



REFERRAL FORM FOR BLENDED CASE MANAGEMENT (BEAVER COUNTY)

1598 Virginia Avenue – Monaca, PA 15061

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Date:	Individual's Name:	MA#:	DOB:
Individual's Address:	Individual's Phone Number:		
Referring Agency:	Person Referring:	Referral Phone Number:	
Admission Criteria			
Following are the eligibility requirements for Blended Case Management. Complete this referral form in its entirety. Attach a completed Release of Information, the most recent copy of psychiatric evaluation (preferred) or verification that a mental health diagnosis is the primary diagnosis, as well as any supporting documentation (inpatient admission discharge summary, verification of missed community mental health appointments, etc.).			
Individual must meet criteria in sections I and II. Check all that apply and provide additional detail as requested.			
I. Diagnosis			
	Primary diagnosis must be a mental health F code within DSM-5 (of subsequent revisions), excluding those with a principal diagnosis of mental retardations, psychoactive substance abuse, organic brain syndrome, or a V code. COPY OF PSYCHIATRIC EVALUATION OR MENTAL HEALTH AS PRIMARY DIAGNOSIS MUST BE ATTACHED TO THIS REFERRAL SHEET; AND		
II. Indicators of Continuous High Service Needs: (must meet one or more of the following criteria)			
	a. Six or more days of psychiatric inpatient treatment in the past 12 months. What facility did individual receive inpatient treatment at? Dates of treatment:		
	b. Met standards for involuntary treatment within the past 12 months. What facility did individual receive inpatient treatment at? Dates of treatment:		
	c. Currently receiving or in need of mental health services and receiving or in need of services from two or more human service agencies or public systems such as Drug/Alcohol, Vocational Rehabilitation, Criminal Justice, etc. What services is the individual currently receiving?		



	What services is the individual in need of receiving?
	d. At least three missed community mental health service appointments, or two or more face-to-face encounters with crisis intervention/emergency services personnel within the past 12 months, or documentation that the consumer has not maintained his/her medication regimen for a period of at least 30 days. Dates of missed appointments: Dates of face-to-face encounters with crisis intervention/emergency services:

Individual Signature:

Date:

Person Referring Signature:

Date: