

CARE COORDINATION SCREENING FORM

Spouse Name:

EI/Guardian Name:

Primary Language:

Third Party Insurance:

EI Address: _____ Phone: _____ Alternate Phone: _____

Emergency Contact Name: _____ Phone: _____ Alternate Phone: _____

Official PCP Name: _____ PCP Phone: _____ PCP Fax: _____

Referral Sources

- Alabama Medicaid Emergency Department Mental Health Provider School/School Nurse
- Home Health Hospice/Palliative Care EI/Caregiver Pharmacist Pharmacy
- Hospital/In-EI PCP Specialist(s) Community Based Organizations/Agency
- Other: _____

Reason for Referral

- Asthma Diabetes BMI over 25 COPD Cancer Heart Disease
- Hepatitis C Virus Cardiovascular Disease Transplant Neurological Disorder
- Sickle Cell Anemia Mental Health Condition Substance Use Disorder HIV
- Other diseases:
 - Receiving inadequate care for chronic conditions, including medical, mental health and substance use disorders
 - Receiving contraindicated medications and/or in need of medication reconciliation
 - Uses the Emergency Department with conditions that could be treated in primary care settings
 - Recent hospitalization(s)
 - In need of Care Management for medical or behavioral conditions that can be positively affected or better controlled.
 - Additional clinical or social information supports unstable conditions

Screening Results

EI meets criteria for medium or high care coordination services

Action Steps:

EI Deferred (user must select a reason from list below)

Current needs have been met

Deceased

Not appropriate for care coordination

Not impactable due to severity of disease state

PCP recommends deferral

Refused services

Unable to contact (at least three attempts)

Well linked to resources or referral made

EI referred (user must select an option from list below)

Care Coordination

Community Health Worker

Primary Care Provider

Transitional Care Nurse

Behavioral Health Nurse

ACHN Pharmacist

Alabama Department of Public Health Targeted Case Management

High Lead Levels

Newborn Metabolic Screening

Newborn Hearing Screening

Targeted Case Management

Target Group 1 – Mentally Ill Adults

- Target Group 2 – Intellectually Disabled Adults
- Target Group 3 – Disabled Children
- Target Group 4 – Foster Children
- Target Group 5 – Pregnant women
- Target Group 6 – AIDS/HIV Positive Individuals
- Target Group 7 – Adult Protective Service Individuals
- Target Group 8 – Technology Assisted (TA) Waiver for adults
- Target Group 9 - Individuals with a Diagnosed Substance Use Disorder
- Target Group 10 – High Intensity Care Coordination

Other: _____

Assessment Ready

Stratification: High Medium

Location where form information was gathered: _____

Date when information was gathered: _____

Completed by:

Name: _____ Title: _____ Date: _____