

# Referral & Change of Status Instructions

## Target Case Management

### Referral:

**Referral Date:** \*(Required) this space is to record the date of when a service has been identified or requested for treatment intervention.

**Referral Source/Relationship:** Identify the person making the request and their relationship to the child.

**Contact Information:** Record the name, contact information of the person who is completing this form. If you are referring for HIFI Wrap Case Management please indicate by checking off the box.

**Demographic Data:** Complete this section as accurately and thoroughly as possible. It is essential that names be spelled correctly and as they appear on the MaineCare card. **Race:** the Federal government requires this question but it is optional. Provide the address of the child. This is the address where this child is currently residing and where the child is able to receive service.

**Guardianship/Custody:** Complete this section identifying the current legal guardian(s) or if the child is in state custody (this applies to Child Welfare V9 statuses for young adults). In the event there is a guardian/custody change documentation of the current guardian/custody agreement is required. Indicate if one parent assumes the rights and responsibilities' of a child solely or if the rights and responsibilities' of the child are shared between two parents. Indicate self-guardianship for the referral of an emancipated child or young adult of 18, unless not permitted.

**Disability Category:** Choose all disability categories that a child may be eligible for based on the diagnostic evaluation. If the child has Mental Retardation, Autism, or PDD-NOS, the disability category will be MR/Autism. If the child has Asperger's or any other Mental Health diagnosis, the category will be MH. Children to age six without one of the above diagnosis will be classified as EI/DD. If the child has co-occurring disorders indicate by checking all category boxes that apply.

**Child's Primary Language:** Please complete this section in regards to what assistance may be needed to communicate with the clients and their caregivers.

### Change of Status:

**Changes to Child's Demographics** Complete this section when the child's name changes or when the child, a parent or entire family changes their address. If a child enters into a residential facility, this would be recorded as a change of address for the child. When a legal address (residency) changes please clearly indicate if the mailing address remains the same or also has been changed. A change of status would also be submitted recording a removal of the child from their primary residence or if the child enters a foster care setting.

**Change in Disability Category:** Complete this section when a child's mental health or mental retardation disability category changes due to a new evaluation and document the date of new evaluation.

**Guardianship/Custody:** Complete this section when a change in the child's guardianship has occurred or if child has entered state custody (please notify CBHS if a child assumes Child Welfare V9 status at their 18<sup>th</sup> birthday). In the event there is a guardian/custody issue, evidence of the current guardianship/custody agreement may be requested. Please indicate when the rights and responsibilities' for a child change from one sole parent to the other, become shared by both parents from a sole parent, or become sole from a shared parental arrangement. This section must be completed on a young adult's 18<sup>th</sup> birthday indicating their assumption of self-guardianship, unless not permitted.

**Change in Case Management Status:** Complete this section if billing for case management services have begun, if the level of case management has changed or the case management service has closed.

**Change in Child's Case Manager Assigned:** Complete this section when case managers have changed within your agency.

**Change of Case Management Staff: Relocation/New Hires/Resigned Staff:** Complete this section when staff changes occur within your agency. i.e. when new staff is hired, staff has taken leave, staff has resigned or staff has changed office location.