



ARCHWAY STATION, INC.

45 QUEEN STREET • CUMBERLAND, MD 21502

REFERRAL for ADULT TARGETED CASE MANAGEMENT SERVICES (TCM)

Date of Referral:

Name:

First

Middle

Last

Gender Identity:

If Additional Gender Category or Other, please specify:

Telephone:

Home

Cell

Other

Address:

Street

City

State

Zip

DOB:

Age:

SS#:

Veteran:

Medical Assistance:

Medicare:

Medical Assistance #:

MCO (if known):

Please provide the name and telephone number of a person we can contact in case there is difficulty reaching the person being referred for services.

Name

Telephone #

Relationship

Referral Source:

Name & License/Credentials (if applicable)

Telephone #

Agency

Diagnosis: *To be eligible for services, the person must have a PBHS specialty mental health DSM-5 diagnosis which requires, and is likely to respond to, therapeutic intervention.*

Diagnosis

ICD-10 Code

Provider Making Diagnosis (with credentials)

Date of Diagnosis

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

- An individual committed as not criminally responsible who is conditionally released from a BHA facility
- An individual in a BHA facility or a BHA funded inpatient psychiatric hospital that requires community services. This excludes individuals eligible for Developmental Disabilities Administration's residential services.

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.
- At risk of incarceration or will be released from a detention center or prison.

FOR PEOPLE WITH MEDICAID:

One of the following criteria must be met for General Services. 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
- Needs to maintain community-based treatment and services

FOR PEOPLE WITHOUT MEDICAID:

One of the following criteria must be met 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

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

- Currently being discharged from an inpatient psychiatric facility
- To prevent imminent hospitalization

Two of the following criteria must be met for General Services only:

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

If the person does not have Federally Funded Medicaid, we will need the following information in order to be able to submit a request for Uninsured Approval:

Most recent Psychiatric or Psychosocial Evaluation (check box to indicate you have attached the evaluation)

Has the person applied for Medicaid?

If Yes, Date Applied:

Monthly Income:

Income Source:

of Dependents:

Hx of Suicide Attempts:		Dates/Details:
Hx of Psychiatric Hospitalizations:		Dates/Hospital:
Hx of Clinical Deterioration:		Explain:
Hx of Arrests:		Dates/Locations/Charges:
Explain why the request is urgent. Include what else has been tried and what services were sought and denied:		

Targeted Case Management (TCM) services include:

1. Referrals to publicly available services for mental health, physical health, employment, food scarcity, housing, and/or entitlements and benefits.
2. Support with paperwork, prerequisites, and coordination of scheduling in order to begin those services.
3. Support with maintaining and making adjustments to those services in an effort to encourage continued use of services, if needed.
4. Support in planning for and transitioning to long-term continuation of services suited to the person's continuing needs in an effort to avoid future hospitalization or imprisonment (i.e. PRP or RRS, if needed).

Therefore, in addition to the information above, the person has the following urgent needs:

Homelessness/At Risk for Homelessness	Assistance Applying for Benefits
Emergency Shelter	Medical Assistance
Food	SSI/SSDI
Obtaining Mental Health Provider	TDAP
Obtaining Somatic Care Provider	SNAP (Food Stamps)
Dual Diagnosis Treatment	Energy Assistance
Missed Mental Health Appointments	HUD
Obtaining Official Documentation	Other
Birth Certificate	Assistance Applying for Employment or
Social Security Card	Obtaining Resources for Job Skills
Identification Card	Other
Other	

Primary Care Provider:

Mental Health Provider:

Reason for Referral & Additional Comments: *(Please provide as much information as possible)*

**Completed referrals can be submitted via fax or mail. Please send to the attention of 'Intake Coordinator'.
Fax to (301) 777-8020 or Mail to Archway Station, Inc., 45 Queen St., Cumberland, MD 21502.**

FOR INTERNAL USE ONLY

Receipt of Referral:

Agency Received on: ____/____/____ Received By: _____ ____/____/____ Screened By: _____ ____/____/____

MA Verification:

Date Verified: ____/____/____ Verified By: _____ ASO Check: _____

Eligibility: _____ Confirmation #: _____