

**Mesa Mental Health
Case Management Referral Form
Behavioral Health Referral**

Member Name	Date of Birth	Insurance Information
Street Address	City	State and Zip Code
Member ID Number	Account ID	Member/Responsible Person Phone Number
Provider <input type="checkbox"/> PCP	Office Mailing Address	City/State & Zip
Phone Number (Office or Clinic)	Fax Number (Office or Clinic)	Pager number for Provider <hr/> Provider Email Address
DIAGNOSIS/Clinical History/Reason(s) for Referral (include social problems): (fax and/or mail any pertinent clinical information available)		
Expected Outcome of Case Management Services:		
Point of Contact for More Information	Name	Phone Number
Currently Inpatient? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Inpatient—Facility Name	
Date of Referral	Name of Person Making Referral and Title	Phone/Fax Number for Person Making Referral Phone: _____ Fax: _____
<i>Fax Number for Case Management Acceptance Decision:</i>		

<i>Mesa Mental Health Use Only</i>	Date Referral Received _____	Decision <input type="checkbox"/> Accept <input type="checkbox"/> Not Accept
Rationale for Decision		
Case Manager: _____		
Decision Date: _____ Phone: _____ Fax: _____		

Mesa Mental Health Behavioral Health Case Management Referral Guidelines

To qualify for case management referral, the member must have a behavioral health diagnosis and at least one of the following (please check all that apply):

1. High utilization of benefits (examples):
 - Frequent Emergency Room visits for behavioral health-related crisis.
 - Member close to exhausting their behavioral health benefits.
 - Member who is close to or has reached their catastrophic cap due to high utilization of behavioral health services.
 - Members with multiple providers (i.e., drug-seeking behaviors) without coordination of care.
 2. Repeated non-compliance with recommended treatment(s) that resulted in usage of higher levels of care (two or more inpatient behavioral health admissions within six months).
 3. Chronic suicidal, lethal, dangerous behaviors and those that could cause harm to children/others.
 4. Need for linkage to community support, community resources or alternative funding sources and/or assistance in navigating the process of comprehensive or complex resources and the member is **unable** to navigate the process without assistance.
 5. Members with insufficient or minimal family, social or financial supports causing significant impairment or stress.
 6. Newly diagnosed members who require education about their behavioral health illness and available resources the member and/or family are **unable** to research without assistance.
 7. Significant co-morbidity of medical and mental health issues needing facilitation of communication between primary care and behavioral health providers.
 8. Dual diagnosis clients with a history of two or more relapses or psychiatric hospitalizations within one year.
 9. History of AMA discharge with no discharge planning.
 10. Other:
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Exclusions

- Member refuses
- Legal guardian refuses

**To make a Behavioral Health Case Management referral, please fax the completed form to:
Case Management Department
Mesa Mental Health
Fax: 505-816-6702**