

## Referral for Specialty Mental Health Higher Level of Care – ADULT

Please continue working with your client until you have confirmed that your client has been accepted and connected to appropriate services. In some cases, the client may remain open to you for therapy. **This referral is not for emergency services.** If there are safety concerns, call 911 or refer to nearest emergency room. **Should be used by HPSM mild to moderate network providers.**

<b>Date:</b>	<b>Referring Provider/Agency:</b>	<b>Phone:</b>
<b>Name of Client:</b> <i>Preferred Name:</i>	<b>DOB:</b>	<b>MHN or CIN:</b>
<b>Client's Phone No.: Ok to leave a detailed message:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Client notified of referral:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Diagnosis:</b> <b>Language:</b>
<b>I agree to continue to provide services until member is transitioned:</b> <input type="checkbox"/> Y <input type="checkbox"/> N	<b>Other Behavioral Health Providers:</b> <b>Phone:</b>	<b>Case Management Needs:</b> <input type="checkbox"/> Y <input type="checkbox"/> N
<b>Current Psychiatric Medications:</b>		
<b>Reason for referral</b> ( <i>include case management or medication needs</i> ):		
<b>Safety issues</b> ( <i>Recent SI/HI, psychiatric hospitalizations, etc.</i> ):		
<b>Client must meet four (4) or more criteria from List A, or one (1) from List B to be eligible for higher level of care. Check all that apply</b>		
<b>List A (4 or more)</b>	<b>List B (1 or more)</b>	
<input type="checkbox"/> Unable to obtain or maintain employment or schooling due to mental health condition within the past 12 months	<input type="checkbox"/> Two or more psychiatric hospitalizations within past 12 months	
<input type="checkbox"/> Unable to obtain or maintain stable housing due to mental health condition within past 12 months	<input type="checkbox"/> Functionally significant, non-substance induced paranoia, delusions, hallucinations, mania, or dissociative symptoms that significantly interfere with current functioning	
<input type="checkbox"/> Mental health condition interferes with ability to form or maintain social/family relationships or causes extreme self-isolation	<input type="checkbox"/> Suicidal/homicidal <u>pre-occupation</u> with plan or behavior within past 12 months	
<input type="checkbox"/> Physically aggressive/assaultive/self-destructive behavior with intent to cause harm within past 6 months	<input type="checkbox"/> Transition Aged Youth (age 16-25) with prodromal psychotic symptoms and signs identified by the Prodromal Questionnaire (PQ-B)	
<input type="checkbox"/> Two or more PES visits or 911 calls for psychiatric behavior within last 6 months	<input type="checkbox"/> Eating disorder with medical complications (with medical condition being treated by Health Plan)	
<input type="checkbox"/> Three or more co-morbid mental health AND chronic physical health or substance use conditions		
<input type="checkbox"/> Significant inability to carry out Activities of Daily Life (ADL), such as eating, bathing, getting dressed, toileting, transferring, and managing personal finances and personal safety concerns		