*Capital Region Health Connections is pleased to offer support or guidance on complex cases.*

*To request a case discussion, please complete page 1 of this form and submit it to* [*Lauren.Selmon@sphp.com*](mailto:Lauren.Selmon@sphp.com)

|  |  |
| --- | --- |
| Requestor (Name and CMA): | Date: |
| Member Name: | Chart Number: |

|  |
| --- |
| **Case Background** *(Please provide a brief synopsis of case including diagnoses and reasons for discussion request; information can be in bullet form)* |

|  |
| --- |
| **Actions to Date** *(Please describe the steps taken to meet Member's needs to this point)* |

|  |
| --- |
| **Barriers to Date** *(Please list any barriers encountered to meet Member's needs to this point)* |

|  |
| --- |
| **Member's Strengths and Protective Factors** |

|  |
| --- |
| **Providers** *(check if Member has any of the following connections and indicate provider name, include any social supports that may be relevant)* |
| MCO: HARP?  Yes  No |
| Mental Health: |
| Substance Use: |
| Medical / PCP: |
| Housing Provider: |
| Other, please specify: |
| Other, please specify: |
| Other, please specify: |

|  |  |
| --- | --- |
| **Most Recent Case Conference** | |
| Providers/Member/Supports in Attendance: | Date: |
| Outcome of Case Conference: | |

|  |  |
| --- | --- |
| **Action Plan Information** | |
| Recommendations for Next Steps: | Owner: |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |