*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*

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

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

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

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

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

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| **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: |

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

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