BEHAVIORAL HEALTH DEPARTMENT
6355 Woodside Court • Columbia, MD 21046
T (410) 381-7171 • BHAdmin@humanim.org

HUMANIM
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Application for Community Support Services

Adult Mental Health Case Management • Humanim Behavioral Health Department

INSTRUCTIONS

Targeted case management services are available to assist adults with gaining access to the full range of mental health services, as well as to any needed medical, social, financial, counseling, educational, housing, and other supportive services needed to maintain stability in the community.

Adults must meet the State of Maryland's medical necessity criteria for targeted case management. Adults with Medical Assistance (MA) and adults dually eligible for Medicare/MA are eligible. The Public Behavioral Health System reimburses targeted case management services for adults who meet Uninsured Eligibility criteria through the Behavioral Health Administration.

- The mental health professional or provider working most closely with the applicant may help complete the attached forms.
- The Authorization of Disclosure may be signed by the applicant if they agree with services. Otherwise, the referral source may send the application.
- Medical Necessity Criteria must indicate why the applicant meets the stated criteria.
- Eligibility and need will be reviewed by the Humanim Case Management Program Director.
- Applications may be faxed to 410-381-5317, emailed to BHAdmin@humanim.org, or mailed to 6355 Woodside Ct., Columbia, MD 21046.

INDIVIDUAL INFORMATION

Last Name * **First Name *** **Middle Name**

Address

Home Phone **Mobile Phone** **Email**

Sex **Primary Language** **Race**

Interpreter Needed?

☐ Yes ☐ No

Demographics

☐ Hispanic / Latino ☐ U.S. Citizen ☐ Legal Resident

☐ Veteran: Yes ☐ Veteran: No

Date of Birth **Age** **Social Security #** **Marital Status**

Highest Level of School Completed

Other Education (if not listed)

Employment Status

☐ Full-time ☐ Part-time ☐ None

PRIMARY BEHAVIORAL HEALTH DIAGNOSIS

In order to qualify for services the individual must have a mental health DSM-5 diagnosis.

ICD-10 **DSM-5 Diagnosis**

CO-OCCURRING SUBSTANCE USE DISORDER

Cannot be primary diagnosis.

ICD-10 **DSM-5 Diagnosis**

SOCIAL ELEMENTS IMPACTING DIAGNOSIS

Check all that apply.

☐ None ☐ Access to Health Care ☐ Housing Problems ☐ Social Environment
☐ Educational ☐ Legal / Crime ☐ Occupational ☐ Homelessness
☐ Financial ☐ Primary Support ☐ Other Psychosocial ☐ Unknown

MEDICAL NECESSITY CRITERIA FOR ADMISSION

At least one item must be selected.

☐ The applicant is at risk of or needs continued treatment to prevent inpatient psychiatric treatment.

☐ The applicant is at risk of or needs community treatment to prevent being homeless.

☐ The applicant is at risk of incarceration or will be released from a detention center or prison.

☐ The applicant is a participant in the Continuum of Care Program (formerly Shelter Plus Care). HUD requires individuals receiving rental assistance via the Continuum of Care Program to receive case management services as long as rental assistance is provided.

State reason(s) for selection:

Diagnostic Criteria Waiver Conditions

☐ A participant committed as not criminally responsible who is conditionally released from a BHA facility, per Health General Article, Title 12, Annotated Code of Maryland.

☐ A participant in a BHA facility or BHA-funded inpatient psychiatric hospital requiring community services. Excludes participants eligible for DDA's residential services.

CURRENT SUBSTANCE USE

Type of Drug (including Alcohol)	Dates Used	Amount	How Used

Additional Drug	Dates Used	Amount	How Used

PREVIOUS HISTORY OF SUBSTANCE USE

Type of Drug (including Alcohol)	Dates Used	Amount	How Used

Additional Drug	Dates Used	Amount	How Used

LAST KNOWN PSYCHIATRIC HOSPITALIZATION

Facility	Admission / Discharge Dates

MEDICAL DIAGNOSES

Medical Diagnoses (if applicable):

CURRENT PSYCHOTROPIC MEDICATIONS

Name of Medication	Dosage	Frequency

Name of Medication	Dosage	Frequency

LEGAL INFORMATION

Has the applicant ever been arrested?

☐ Yes ☐ No

Currently on parole or probation?

☐ Yes ☐ No

Probation Agent	Agent Phone

Current Charges

Currently on a Conditional Release Order?

☐ Yes ☐ No

CFAP Monitor **CFAP Phone**

CURRENT PROVIDERS AND SUPPORTS

Or most recent if not currently in treatment.

Psychiatrist / Prescriber

Name **Agency** **Phone**

Therapist / Clinician

Name **Agency** **Phone**

Other Providers (Mobile Treatment/ACT, PRP, Supported Living, SEP, etc.)

Name **Agency** **Phone**

Substance Use Treatment Provider

Name **Agency** **Phone**

Primary Care Physician

Name **Agency** **Phone**

Emergency Contact

Name **Relationship / Agency** **Phone**

CURRENT INCOME AND ENTITLEMENTS

☐ Check here if applicant has no income.

Status of each income source (check one per row)

SSI	☐ Active	☐ Inactive	☐ Pending
SSDI	☐ Active	☐ Inactive	☐ Pending
TDAP	☐ Active	☐ Inactive	☐ Pending
Veterans Benefit	☐ Active	☐ Inactive	☐ Pending
Employment Earnings	☐ Active	☐ Inactive	☐ Pending

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Other Income ☐ Active ☐ Inactive ☐ Pending

INSURANCE INFORMATION

Medical Assistance

Insurance / Policy #

☐ Active ☐ Inactive ☐ Pending

Medicare

Insurance / Policy #

☐ Active ☐ Inactive ☐ Pending

☐ Check if applicant has no insurance.

Does individual meet criteria for Uninsured Eligibility?

☐ Yes ☐ No ☐ Unknown

ADDITIONAL INFORMATION

Any additional information that you feel would be helpful in serving this individual:

REFERRAL INFORMATION

Who is making this referral?

☐ Self ☐ Family ☐ Case Manager ☐ Other

Contact Information of the person making referral (if not self):

Name **Agency**

Phone **Fax** **Email**

Referring Individual's Signature

HUMANIM USE ONLY

Do not write below this line. For Humanim staff use only. Review criteria indicate participant eligibility for General or Intensive Case Management services.

Level I — General

Based on the severity of the participant's mental illness, if participant meets at least one of the following:

- ☐ Not linked to mental health and medical services
- ☐ Lacks basic supports for shelter, food, and income
- ☐ Transitioning from one level of care to another
- ☐ Needs to maintain community-based treatment and services
- ☐ Urgent (describe below)

If urgent, describe:

Level II — Intensive

Based on the severity of the participant's mental illness, if participant urgently meets more than one:

- ☐ Not linked to mental health and medical services
- ☐ Lacks basic supports for shelter, food, and income
- ☐ Transitioning from one level of care to another
- ☐ Needs to maintain community-based treatment and services
- ☐ Urgent (describe below)

If urgent, describe:

CONSENT FOR DISCLOSURE FOR ADULT CASE MANAGEMENT SERVICES

I give my consent for the release of the following written information to Humanim, Inc. (case management provider) for the purpose of determining eligibility for targeted case management services.

Applicant Name (printed) * | **From Provider / Agency**

Information to be released (check all that apply)

- ☐ Psychosocial assessment
- ☐ Psychiatric evaluation
- ☐ Psychological testing
- ☐ Physical / health history
- ☐ Discharge summary
- ☐ Income / insurance
- ☐ Substance Use history
- ☐ Legal history
- ☐ Treatment / rehabilitation plan
- ☐ Admission summary
- ☐ Current / previous medications
- ☐ Other

Prohibition of Re-Disclosure: This information has been disclosed to Humanim, Inc. from records whose confidentiality is protected. Any further disclosure is prohibited. This disclosure of information is effective until the date below (12 months from the date of signature).

Disclosure Effective Until

Applicant Signature * | **Date ***

Witness Signature | **Date**

Legal Guardian (if applicable) | **Date**