

Recommendation for Continued Care Management Form

Purpose: To document a formal recommendation by certain entities for continued Health Home Care Management (HHCM) involvement due to continued involvement or instability with certain programs (Yearly Appropriateness Code 53)

Instructions:

Use this form when MCO, LGU, SPOA, school system, or LDSS recommends continued HHCM involvement. Submit completed form and any supporting documentation to the member's Care Manager prior to the YA due date.

A. Member Information (HHCM completes)

Child/Youth Name:		Medicaid CIN #:	
Health Home/CMA:		Date Enrolled in HHCM:	
Current Care Manager:		Date Sent to Requesting Entity:	
Care Manager phone/email:		Yearly Appropriateness Due Date:	

B. Requesting Entity Information

Requesting Entity Type:	<input type="checkbox"/> MCO <input type="checkbox"/> LGU <input type="checkbox"/> SPOA <input type="checkbox"/> School System <input type="checkbox"/> LDSS		
Requesting Entity Name:		Request Date:	
Contact Person Completing Form:		Title/Role:	
Phone:		Email:	

C. Program Involvement and/or Lack of Stability

	Continued Involvement	Lack of Stability	Provider Name	Contact Information
Mandated Preventive Services	<input type="checkbox"/>	<input type="checkbox"/>		
Child Protective Services	<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Services Program	<input type="checkbox"/>	<input type="checkbox"/>		
Special Education Program	<input type="checkbox"/>	<input type="checkbox"/>		
School (e.g., suspension, truancy, grade failure, repeating grade, or summer school)	<input type="checkbox"/>	<input type="checkbox"/>		

D. Rationale for Continued Care Management

Explain why continued HHCM involvement is necessary and how care management will support stabilization and coordination with the Program(s) indicated in section C.