



Mid Shore Behavioral Health Assisted Living Referral

PROGRAM PURPOSE – The Behavioral Health Assisted Living initiative is designed to provide wrap around behavioral health services and care coordination to adults with behavioral health conditions who require Assisted Living services. These are individuals who require assistance with daily activities or have medical conditions that require nursing assessment and delegation and have a mental illness disorder for which they will also need to access services and supports.

Program eligibility includes:

1. Adult or older adult diagnosed with serious mental illness and needing assistance with activities of daily living (ADL), instrumental activities of daily living (IADL), or other somatic problems requiring nursing assessment and/or delegation
2. Individual's income is less than three times the amount of SSI and assets less than \$2,000
3. Individual is at risk of admission to a state psychiatric hospital, nursing facility, or discharging from a state psychiatric hospital

**** While this program can simultaneously address potential or current homelessness amongst our aging community, the primary purpose of this opportunity is to specifically prevent unnecessary and lengthy institutionalization of individuals with mental illness. ****

To refer a client to the Behavioral Health Assisted Living:

1. Prepare the packet. Complete the Referral/Intake Form (Please type or print legible). Please be sure to complete all sections to ensure that all the client's needs are presented.

Please make sure the following documents are included:

Legal Documentation:

- Guardianship Paperwork (if applicable)
- Power of Attorney Paperwork (if applicable)
- Community Forensic Afercare Program (CFAP) Requirements (if applicable)

Medical Documentation:

- Recent Psychiatric Evaluation
- If client has had a recent hospitalization, discharge summary
- Medication List
- Last three months medication administration records
- Physical Therapy/Occupational Therapy Notes (if applicable)
- MOLST Form

<https://marylandmolst.org/docs/MOLST%20MM3%202013%20FINAL%20PROPOSED%2072613%20POSTED%2021714.pdf>

- Healthcare Practitioner Health Form

https://health.maryland.gov/ohcq/AL/Docs/AL_Forms/hcppa.pdf

- Proof of Negative COVID-19 Test
- COVID Vaccine Recommended
- Recent Ten (10) Days' worth of nursing notes
- Forensic Evaluation (if applicable)

Benefit Information:

- Copy of paperwork regarding client's social security and public assistance benefits
- Proof of pending public benefits (if applicable)
- Copy of DD-214 Paperwork (if applicable)

Assessments:

- Copy of Pre-Admission Screening and Resident Review Level 1 Screen
<https://health.maryland.gov/mmcp/SiteAssets/pages/UCATransition/Level%20I%20ID%20Screen%20Revised%20Jan%202016.pdf>
- Functional Assessment (e.g. DLA-20, InterRai, PASRR Level II assessment, OT assessment)

Documents:

- Copy of Driver's License/State ID/Citizenship Card
- Insurance Card(s)
- Food Stamp Card

Status and History:

- Community Options Waiver Registry Status
 Date checked in LTSS:
- MD Judicial Case Search
 Summary of Charges:

IMPORTANT: A signed copy of the Mid Shore Behavioral Health Authorization for Release of Information/Records must be obtained. Please have client fill out releases for each provider that they currently are receiving services through.

Submit the referral and requested documents via email to:
Shannon Joyce, MPH, CHES - sjoyce@midshorebehavioralhealth.org.

Mid Shore Behavioral Health Assisted Living Referral Form

Referral Information

Name of Referral Source: Click or tap here to enter text.
 Date of Referral: Click or tap here to enter text.
 Referral Source's Email: Click or tap here to enter text.
 Referrals Source's phone Number: Click or tap here to enter text.

Reason for Referral: Click or tap here to enter text.

Has client been notified, that they have been referred? Click or tap here to enter text.

REFERRAL APPLICATION – Consumer Information (To be completed by Provider)

Client's Full Name: Click or tap here to enter text.

Chosen Name: Click or tap here to enter text.

Preferred Pronouns: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

LTSS ID Number: Click or tap here to enter text.

Optum ID Number: Click or tap here to enter text.

Insurance Information:

Medicare Number: Click or tap here to enter text.

Medicaid Number: Click or tap here to enter text.

Private Insurance: Click or tap here to enter text.

Guardian of Person's Name (if applicable)

Relationship to Client: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Guardian of Property's Name (if applicable)

Relationship to Client: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Power of Attorney (if applicable)

Relationship to Client: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Email: Click or tap here to enter text.

Demographic Information:

Consumer's Personal Identity:

Sex & Gender Identity (check all that apply)

Woman or female

- Man or male
- Cisgender (gender identity matches sex assigned at birth)
- Gender non-binary (gender neutral/not identifying as man or woman)
- Transgender woman
- Transgender man
- Different gender identity not listed above:

Race: Click or tap here to enter text.

Ethnicity: Click or tap here to enter text.

Does the client and/or guardian need an interpreter or need documents translated?

- Yes, what language: Click or tap here to enter text.
- No

Does the client qualify as:

- Veteran
- Homeless
- Impacted by incarceration
- Discharging from State Hospital
 - If so, which hospital? Click or tap here to enter text.
- Discharging from Nursing Facility
 - Name of Facility: Click or tap here to enter text.
 - Contact Person: Click or tap here to enter text.
 - Contact Number: Click or tap here to enter text.

Discharging from Residential Rehabilitation Program

- Name of RRP: Click or tap here to enter text.
- Contact Person: Click or tap here to enter text.
- Contact Number: Click or tap here to enter text.

Benefit Information:

Benefit	Amount	Pending or Approved
SSI		
SSDI		
Food Stamps		
Public Assistance to Adults (PAA)		
Military Entitlements		
Pension		

Does the client have any assets?

- Yes
-

List Current Assets:Click or tap here to enter text.
No:

Legal History:

What is/are the consumer's legal charge(s), and the year of their charges (if applicable)? Click or tap here to enter text.

Sex Offender Registry?

Tier status: Click or tap here to enter text.

Requirements: Click or tap here to enter text.

Conditional Release?

Length of time: Click or tap here to enter text.

Requirements: Click or tap here to enter text.

Contact person's name: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Probation?

Length of time: Click or tap here to enter text.

Requirements: Click or tap here to enter text.

Contact person's name: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Parole?

Length of time: Click or tap here to enter text.

Requirements: Click or tap here to enter text.

Contact person's name: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

Email: Click or tap here to enter text.

Medical Information:

Psychiatric Diagnosis(es):Click or tap here to enter text.

Medical Diagnosis(es):Click or tap here to enter text.

Current medications:

a) List somatic medications: Click or tap here to enter text.

b) List psychiatric medications:Click or tap here to enter text.

c) List PRN/as needed medications:Click or tap here to enter text.

Any behavioral Concerns? If so, please explain: Click or tap here to enter text.

Referrer's Signature: Click or tap here to enter text.

Title: Click or tap here to enter text.

Date: Click or tap here to enter text.
