

**LEHIGH/NORTHAMPTON COUNTIES CASE MANAGEMENT AND/OR  
CERTIFIED PEER SPECIALIST REFERRAL APPLICATION FORM**

If you are referring for Case Management please note: A psychiatric/psychological evaluation completed within the last six months or recent treatment notes *including current diagnosis* must accompany this referral along with a current medication list. If the referral is not complete or if the evaluation is outdated, it may be returned to you.

**Section I: Demographic Information**

Date of Referral:	SSN:	Preferred Language:	
Applicant's Name:		Gender Identity:	Assigned Sex at Birth:
Address (if homeless, last known address):			
Primary Phone:	Ok to leave a voice mail? YES <input type="checkbox"/> NO <input type="checkbox"/>		DOB & Age:
Alternate Phone:	Ok to leave a voice mail? YES <input type="checkbox"/> NO <input type="checkbox"/>		Email:
Emergency Contact/Guardian:		Phone#:	Email:

SOAR: Are you referring this individual to a TCM provider that provides SOAR trained case management services?

<b>Providers:</b> Please check the provider you are sending this referral to. Please pick <u>only</u> one provider		
<p><i>*Please Note: For referrals to TIP (Transition to Independence) contact 215-317-9939</i></p> <p><input type="checkbox"/> Conference of Churches (SOAR): BCM Fax: 484-664-7322 Phone: 484-664-7320</p> <p><input type="checkbox"/> Lehigh Valley ACT: BCM Fax: 610-882-3181 Phone: 610-882-1355</p> <p><input type="checkbox"/> Lehigh County MH/ID (SOAR): BCM <u>Only non-Magellan referrals</u> Fax: 610-871-1455 Phone: 610-782-3151</p> <p><input type="checkbox"/> Northampton County MH (SOAR): BCM/ICM Fax: 610-974-7596 Phone: 610-829-4819</p>	<p><input type="checkbox"/> Pennsylvania Mentor: <input type="checkbox"/> ICM <input type="checkbox"/> CPS <input type="checkbox"/> RC (check one) Fax: 610-867-2695 Phone: 610-867-3173</p> <p><input type="checkbox"/> Merakey (SOAR): <input type="checkbox"/> BCM <input type="checkbox"/> CPS (check one) Fax: 610-866-8408 Phone: 610-866-8331</p> <p><input type="checkbox"/> Holcomb Behavioral Health: ICM Fax 610-330-2853 Phone: 610-0-9862 (Easton) Fax: 610-435-3044 Phone: 610-435-4151 (Allentown)</p>	<p><input type="checkbox"/> Salisbury Behavioral Health (SOAR): <input type="checkbox"/> BCM <input type="checkbox"/> CPS (check one) Fax: 610-391-1682 Phone: 610-973-0971</p> <p><input type="checkbox"/> Recovery Partnership: CPS Fax: 610-861-2781 Phone: 610-861- 2741 (Also contact # for Reflections 24 hour Peer Support)</p> <p><input type="checkbox"/> PeerStar, LLC: <input type="checkbox"/> Forensic Peer <input type="checkbox"/> CPS (check one) Fax: 484-574-8951 Phone: 484-574-8912</p> <p><input type="checkbox"/> Valley Youth House: CPS (ages 14-26) Fax and Phone: 610-820-0166</p>

\* For individuals without Magellan please fax the referral to the county of residence listed above.

**Section II: To be completed by Referral Source:**

Referred by:	Title/Position:
Agency:	Phone/Email:
Reason for Referral (How would this person benefit from Targeted Case Management or a Certified Peer Specialist?)	
Current needs or service gaps(check any that apply): <input type="checkbox"/> Homelessness <input type="checkbox"/> MH Treatment Provider <input type="checkbox"/> Primary Care Physician Provider <input type="checkbox"/> Social Security Benefits <input type="checkbox"/> Insurance <input type="checkbox"/> Vocational/Educational Supports <input type="checkbox"/> Drug and/or Alcohol Treatment <input type="checkbox"/> Other (specify):	
If homeless please specify current living situation: <input type="checkbox"/> Non-housing (street, park, car, etc.) <input type="checkbox"/> Living w/ relatives or friends <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Other (specify):	
Has the referral been discussed with the individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Any history of the following? <input type="checkbox"/> Trauma <input type="checkbox"/> Suicidal thoughts/attempts <input type="checkbox"/> Homicidal thoughts/actions <input type="checkbox"/> Fire setting <input type="checkbox"/> Aggressive/assaultive behavior <input type="checkbox"/> Are there any weapons in the home? Please explain if any are checked:	

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**Section III: Insurance/Funding Source and Income:**

Type of Insurance:	Member ID #:	Income Source:	Monthly Amount:
Medical Assistance		Employment:	
Medicare		SSI/SSDI:	
County Funded: <input type="checkbox"/> Lehigh <input type="checkbox"/> Northampton	BSU #:	Other Income:	

**Section IV: Eligibility Criteria for BCM/ICM/RC and CPS Services:**

**Diagnosis – The individual being referred must have a diagnosis within DSM V excluding those with a principal diagnosis of intellectual disability, psychoactive substance abuse, organic brain syndrome or a V-Code.**

Mental Health DSM V Diagnoses:	Physical Health Diagnoses:

**Psychosocial Stressors:**

**Criteria For BCM/ICM/RC - Treatment History – check all that apply (must meet one or more):**

<input type="checkbox"/>	6 or more days of psychiatric inpatient treatment in the past 12 months
<input type="checkbox"/>	Met standards for involuntary treatment within the past 12 months
<input type="checkbox"/>	Currently receiving or in need of 2 or more human service agencies/public systems (D&A, OVR, Crim Just, etc.)
<input type="checkbox"/>	At least 3 missed community MH appointments within the past 12 months
<input type="checkbox"/>	2 or more face to face encounters with crisis/emergency services within the past 12 months
<input type="checkbox"/>	Documentation of inability to maintain medication regime for a period of at least 30 days

**Criteria for CPS – Functional Impairment - Difficulties that substantially interfere with or limit (must meet one or more):**

<input type="checkbox"/>	A person from achieving or maintaining one or more developmentally-appropriate social, behavioral, cognitive, communicative, or adaptive skills
<input type="checkbox"/>	Role functioning in one or more major life activities including basic daily living skills (e.g., eating, bathing, dressing)
<input type="checkbox"/>	Instrumental living skills (e.g. maintaining a household, managing money, getting around the community, taking prescribed medication)
<input type="checkbox"/>	Functioning in social, family, and vocational/educational contexts

*\*Please Note: If referral is for Certified Peer Specialist; a recommendation must be signed below by a Practitioner of the Healing Arts, consisting of either a physician, licensed psychologist, certified registered nurse practitioner, or physician’s assistant. The Individual being referred to CPS services must also sign below.*

<b>Signature of Licensed Practitioner of the Healing Arts</b>	<b>Date</b>
<b>Printed Name:</b>	<b>Phone number:</b>
<b>Address:</b>	
<b>Individuals Signature</b>	<b>Date</b>

# **LEHIGH/NORTHAMPTON COUNTIES CASE MANAGEMENT AND/OR CERTIFIED PEER SPECIALIST REFERRAL APPLICATION FORM**

## **SOAR TCM Referrals: When referring an individual for TCM services, please review the following and see if that individual might benefit from a TCM certified in SOAR: SSI/SSDI Outreach, Access, and Recovery**

SOAR was developed by SAMHSA and is designed to increase access to Social Security Disability Benefit programs offered through the Social Security Administration. Additional information on SOAR can be found here:

[https://soarworks.prainc.com/sites/soarworks.prainc.com/files/SOAROverview-2020-508\\_0.pdf](https://soarworks.prainc.com/sites/soarworks.prainc.com/files/SOAROverview-2020-508_0.pdf)

[https://soarworks.prainc.com/sites/soarworks.prainc.com/files/Getting\\_Involved\\_with\\_SOAR-Adult-and\\_Child.docx](https://soarworks.prainc.com/sites/soarworks.prainc.com/files/Getting_Involved_with_SOAR-Adult-and_Child.docx)

### **What are the benefits of SOAR?**

The SOAR process leads to better outcomes for individuals applying for SSI/SSDI who are homeless or at risk of homeless and who are unable to work due to severe and persistent mental or physical health diagnoses, which often co-occur. The average approval rate of for someone experiencing or at risk of homeless is around 10-15%; SOAR sees and average approval rate of 65% in 108 days, with the state of Pennsylvania boasting a 90% approval rate in an average of 82 days (for 2019-202).

### **Would the individual you are considering referring to BCM/ICM/RC be eligible for and benefit from a SOAR trained case manager? Do they meet the following Criteria?**

- Is the individual experiencing or at risk of homeless?
- Do they have a serious mental illness, medical impairment and/or a co-occurring substance use disorder, that is expected to last 12 months or more, or result in death? Does the impairment affect their ability to function and work up to Substantial Gainful Activity (SGA), \$1,310/month?
- Do they meet the criteria for Targeted Case Management?

Then yes, they would benefit from a SOAR trained Targeted Case Manager!

For further information on identifying SOAR applicants:

[https://soarworks.prainc.com/sites/soarworks.prainc.com/files/Identifying\\_SOAR\\_Applicants.docx](https://soarworks.prainc.com/sites/soarworks.prainc.com/files/Identifying_SOAR_Applicants.docx)

### **How to make a referral to a TCM agency that offers SOAR**

On the TCM universal referral please check that the individual would benefit from SOAR and select from one of the agencies that have (SOAR) behind their agency name.

If the individual requires county funding please send to the appropriate county entity and the individual will be connected to a county funded agency with a SOAR trained case manager.