LOCAL HEALTH SERVICES REQUEST FORM

INSTRUCTIONS

PURPOSE: This form is intended for use by the Managed Care Organization [MCO] to refer clients in need of outreach and health-related services to the Local Health Department Administrative Care Coordination Unit [LHD-ACCU]. The assistance of the Local Health Department may be requested only after the MCO has made documented attempts to contact and bring into care a recipient who is difficult to reach or misses appointments. (COMAR 10.09.66.03B)

INSTRUCTIONS FOR USE:

1. ‘TO’ - Fill in the appropriate Local Health Department based on the client’s county of residence.
2. ‘FROM’ – Indicate the referral source including contact name, address, phone number and fax number
3. ‘CLIENT NAME’ – Provide client demographic information, MA number and last known address and phone number[s]
4. ‘FOLLOW-UP’ – Indicate the client’s population category [FOR] and the reason for the request [Related To]. Please add additional information or comments that may assist the LHD to outreach the member.

MCO Section:

- Indicate the type and number of outreach attempts (letters, phone calls, face-to-face)
- Provide the health care provider name and phone number
- Add any additional information under “Comments” that may assist the LHD to outreach the member i.e. full name and contact information of the Head of Household/Guardian; potential need for interpreter services; diagnosis/treatment; EDC; date of most recent contact between MCO and client and/or provider.
- Forward the top copy to the LHD-ACCU [LHD addresses attached]

Local Health Department Section:

- Indicate the action taken
- Include any additional case findings under “Comments” that may assist the MCO in providing on-going care coordination for the client
- Return the appropriate copy to the MCO/Provider

SELECTED DEFINITIONS:

MISSED APPOINTMENTS:
- Child under 2 years who has missed two consecutive EPSDT appointments
- Child 2-21 years who has missed two consecutive appointments and is in need of treatment
- Pregnant woman who is thirty days past appointment date.
- Adult meeting ‘special needs’ criteria who has missed three consecutive appointments for treatment.

ADDHERENCE TO PLAN OF CARE:
- Non-compliance with treatment plan or medical regime.

IMMUNIZATION DELAY:
- 60 days past immunization due date

PREVENTABLE HOSPITALIZATION:
- Inpatient care within the preceding 60 days for dehydration, pneumonia, burns, cellulitis, ‘Failure to Thrive’, lead poisoning, ingestion, intentional injuries

OTHER:
- Additional information that will assist the LHD with care coordination.