475-9434** | **WASHINGTON COUNTY Washington County Mental Health Authority** 339 E. Antietam Street, Suite #5 Hagerstown, Maryland 21740 Phone: 301-739-2490 **Fax: 301-739-2250** |
| **WICOMICO COUNTY Wicomico Behavioral Health Authority** 108 East Main Street, Salisbury, Maryland 21801 , Phone: 410-543-6981 **Fax: 410-219-2876** | **WORCESTER COUNTY Worcester County Local Behavioral Health Authority P.O. Box 249 Snow Hill, Maryland 21863 Phone: 410-632-3366 Fax: 410-632-0065**    |