

## **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 2years 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.

#### **ADHERENCE 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.