

REFERRAL FORM

Client Name: _____ Date of Birth: _____ SSN: _____ Address: _____ _____ Client Phone Number: _____	Insurance: <input type="checkbox"/> None <input type="checkbox"/> Medicaid: #: _____ <input type="checkbox"/> Medicare: #: _____ <input type="checkbox"/> Self Pay *Please note we do NOT accept private insurance and client must be screened for qualification of enhanced services if Medicaid/Medicare client and must be eligible for FULL Medicaid.
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Date of Referral:	Referral Source:
	Referral Phone Number:
Referral Type: <input type="checkbox"/> OP Therapy <input type="checkbox"/> IIH <input type="checkbox"/> ACTT <input type="checkbox"/> PSR <input type="checkbox"/> CST <input type="checkbox"/> Medication Management <input type="checkbox"/> SAIOP <input type="checkbox"/> Jail Diversion <input type="checkbox"/> Supported Employ/Long Term Voc. Support	
**If this is a referral for CST/ACTT, you must complete the supporting criteria check list on page 2. PAMH requires supporting documentation for CST/ACTT referrals to include CCA, CCA Addendum and any other necessary information. If referring for SE/LTVS, please complete page 3.	

Mental Health Symptoms: <input type="checkbox"/> Depression/hopelessness <input type="checkbox"/> Anxiety/Worry <input type="checkbox"/> Racing thoughts/grandiosity/mania <input type="checkbox"/> Suicidal thoughts/Attempts <input type="checkbox"/> Hallucinations/Delusions <input type="checkbox"/> Other:	Diagnosis (DSM IV Code and Description): Axis I: Axis II: Axis III: Axis IV: GAF:
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History of Inpatient (hospitalizations)/Outpatient Services (to include at least the past 2 years):

Signature & Credentials:	Date:
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REFERRAL FORM

Basic entrance criteria for CST:

- Person is an adult 18 years or older.
- Meets criteria for DSM-IV-TR Axis I psychiatric illness inclusive of substance related disorders
- Meets criteria for LOCUS level 3 or 4 and / or ASAM level of II.1-II.5

Must have 4 or more of the following:

- High use of acute psychiatric hospitals or crisis / emergency services including but not limited to mobile crisis management (2 or more admissions in a year); extended hospital stay (30 days in past year) or psychiatric emergency room visits (2 or more admission in a year).
- History of difficulty using traditional services (missing appointments, difficulty maintaining medication schedules, etc.).
- Intermittently medication refractory (not achieving full response to medication or sustained reduction of symptoms) or difficulty with consistently taking medications as prescribed.
- Co-occurring diagnosis of substance use disorder (minimum ASAM level I) and additional Axis I psychiatric illness
- Legal Issues
- Homelessness or at high risk of homelessness due to residential instability
- Persistent suicidal ideation or suicide attempts within **past 3 months**
- Physical aggression, intense verbal aggression or both toward self or others sufficient to create functional problems at home, community, school, job, etc. in past six months
- Less intense level of care has been tried and found to be ineffective for the clinical needs of the recipient.

***PAMH reserves the right to request supporting documentation prior to assessment.**

Basic entrance criteria for ACTT:

- Severe and persistent mental illness that seriously impairs functioning in the community. This includes primary psychotic disorder and major mood disorders with psychotic features.

****Individuals with a primary diagnosis of substance abuse, mental retardation, or personality disorder are not the intended recipient group.**

1 of the following that is due to symptoms of primary psychotic disorder:

- Significant difficulty consistently performing the range of practical daily living tasks (i.e., caring for personal business affairs; obtaining medical, legal and housing services; meeting nutritional needs, maintaining personal hygiene, etc.)
- Significant difficulty maintaining consistent employment/homemaker at a self-sustaining level (i.e., household meal preparation, washing clothes, budgeting, child care tasks and responsibilities, etc.)
- Significant difficulty maintaining a safe living situation (i.e., repeated evictions or loss of housing)

1 or more of the following due to symptoms of a severe and persistent mental illness (as defined above):

- High use of psychiatric hospitals (2 or more admissions in a year) or high use of psychiatric emergency services
- Intractable (persistent or recurrent) severe major psychiatric symptoms
- Coexisting mental health and SA disorder longer than 6 months
- High risk or recent history of criminal justice involvement
- Significant difficulty meeting basic survival needs, residing in substandard housing, homelessness
- Residing in an inpatient or supervised community residence, but clinically able to live in a more independent setting
- Difficulty effectively utilizing outpatient services

Rule out questions:

- Is the decline in functioning better accounted for by a non-psychotic Axis I disorder or and Axis II Disorder?
- Has a lower level of care not been attempted?
- If a lower level of care was not successful, is it likely the impairment is due to substance use or character pathology?
- Is there evidence of an isolated psychotic period that could be accounted for by substance use or a general medical condition?
- Is it likely that secondary gain is suspected with the symptom presentation?

***All documentation (including a CCA and addendum if needed) must be included with the referral. The above criteria must be evidenced in the CCA and/or addendum for service recommendation. Examples of criteria must be ongoing events or behaviors in the consumer's life and not isolated events. Examples must be given in detail and not generalities.**

REFERRAL FORM

PAMH provides the IPS Supported Employment model, which offers “Zero Exclusion” criteria. Medicaid Beneficiaries or State-funded individuals are eligible for BOTH Phase I and Phase II IPS Supported Employment services.

The information below will be helpful in initiating service in a timely manner.

- 16 years or older who:
 - MH and/or SU Dx
 - and
 - Experience difficulties in at least one of the following areas:
 1. Functional impairment
 2. Crisis Intervention/diversion/aftercare needs
 3. At risk of placement in a more restrictive setting
 - and
 - Expresses desire to work or has an established pattern of unemployment, underemployment, or sporadic employment; and requires assistance to obtain employment in addition to what is typically available from the employer to maintain competitive employment because of functional limitations and behaviors associated with the individual’s diagnosis.

- Consumer is a DOJ agreement service recipient or meets criteria for such:
 - Primary SMI/SPMI diagnosis and
 - Homeless or at risk of
 - Expresses desire to work

- Consumer has an open VR case Consumer has closed VR case Consumer was denied VR services

- Consumer has past employment experience currently employed seeking employment

Criminal History? Yes No If Yes, is consumer currently involved in the criminal justice system?

The consumer is currently receiving the following services:

- Enhanced /basic services currently receiving:

Service 1 : _____

Agency Name: _____

Agency Contact Name: _____ Phone: _____

Service 2 : _____

Agency Name: _____

Agency Contact Name: _____ Phone: _____