

**LOCAL HEALTH SERVICES REQUEST FORM
INSTRUCTIONS**

PURPOSE: [This form](#) is intended for use by the Managed Care Organization (MCO) to refer clients in need of outreach and health-related services to the Local Health Department Administrative Care Coordination Unit (LHD-ACCU). The assistance of the Local Health Department (LHD) may be requested only after the MCO has made documented attempts to contact and bring into care a recipient who is difficult to reach or misses appointments. (COMAR 10.09.66.03B)

INSTRUCTIONS FOR USE:

- 1. TO** — Fill in the appropriate Local Health Department based on the client’s county of residence.
- 2. FROM** — Indicate the referral source, including contact name, address, phone number and fax number.
- 3. CLIENT NAME** — Provide client demographic information, MA number and last known address and phone number(s).
- 4. FOLLOW-UP** — Indicate the client’s population category (FOR) and the reason for the request (Related To). Please add additional information or comments that may assist the LHD to outreach the member.

MCO section:

- Indicate the type and number of outreach attempts (letters, phone calls, face-to-face).
- Provide the health care provider’s name and phone number.
- Add any additional information under Comments that may assist the LHD to outreach the member (e.g., full name and contact information of the Head of Household/Guardian; potential need for interpreter services; diagnosis/treatment; EDC; date of most recent contact between MCO and client and/or provider).
- Forward the top copy to the LHD-ACCU (LHD addresses attached).

Local Health Department section:

- Indicate the action taken.
- Include any additional case findings under Comments that may assist the MCO in providing ongoing care coordination for the client.
- Return the appropriate copy to the MCO/provider.

SELECTED DEFINITIONS:

Missed appointments:

- Child under 2 years of age who has missed two consecutive EPSDT appointments
- Child 2–21 years old who has missed two consecutive appointments and is in need of treatment
- Pregnant woman who is 30 days past appointment date
- Adult meeting special needs criteria who has missed three consecutive appointments for treatment

Adherence to plan of care:

- Noncompliance with treatment plan or medical regime

Immunization delay:

- 60 days past immunization due date

Preventable hospitalization:

- Inpatient care within the preceding 60 days for dehydration, pneumonia, burns, cellulitis, ‘Failure to Thrive’, lead poisoning, ingestion and/or intentional injuries

Other:

- Additional information that will assist the LHD with care coordination