

MI Community Care

A community-wide care coordination program by the Livingston-Washtenaw SIM

Date: _____

Referral Form

MI Community Care, a community-wide care coordination program by the Livingston-Washtenaw SIM, aims to better coordinate physical health, behavioral health, and social services for individuals with complex lives. Participants are assigned to a lead agency that communicates with other local agencies to coordinate needed services. The assigned agency will contact the prospective participant directly to confirm eligibility. Participation is free of charge and does not jeopardize other forms of aid. Enrollment capacity varies; the referring provider will be contacted within three weeks if there is no availability at this time. This program focuses on long-term care management; it is not meant for crisis response.

Referral Information

Name: _____

Date of birth: _____ Phone: _____

Address: _____

Legal sex: Female Male

Gender: Female Male Non-binary Prefer not to say
Prefer to self-describe: _____

Insurance: Medicaid Medicare Private Unknown

If Medicaid, Medicaid ID# (if known): _____

Health Insurance Company: _____

Referral Source

Your agency: _____

Referring person: _____

Phone: _____

Relationship to referral: _____

Who should we coordinate with at your office? Provide name and phone # if different from above.

Agencies: Which other agencies currently provide services to the person being referred? Please note if the agency is one of those listed on the back of this form. This information helps us assign agency leads.

Referral Criteria:

Must meet three or more of the following criteria. Check the appropriate boxes.

- | | |
|---|---|
| <input type="checkbox"/> Five or more ED visits in the last 12 months | <input type="checkbox"/> No primary care engagement in last two years |
| <input type="checkbox"/> Homelessness/housing instability | <input type="checkbox"/> Mental health or substance use disorder |
| <input type="checkbox"/> Three or more chronic medical conditions | <input type="checkbox"/> Social determinants of health needs
[i.e., food, transportation, utility assistance, insurance] |

Goals you want this program to focus on with the person being referred:

Signature of the person being referred: _____

If signature cannot be obtained, confirm that the person is aware of the referral by checking this box:

MI Community Care Agencies

Avalon Housing
Corner Health Center
Home of New Vision
Jewish Family Services of Washtenaw County
Livingston County Catholic Charities
Livingston County Community Mental Health
Michigan Medicine Complex Care Management Program
Packard Health
Shelter Association of Washtenaw County
Saint Joseph Mercy Health System Complex Care Program
Washtenaw County Community Mental Health
Washtenaw Health Plan

Please send completed MI Community Care / Livingston-Washtenaw SIM referral forms to:

Fax: 734-647-0174

Email: CHRT-SIMReferrals-Fax@med.umich.edu