

Adult Home and Community-Based Services Referral

Referral To

Northeast Parent & Child Society

Unlimited Potential

Date of referral _____

Referring Individual

Name _____

Agency name _____

Address _____

Phone _____ Email _____

Health Home Care Coordinator Information (if applicable)

Name _____

Agency name _____

Address _____

Phone _____ Email _____

Participant Information

Name _____ SSN _____

Address _____

Phone _____ Alternate phone _____

Email _____ Date of birth _____

Participant Health Care Information

Managed care organization (MCO) _____ MCO Id number _____

MCO contact name _____ MCO email _____

MCO phone number _____ Medicaid CIN _____

Primary diagnosis & ICD 10 code _____ Secondary diagnosis & ICD 10 _____

Primary care physician _____ Phone _____

Address _____

Psychiatrist or therapist _____ Phone _____

Address _____

Briefly describe any known safety concerns (i.e., criminal record, history of violence, weapons in the home, sex offender, general or other concerns, etc.) _____

Referred Home and Community-Based Services

Adult Habilitation

Adult Intensive Supported Employment

Adult Employment Support Services Pre-Vocational

Adult Ongoing Supported Employment

Adult Educational Support Services

Adult Transitional Employment

Indicate any services restrictions surrounding client availability _____

Referring individuals may want to include these items with the referral submission:

- ✓ Signed releases
- ✓ Eligibility assessment summary report (from UAS)
- ✓ Preliminary plan of care
- ✓ LOSD or authorization number if available

HCBS Agency Information

Agency _____ Contact name _____

Phone _____ Fax _____

Email _____

NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER
UNLIMITED POTENTIAL

Home and Community-Based Services Referral

Additional Resources

HCBS Providers

Once initial contact is made with the participant, as the HCBS provider, you will need to send the following information to the Health Home Care Coordinator to help inform the full plan of care:

- ✓ Updated goals
- ✓ Frequency, scope, duration
- ✓ Date of initial contact
- ✓ HCBS authorization from MCO

Health Home Care Coordinator

The Health Home Care Coordinator will need to send the HCBS provider the final, signed plan of care at a later date.

NORTHERNRIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER
UNLIMITED POTENTIAL