

CASE MANAGEMENT REFERRAL FORM FOR CHILDREN ONLY APPLICATION PACKET

The Department of Behavioral Health and disAbility Services has developed this referral form for most Children's Blended Case Management Services, not including Autism Specialized BCM and Enhance Case Management (ECM). Please use these instructions to assure the accurate completion of this comprehensive form.

PLEASE NOTE THE FOLLOWING:

Please print clearly and legibly. Illegible forms will be returned as incomplete.

Please complete application in its entirety. Please refer to the explanations below for clarification on terminology.

Submission of this application does not guarantee acceptance to a case management program.

INSTRUCTIONS FOR SCANNING REFERRALS TO PROVIDER AGENCIES

New Referrals Packets:

DO NOT INCLUDE THE INSTRUCTION SHEETS!

Each referral packet MUST be scanned individually with the following identifying information.

Last Name, First Initial.pdf

Example: Doe, J.pdf

If packet appears to be too large to scan, you will have to divide packet and scan each packet separately.

Last Name, First Initial.1.pdf

Last Name, First Initial.2.pdf

Examples: Smith, J.1.pdf

Smith, J.2.pdf

Please retain original {packet/s} scanned in case there is a question.

Check for any pages that are double-sided {make a copy of the second page}.

**If scanning is unavailable to you, referral packets can be mailed to the Provider Agency.
For a list of Case Management Provider Agencies, see attachment.**

Instructions for completing Children's Blended Case Management Referral Form

Page 1:

- Please complete all demographic data including name, DOB, gender, race, SS#, MA#, BSU#.
 - Provide insurance information. Indicate whether or not a child has MA and/or private insurance.
-
- Provide parent/guardian information. Indicate relationship of parent/guardian to child.
-
- Provide current behavioral health diagnosis per DSM-5 or ICD-10
-
- Check off which service is being requested.
-
- Provide information on person completing form to include name, title, agency, e-mail address, phone # and date.
-
- Provide # of days or contacts (whichever is specified) for psych hospitalization, CRC/police contacts, 302 commitments, D&A rehab, juvenile detention, RTF placement.
 - If child had any involvement in the above services, describe why.
 - Out-of-home placement includes any placement outside of the parent/legal guardian home.
 - If child is in an out-of-home placement, provide type of placement, name of agency of family member, address of placement, reason child is in an out-of-home placement and anticipated discharge date from out-of-home placement. **All information must be completed, including anticipated D/C date.**

Page 2:

Living Environment

- Provide information on current living environment. Information to include but not limited to: Who does child live with and their relationship to child and how long have they lived at current residence.
- If there have been any changes to the child's living environment in the past 2 years, please describe changes. Example: Child moved to grandparents' home 3 months ago, after mother passed away.
- If there are stressors related to the current living environment, please describe. Examples of information to include: chaotic living environment and why, child not properly supervised, drug infested neighborhood, home has bugs, family not able to pay their rent/mortgage, in danger of losing their home, etc.
- If there are family members with significant needs, please describe. Provide information on family members that may have medical, behavioral health, Intellectual or Developmental Disorder, Substance Use Disorder, etc... , MR, D&A issues, etc.

DHS/JJS Involvement

- Indicate if there is DHS/CUA or JJ involvement and level of involvement.
- Provide name and phone # of DHS/CUA social worker and/or PO.
- Describe why child is involved with DHS/CUA and/or JJ and when involvement began.

Education

- Provide name of educational program and type of program.
- If child is in special education, specify type of classroom. Examples: emotional support, learning support, life skills, etc.
- Indicate which BH services child receiving in educational setting, in any.
- Describe child's behaviors in educational setting. Provide information on undesirable behaviors as well as positive behaviors.

Page 3:

Medical Issues/Physical Disabilities/Medication

- Describe child's medical issues.
- List medications and whether or not child/family is compliant.

Community/Social/Peer Relations & Strengths & Stressors

- Provide list of people who are involved and supportive of child.
- If child is involved in community programs, please describe.
- Describe how child manages in the community.
- Fill in grid. Provide name of BH service, name of agency providing service, date service started, how often service is provided, and whether or not child is actively participating in treatment.

Page 4:

- Describe why child needs BCM services. Provide specific behaviors.

Children's Blended Case Management Referral Form

Child's last name _____ First name _____

DOB _____ Gender _____ Race _____

SS# _____ MA# _____

MA eligible: Yes No

Parent/guardian name _____ Relationship to child _____

Home address _____ City, State, Zip _____

Home phone # _____ Cell Phone # _____ Emergency Contact # _____

Current behavioral health diagnosis(es):

Is parent/guardian/child in agreement with this referral is being submitted? Yes _____ No _____

Person completing form _____ Title _____ Agency _____

E-mail address _____ Phone # _____ Date _____

Please provide information based on the past 6 months:

# Psych hospitalizations	_____	# Days in D&A rehab	_____
# Days in psych hospital	_____	# Days in juvenile detention	_____
# CRC/Police contacts	_____	# Days in RTF placement	_____
# 302 Commitments	_____		

If child was involved in any of the above services in the past 6 months, give dates and describe why:

Is child currently in an out-of-home placement? No Yes If yes, please check off type of placement:

Hospitalization RTF Foster care other (please explain) _____

Provide name of placement (agency, family member or other) _____

Address of placement _____ Phone Number _____

Why is child in out-of-home placement? _____

Anticipated discharge date from out-of-home placement _____

Children's Blended Case Management Referral Form

LIVING ENVIRONMENT (answer all questions being asked)

1. What is current living environment?
2. Are there any stressors related to current living environment? No Yes If yes, please explain.
3. Have there been any significant changes to the living environment in the past 2 years?
 No Yes if yes please explain.
4. Are there any family members with significant needs? No Yes If yes, please explain.

DHS/JJS INVOLVEMENT (answer all questions being asked)

1. DHS involvement: none supervision custody
2. Juvenile justice system involvement: none probation JJ placement
3. If JJ placement, please select type: residential community-based detention JJ foster care
4. Provide DHS/CUA social worker and/or PO name and phone #
5. Provide description of why child is involved with DHS/CUA/JJS

EDUCATION

Name of school/educational program _____ Phone Number _____
Child attends: not in school regular education special education Partial hospital program
If special education, specify type of classroom: _____
BH services receiving in school: STEP IBHS other _____

Provide description of behavior and needs for child in educational setting:

Children's Blended Case Management Referral Form

MEDICAL ISSUES/PHYSICAL DISABILITIES/MEDICATION

1. Describe child's medical issues.
2. List all medications and any medication issues or concerns.
Give the name and contact information of prescribing physician.

COMMUNITY/SOCIAL/PEER RELATIONS & STRENGTHS & STRESSORS

1. Provide list of involved, supportive people in child's life.
2. Is child involved in community programs? _____ No _____ Yes If yes, please list.
3. How does this child manage in the community, with peers and family?
4. What are this child's stressors?

NEED FOR BCM SERVICES (answer all questions being asked)

- What BH services is child currently receiving?

Service	Provider of service Name and phone number	Date started	How often provided	Actively participating In treatment? ____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No
				____ Yes ____ No

Children's Blended Case Management Referral Form

This page must be completed

What current BH concerns justify this child receiving BCM services (are there acting out behaviors at home or school, suicidal ideation or attempts, etc.)? What services would you like BCM to assist with?

PLEASE SEND FORM DIRECTLY TO YOUR SELECTED PROVIDER AGENCY (SEE ATTACHMENT)

Referral will only be considered if all questions are answered completely.

Page 4

FOR PROVIDERS ONLY CBH Authorization
ID#
Auth#
Date of auth



TCM PROVIDERS - CHILDREN

7/1/2021

AGENCY NAME	PROGRAM NAME	ADDRESS	SERVICE TYPE/SPECIALITY	AVAILABILITY	REFERRAL OPTIONS				CONTACT PERSON	DESCRIPTION/SPECIALTIES
					EMAIL	PHONE	FAX	WALK-IN		
1 CATCH, Inc.	Children'sC4:K14 Blended Case Management	1417 Oregon Ave., 2nd Fl. Philadelphia, PA 19145	TCM/Children 2-21 (as long as the are enrolled in school)	Monday - Friday 8:30am - 5pm	kqatling@catchinc.com cquintana-curet@catchinc.com	215-336-8933	215-336-8943	No	Cindy Quintana-Curet, Program Coordinator	We provide case management services to children and adolescents with a Specified DSM-V Mental health diagnosis.
	Children's Enhanced Case Management	1417 Oregon Ave., 2nd Fl. Philadelphia, PA 19145	TCM/Children 2-21 (as long as the are enrolled in school)	Monday - Friday 8:30am - 5pm	kqatling@catchinc.com cquintana-curet@catchinc.com	215-336-8933	215-336-8943	No	Cindy Quintana-Curet, Program Coordinator	We provide case management services to high risk children and adolescents with a Specified DSM-V Mental health diagnosis.
2 Children Crisis Treatment Center	Bended Case Management	1080 Delaware Avenue, Philadelphia PA 19125	Children/adolescent	Monday-Friday 8am to 4pm. On call Monday-Friday 5pm-8am and Saturday/Sunday all day.	Nairann.merceir@cctckids.org	215-496-0707 ext. 1189	215-496-0742	n/a	Nairann Merceir, Team Leader	Two bilingual teams
	Abriendo Caminos	1080 Delaware Avenue, Philadelphia PA 19125	Children/adolescent	Monday-Friday 8am to 4pm. On call Monday-Friday 5pm-8am and Saturday/Sunday all day.	ivan.vila@cctckids.org	215-496-0707 ext. 1203	215-496-0742	n/a	Ivan Vila, Team Leader	Serve families from Mexico and Central America
	Tamaa	1080 Delaware Avenue, Philadelphia PA 19125	Children/adolescent	Monday-Friday 8am to 4pm. On call Monday-Friday 5pm-8am and Saturday/Sunday all day.	ivan.vila@cctckids.org	215-496-0707 ext. 1203	215-496-0742	n/a	Ivan Vila, Team Leader	Serve families from West Africa
3 Community Council Health Systems	Childrens Blended Case Management	4900 Wyalusing Avenue Philadelphia, PA 19131	Children- Ages 4 to 18; 18 -21 if enrolled in school	Office Hours: Monday-Friday: 8:00am-6:00pm; Emergency On Call	kmurray@cchss.org	215-473-7033	215-933-6925	By Appt only	Keonia Murray, Coordinator/kmurray@cchss.org	Community Council provides direct services to children and adolescents and their families who have behavioral health issues.
4 Consortium CMH/MRC	Childrens Blended Case Management	137 S. 58t Street, 2nd Floor, Philadelphia, PA 19139	Children/adolescent	Office Hours: Monday-Friday: 8:00am-6:00pm; Emergency On Call	cqans@consortium-inc.org	512-748-7100	215-472-6165		Clarence Gans, BCM Supervisor	Children's case management services
5 Hall Mercer CMHC	Childrens Blended Case Management	245 S. 8th Street, Phila, PA 19106	Children/adolescent	Office Hours: Monday-Friday: 9:00am-5:00pm; Emergency On Call	lauren.cliggitt@penmedicine.upenn.edu	215-829-6463	n/a	n/a	Lauren Cliggitt, Assoc. Director of Child Services	Children's case management services
6 Intercommunity Action, Inc. (INTERACT)	Childrens Blended Case Management	4200 Mitchell St. Philadelphia, Pa. 19128 (Suite 1000)	Children 5+	Mon. - Fri.: 8:30am - 5pm Emergency On-Call 24hrs	potieno@intercommunityaction.org ; bgillies@intercommunityaction.org ; vwewis@intercommunityaction.org	(215) 487-1330 ext. 2004	(215) 509-6507	Appt. only	Peter Otieno, TCM Director / (215) 487-1330 ext. 2004; Binti Gillies, BCM Supervisor / (215) 487-1330 ext. 2020; Yvonda Lewis, BCM Aide / (215) 487-1330 ext. 2000	Children's case management services
7 Merakey	Childrens Blended Case Management	27 E. Mt Airy Avenue; Philadelphia, PA 19119	The Merakey Children's Blended Case Management Program supports youth from 3-21 years of age; however, children 18 years and older must be in school.	Children's BCM Program hours are Monday to Friday, 9:00am to 5:00pm. However, BCM staff is available 24 /7 to meet the needs of the children. Children's BCM Program has a 24/7 on-call crisis management support.	bayala@merakey.org / jjohnson1@merakey.org	215-248-6700	215-248-6722/215-247-2092	By referrals only	Brenda Ayala - Program Director/Jennifer Johnson - Office Manager	Children's BCM Program is designed to serve youth living in the community who are struggling with emotional and/or behavioral challenges. Using an individualized approach to service delivery, we strive to assist our youth in developing and negotiating their community-based support system which promotes improved functioning. The program offers linkage and referral to community resources, as well as rehabilitation, crisis, and support services. The Merakey Children's BCM Program have a bilingual team of Case Managers who provide services to children and families whose primary language is Spanish.

					REFERRAL OPTIONS					
AGENCY NAME	PROGRAM NAME	ADDRESS	SERVICE TYPE/SPECIALITY	AVAILABILITY	EMAIL	PHONE	FAX	WALK-IN	CONTACT PERSON	DESCRIPTION/SPECIALTIES
8 PAHrtners Deaf Services	Children's Blended Case	614 N. Easton Road, Glenside, PA 19038	Children under 18	Office Hours: Monday-Friday: 8:30am-4:30pm; 24/7 Emergency On Call	Jessica.lamartin@rhanet.org Kelly.Barden@rhanet.org Justin.Henderson@rhanet.org	215-884-9770 x 660; Video relay service: 1-866-327-8877	215-884-6310	NA	Jessica LaMartin, Operations director	To Maximize an individual's ability to live independently in the community . We help our members access and manage medical, social, and educational services while also working on socialization and independent living skills. Serving individuals with mental health diagnosis who are also deaf or hearing impaired.
9 PATH, INC	Childrens Blended Case Management	8220 CASTOR AVE PHILADELPHIA PA 19152 Pending to: 1919 Cottman AvePhiladelphia, PA 19111	Up to 21, if in school; up to age 18, if not in school	M-F 8am to 6 pm; Weekends by appt as needed; Emergency On Call	ChildrenBCMreferrals@pathcenter.org	215-728-4602		By Appt only	Terese Egan-Ehrlich 215-728-4602 teehrich@pathcenter.org; Gail Finnel 215-728-4562 gfinnel@pathcenter.org	Children's Blended Case Management Services