

**ARCHWAY STATION TARGETED CASE MANAGEMENT PROGRAM
Adult Initial Referral and Intake Form**

Person Referring: _____ Phone#: _____ DOB: _____

Address: _____

SS#: _____ Sex: ____ Marital Status: ____

Referral Date: _____ Referring Agency: _____

Contact Person: _____ Contact#: _____

Reason for Referral: _____

Medicaid #: _____

Diagnosis: To be eligible for services person must have one of the following diagnoses, please check off the diagnostic code for as many diagnoses as apply:

- | | | | |
|-------------------------------------|--------------------------|------------------------|--|
| Schizophreniform Disorder | <input type="checkbox"/> | 295.40/F20.9 | |
| Schizoaffective Disorder | <input type="checkbox"/> | 295.70/F25.0 | Type: <input type="checkbox"/> Bipolar <input type="checkbox"/> Depressive |
| Schizophrenia | <input type="checkbox"/> | 295.90/F20.9 | |
| Other Schizophrenia/Psychotic | <input type="checkbox"/> | 298.8/F28 | |
| Unspecified Schizophrenia/Psychotic | <input type="checkbox"/> | 298.9/F29 | |
| Delusional Disorder | <input type="checkbox"/> | 297.1/F22 | |
| Major Depression | <input type="checkbox"/> | 296.33/F33.2 | <input type="checkbox"/> 296.34/F33.3 |
| Bipolar I Disorder | <input type="checkbox"/> | 296.40/F31.9 | <input type="checkbox"/> 296.43/F31.13 |
| | <input type="checkbox"/> | 296.44/F31.2 | <input type="checkbox"/> 296.53/F31.4 |
| | <input type="checkbox"/> | 296.54/F31.5 | <input type="checkbox"/> 296.7/F31.9 |
| Unspecified Bipolar | <input type="checkbox"/> | 296.80/F31.9 | |
| Bipolar II | <input type="checkbox"/> | 296.89/F31.81 | |
| Personality Disorder | <input type="checkbox"/> | 301.22 Schizotypal/F21 | <input type="checkbox"/> 301.83 Borderline/F60.3 |

Provider Making Diagnosis _____ Date of Diagnosis _____

One of the following criteria must be met for services:

- ____ Are in, are at risk of, or need continued community treatment to prevent inpatient psychiatric Treatment;
- ____ At risk of, or need continued community treatment to prevent being homeless; or
- ____ At risk of incarceration or will be released from a detention center or prison.

The specific diagnostic criteria may be waived for the following two conditions:

- An individual committed as not criminally responsible who is conditionally released from a Mental Hygiene Administration facility; or
- An individual in a Mental Hygiene Administration facility or a Mental Hygiene Administration Funded inpatient psychiatric hospital who required community services. This excludes individuals eligible for Developmental Disabilities Administration's residential services.

For people with Medicaid

One of the following criteria must be met for General Services:

- Not linked to mental health and medical services;
- Lacks basic supports for shelter, food, and income;
- Transitioning from one level of care to another level of care; or
- Needs to maintain community-based treatment and services.

For people with Medicaid

Two of the following criteria must be met for Intensive Services

- Not linked to mental health and medical services;
- Lacks basic supports for shelter, food, and income;
- Transitioning from one level of care to another level of care; or
- Needs to maintain community-based treatment and services.
- Has been discharged from a state mental hospital in the past 30 days.
- Has demonstrated a need for increased services from the General Level.
- Has resided in a state mental hospital for at least 2 months in the past 12 months;
- Resides in the community and has had two or more admissions to a psychiatric hospital in the past 12 months;
- Resides in the community and has had five or more admissions to a crisis stabilization unit(CSU), short-term residential facility(SRT), inpatient psychiatric unit, or any combination of these facilities within the past 12 months;
- Resides in the community and, and due to a serious mental illness, exhibits behaviors or symptoms that could result in long-term hospitalization if intensive interventions for an extended period of time or not provided.

If the person does not have Medicaid they must also additionally meet one of the following criteria for General Services only:

- Has been discharged from a state mental hospital in the past 90 days.
- Has been discharged from a mental health residential treatment facility within the last 12 months.

Has had more than one admission to a crisis stabilization unit(CSU), short-term residential facility(SRT), inpatient psychiatric unit, or any combination of these facilities within the last 12 months;

Is experiencing long-term and/or increasing acute episodes of mental impairment that may put him or her at risk of requiring intensive level of services.

If person does not have Medicaid they must additionally meet the following criteria:

Currently being discharged from an inpatient psychiatric facility or

To prevent eminent hospitalization

And

In addition to previous uninsured criteria clients must meet the following conditions:

Must have an income of no more than 200% of the federal poverty level

Must have an urgent need

Primary Care Provider: _____

In addition to the information above, Consumer has the following urgent needs:

Medication Assistance Mental Health Linkages Homeless/At Risk

Emergency Shelter Missed MH Appts Food Application for MA

Application for Other Entitlements Dual Diagnosis Tx Somatic Care (describe below)

Being Discharged from hospital Other: _____

Additional Comments: (Please provide as much information as possible)

Case Management Program Only:

Based on the above information, _____, has been determined eligible for Case Management Services, Yes No