

MTBH Health Care Home Internal Enrollment Referral

Qualifying Criteria:

1. Must meet one of the following three below:
 - a. A serious and persistent mental illness (adult) or a serious emotional disturbance (youth)
 - b. A mental health condition and a substance abuse disorder
 - c. A mental health condition or a substance abuse disorder and a chronic health condition. Eligible chronic health conditions include: Diabetes, Cardiovascular disease, Chronic obstructive pulmonary disease (COPD) (to include asthma, chronic bronchitis, emphysema), Overweight (BMI>25), Tobacco use, Developmental disability.
2. Must be CPR eligible and be a MO HealthNet recipient
3. Must have been introduced to HCH and agreed to MTBH HCH membership

What information we need from you:

Last Name:		First Name:	
DCN #:		DM3700 Cohort?	Yes No
DOB:		Street Address:	
City/State/Zip Code:		CSS/CSS Supervisor:	
Annual Eval. Date: (if known)		PCP (if known)	
If has Parent or Guardian and address is different from client, please provide address information below.			
Has Parent or Guardian?	Yes No		
Parent/Guardian Last Name:		Parent/Guardian First Name:	
Parent/Guardian Street Address:		Parent/Guardian City/State/Zip Code:	
Qualifying Diagnosis/ Condition: <small>(complete a, b, or c)</small>	1a. Serious and Persistent Mental Illness Primary Diagnosis:		<small>(DSM-IV-TR diagnostic code)</small>
	1b. Mental Health Condition Primary Diagnosis:		<small>(DSM-IV-TR diagnostic code)</small>
	1b. Substance Abuse Disorder Primary Diagnosis		<small>(DSM-IV-TR diagnostic code)</small>
	1c. Mental Health Condition Primary Diagnosis		<small>(DSM-IV-TR diagnostic code)</small>
	1c. Substance Abuse Disorder Primary Diagnosis		<small>(DSM-IV-TR diagnostic code)</small>
	1c. Chronic Conditions (check all that apply)	<input type="checkbox"/> Diabetes <input type="checkbox"/> Overweight (BMI>25) <input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Asthma <input type="checkbox"/> Developmental Disability
		<input type="checkbox"/> Tobacco Use <input type="checkbox"/> Emphysema <input type="checkbox"/> Chronic Bronchitis	
		<input type="checkbox"/> COPD	
For Youth only, did client qualify for CPR based on DLA or CAFAS score?			Yes No
Has Consumer and Guardian/Parent, if applicable, been introduced to HCH?			Yes No