

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.

LOCAL HEALTH SERVICES REQUEST

Date: _____
 To: _____
 Attention: _____
 Address: _____
 City/State/Zip: _____
 Phone () _____ - _____

Client Name: _____
 Address: _____
 City/State/Zip: _____
 County: _____

Caregiver/Emergency Contact: _____
 Relationship: _____ Phone # _____

MA# _____ Private Ins. None
 Birthdate ___/___/___ SS# _____-____-_____
 Sex: M F Hispanic: Y N
 Race: (circle) Afr-Amer/Black; Alaskan Native; Amer Native;
 Asian; More than one race; Native Hawaiian; or Pacific Islander;
 Unknown; White
 Marital Status (circle) Single Married Unk
 If Interpreter is needed specify language: _____

FOLLOW-UP FOR: (Check all that apply)
 Child under 2 years of age
 Child 2 - 21 years of age
 Child with special health care needs
 Pregnant EDD: ___/___/___
 Adult with disability (mental, physical, or developmental)
 Substance abuse care needed
 Homeless (at-risk)

Diagnosis: _____

Comments: _____

MCO
 From: _____ MCO
 Date Received: ___/___/___
 Document Outreach:
 Letter(s) _____
 Phone Call(s) _____
 Face to Face _____
 Unable to Locate
 Contact Date ___/___/___
 Advised _____ Refused
 Comments: _____

 Contact Person _____
 Telephone # _____
 Fax # _____
 Provider Name: _____
 Provider Phone # _____

RELATED TO: (Check all that apply)
 Missed appointments: ___ # missed
 Adherence to plan of care
 Immunization delay
 Preventable hospitalization
 Transportation
 Other

LOCAL HEALTH DEPARTMENT (COUNTY)
 Date Received: ___/___/___
 No Action (returned)
 Reason for return: _____
 Documented Outreach: _____
 Letter(s): _____
 Phone Call(s): _____
 Face to Face: _____
 Disposition:
 Contact Complete: Date ___/___/___
 Unable to Locate: Date ___/___/___
 Referred to: _____ Date ___/___/___
 Contact Person: _____
 Telephone # _____ Date ___/___/___

Comments: _____

LOCAL HEALTH SERVICES REQUEST FORM

INSTRUCTIONS FOR USE:

- 1.) **Purpose:** This form is to be used by PMP/ MCO to refer clinics in need of outreach and health-related services to the LHD-ACCU.
- 2.) **To:** Fill the appropriate local health department based on the clients county of residence.
- 3.) **From:** Indicate the referral source including, mailing address, contact name, phone number, and fax number.
- 4.) **Client Name:** Provide demographic information, MA number, last known address and phone number.
- 5.) **Follow-up:** Indicate the population category (FOR) and the reason for the request (Related To) Please add additional information or comments, that may assist the LHD to outreach member.

MCO Section:

Indicate type and number of outreach attempts; forward top copy to LHD-ACCU. Please indicate provider name and phone number. Please add additional information/comments that may assist the LHD to outreach member.

LHD Section:

Indicate action taken and return the appropriate copy to the MCO/Provider.

SEND REFERRALS TO:

Allegany Co. Hlth. Dept.

12501 Willowbrook Rd., S.E., (301) 759-5094
P O Box 1745 (fax) 301-777-2401
Cumberland, MD 21501-1745

Anne Arundel Co. Hlth. Dept. - ACCU

3 Harry S. Truman Pkwy., HD 23 (410) 222-7541
Annapolis, MD 21401 (fax) 410-222-4150

Baltimore Co. Hlth. Dept. - ACCU

8501 LaSalle Rd., Suite 111 (410) 887-8741
Towson, MD 21286 (fax) 410-828-8346

Calvert Co. Hlth. Dept. - ACCU

975 Solomons Island Rd. North, (410) 535-5400
P.O. Box 980 (fax) 410-535-1955
Prince Frederick, MD 20678

Caroline Co. Hlth. Dept. - ACCU

403 S. Seventh Street (410) 479-8000
P.O. Box 10 (fax) 410-479-0244
Denton, MD 21629

Carroll Co. Hlth. Dept. - ACCU

290 S. Center Street, P.O. Box 845 (410) 876-4940
Westminster, MD 21157 (fax) 410-876-4959

Cecil Co. Hlth. Dept. - ACCU

401 Bow Street (410) 996-5145
Elkton, MD 21921 (fax) 410-996-5121

Charles Co. Hlth. Dept. - ACCU

4545 Crain Hwy., P.O. BOX 1050 (301) 609-6900
White Plains, MD 20695 (fax) 301-934-7048

Dorchester Co. Hlth. Dept. - ACCU

503-B Muir Street (410) 228-3294
Cambridge, MD 21613 (fax) 410-228-8976

Frederick Co. Hlth. Dept. - ACCU

350 Montevue Lane (301) 600-3348
Frederick, MD 21702 (fax) 301-600-3302

Garrett Co. Hlth. Dept. - ACCU

1025 Memorial Dr. (301) 334-7770
Oakland, MD 21550 (fax) 301-334-7771

Harford Co. Hlth. Dept. - ACCU

Aberdeen Hlth. Ctr. (410) 273-5626
34 North Philadelphia Blvd. (fax) 410-272-5467
Aberdeen, MD 21001

Howard Co. Hlth. Dept. - ACCU

7180 Columbia Gateway Dr. (410) 313-7500
Columbia, MD 21046 (fax) 410-313-6108

Kent Co. Hlth. Dept. - ACCU

125 S. Lynchburg St. (410) 778-1350
Chestertown, MD 21620 (fax) 410-778-7019

Montgomery Co. Hlth. Dept. - ACCU

1335 Piccard Drive, 2nd Floor (240) 777-1616
Rockville, MD 20850 (fax) 240-777-1604

Prince Georges' Co. Hlth. Dept. - ACCU

9314 Piscataway Road 1-888-561-4049
Clinton, MD 20735 (fax) 301-856-9628
(fax) 301-856-9607

Queen Anne's Co. Hlth. Dept. - ACCU

206 N. Commerce Street (410) 758-0720
Centreville, MD 21617 (fax) 443-262-9357

St. Mary's Co. Hlth. Dept. - ACCU

21580 Peabody Street (301) 475-4316
P.O. Box 316 (fax) 301-475-4350
Leonardtown, MD 20650-0316

Somerset Co. Hlth. Dept. - ACCU

7920 Crisfield Hwy. (443) 523-1740
Westover, MD 21871 (fax) 410-651-2572

Talbot Co. Hlth. Dept. - ACCU

100 S. Hanson Street (410) 819-5600
Easton, MD 21601-0480 (fax) 410-819-5690

Washington Co. Hlth. Dept. - ACCU

1302 Pennsylvania Avenue (240) 313-3290
Hagerstown, MD 21742 (fax) 240-313-3444

Wicomico Co. Hlth. Dept. - ACCU

108 E. Main Street (410) 543-6944
Salisbury, MD 21801 (fax) 410-543-6568

Worcester Co. Hlth. Dept. - ACCU

9730 Healthway Drive (410) 629-0164
Berlin, MD 21811 (fax) 410-629-0185

Baltimore Hlth. Care Access

1 Calvert Plaza, #1000-ACCU (410) 649-0500
201 E. Baltimore Street (fax) 410-649-3553
Baltimore, MD 21202