**Referral for Medica Behavioral Health Case Management for Minnesota Senior Health Options (MSHO) Members**

**Referral Source:**

1. Name and Title of Care Coordinator Submitting Referral: Click or tap here to enter text.
2. E-Mail & Phone Number of Submitter:

E-Mail: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

**Member or Responsible Party Information:**

1. Name: Click or tap here to enter text.
2. DOB: Click or tap here to enter text.
3. Phone Number: Click or tap here to enter text.
4. Reason for Referral, please see referral criteria:

Click or tap here to enter text.

1. Is the member aware that Behavioral Health Case Management will be calling?

Choose from Dropdown Y/N

1. Please provide information on the member’s medical conditions:

If so, please provide additional information here.

1. List of Medical Providers commonly used by the member:

Click or tap here to enter text.

1. Please provide information regarding any significant behavioral health care events or past behavioral health treatment history

Click or tap here to enter text.

1. Please share any other notable information you’d like MBH to know about the member: Click or tap here to enter text.

**Referral Criteria:**

|  |
| --- |
| **The member has had 2 or more of the follow types of admissions in 6 months:** |
| Psychiatric Inpatient (IP): Click or tap here to enter text.  (Alzheimer’s & Dementia diagnosis out of scope) |
| Substance Use Disorder IP (Withdrawal Management): Click or tap here to enter text. |
| Eating Disorder IP (Mental Health (MH) & Medical): Click or tap here to enter text. |
| 2 Emergency Room Visits for MH or SUD reasons Click or tap here to enter text. |
| MH or SUD Residential: Click or tap here to enter text. |

**Email completed form to:** [Integrated\_Solutions@Optumhealth.com](mailto:Integrated_Solutions@Optumhealth.com)

For Questions or Assistance: 877-495-9422

Medica Behavioral Health (MBH) is administered by Optum.