pennsylvania
DEPARTMENT OF HUMAN SERVICES

Complex Case Referral Form

After all efforts are exhausted to coordinate care for the child/youth at the county and county-state joint level and no solution is identified, please complete the following referral and submit to the Complex Case Resource Acct (RA-PWCMPLXCASEREFS@pa.gov).

CHILD/YOUTH'S NAME (LAST, FIRST, MI):	DATE OF BIRTH (MM/DD/YYYY):	SOCIAL SECURITY #:	MAID:

PARENT/CAREGIVER NAME (LAST, FIRST), EMAIL ADDRESS, AND PHONE NUMBER:

COUNTY OF RESIDENCE:	HOME COUNTY:

AGENCIES INVOLVED:

REASON FOR REFERRAL (INCLUDE FULL SUMMARY AS ADDITIONAL ATTACHMENT):

- ☐ The resolution involves a clinically appropriate solution that requires support from multiple program offices or agencies.
- ☐ The funding solution comes from multiple sources; which may include external entities.
- ☐ The case involves complexities that render them unresolvable through the established county or regional office's processes.
- ☐ The child/youth is currently in an inappropriate placement due to an inability to identify or implement the least restrictive treatment option.
- ☐ Other: (provide explanation)

SERVICES PREVIOUSLY RECEIVED AND THE EFFECTIVENESS:

SPECIFIC NEEDS CURRENTLY IDENTIFIED:

CHALLENGES OBTAINING SERVICES:

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Referral Contact Information:

CONTACT NAME:	REFERRAL SOURCE (AGENCY/REGIONAL OFFICE NAME):
CONTACT PHONE:	EMAIL ADDRESS:

Completed Coordination Efforts at the County Level:

PARTICIPANTS (NAME, EMAIL ADDRESS, PHONE NUMBER)	
DATE OF LAST CONTACT:	TYPE OF CONTACT:
DESCRIPTION OF COORDINATION EFFORTS, INCLUDING IF LEAD MANAGED CARE ORGANIZATION (MCO) OR FEE-FOR-SERVICE (FFS) WAS CONTACTED TO DISCUSS ALL POSSIBLE OPTIONS:	

Completed Coordination Efforts with DHS Program Offices:

ODP: ☐ Yes ☐ No ☐ N/A	
COUNTY: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	
REGIONAL FIELD OFFICE: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	
STATE LEVEL: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	

OMHSAS: ☐ Yes ☐ No ☐ N/A	
COUNTY: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	
REGIONAL FIELD OFFICE: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	
STATE LEVEL: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	

OCYF: ☐ Yes ☐ No ☐ N/A	
COUNTY: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	
REGIONAL FIELD OFFICE: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	
STATE LEVEL: ☐ Yes ☐ No ☐ N/A	CONTACT NAME:
DATE OF LAST CONTACT:	

OMAP: ☐ Yes ☐ No ☐ N/A
CONTACT NAME:
DATE OF LAST CONTACT:

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OLTL: ☐ Yes ☐ No ☐ N/A	**OCDEL:** ☐ Yes ☐ No ☐ N/A
CONTACT NAME:	CONTACT NAME:
DATE OF LAST CONTACT:	DATE OF LAST CONTACT:

NOTES:

Coverage:

Physical Health Plans	HAS CURRENTLY	APPLIED FOR
Aetna Better Health	☐	☐
AmeriHealth Caritas	☐	☐
Gateway	☐	☐
Geisinger Health Plan	☐	☐
Health Partners	☐	☐
Keystone First	☐	☐
UPMC for You	☐	☐
United Health Care	☐	☐
Fee-for-Service	☐	☐
Medicare	☐	☐

Behavioral Health Plans	HAS CURRENTLY	APPLIED FOR
Community Behavioral Health	☐	☐
Community Care Behavioral Health	☐	☐
Magellan Behavioral Health	☐	☐
PerformCare	☐	☐
Beacon Health Options of PA	☐	☐
Fee-for-Service	☐	☐
Medicare	☐	☐

Waivers	HAS CURRENTLY	APPLIED FOR
Adult Autism	☐	☐
Attendant Care & Act 150	☐	☐
Community Health Choices	☐	☐
Community Living	☐	☐
Consolidated	☐	☐
Independence	☐	☐
Infants, Toddlers & Families	☐	☐
Living Independence for the Elderly	☐	☐
OBRA	☐	☐
PA Dept. of Aging 60+ (PDA)	☐	☐
P/FDS	☐	☐

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Physical Health (PH) Diagnosis (DX):

PH DX:	
PRIMARY DX:	
SECONDARY DX:	
TERTIARY DX:	
HAS CONTACT BEEN MADE WITH PH-MCO?	PH-MCO CONTACT NAME:
PLEASE PROVIDE DETAILS:	

Behavioral Health (BH) Diagnosis (DX):

BH DX:	
PRIMARY DX:	
SECONDARY DX:	
TERTIARY DX:	
HAS CONTACT BEEN MADE WITH BH-MCO?	BH-MCO CONTACT NAME:
PLEASE PROVIDE DETAILS:	

Medications (RX):

CURRENT MEDICATIONS: