REFERRAL FORM: BEHAVIORAL HEALTH CARE COORDINATION FOR CHILDREN AND YOUTH

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.

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. **Cell:** Click here to enter text.
Parent/Guardian Phone: Click here to enter text. **Email:** Click here to enter text.

Ethnicity/Race

☐ White ☐American Indian or Alaskan Native ☐Black or African American ☐Asian
☐ Native Hawaiian or Pacific Islander ☐Hispanic, Latino or Spanish origin ☐Not Available

Primary Language: Click here to enter text.
Are interpreter services required? ☐Yes ☐No
☐ Deaf or hearing impaired
☐ Blind
Special Accommodations: Click here to enter text.

School/Education:
Current School: Click here to enter text. Current Grade Click here to enter text. Not in School Click 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.

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

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

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

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.	

If you require additional assistance or need further information or clarification about the services, you may contact your local LBHA/CSA. See contact info on the last page.

Psychosocial/ Environmental Elements Impacting Diagnosis: ☐None

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

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)

Click here to enter text.

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

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.

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

☐ 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;

☐ 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 10.09.89

E. 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;

☐ 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:

I. Identifying information.
II. Reason for referral.
III. Reports reviewed to complete this referral.
IV. **Risk of Harm**- Indicate child's potential to be harmed by others or cause significant harm to self or others.
V. **Functional Status**- Indicate the degree to which the child or adolescent is able to fulfill responsibilities and interact with others. Include educational.
VI. **Co-Occurrence of Conditions**-Developmental, medical, substance use, and psychiatric. Include DSM 5 diagnosis and medications, both current and past.
VII. **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.
VIII. **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.
IX. **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)

If you require additional assistance or need further information or clarification about the services, you may contact your local LBHA/CSA. See contact info on the last page.

Care Coordination Organization Contacts

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	Wraparound Maryland	410-219-5070	410-219-5072

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

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 Frederick County Health Department Behavioral Health Services, 350 Montevue Lane, Frederick, Maryland 21702 Phone: 301-600-1755 **Fax: 301-600-3214**	**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: 301-363-0312**	**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**