Southern Iowa Mental Health Center
Where recovery happens!

INTEGRATED HEALTH HOME REFERRAL FORM

Thank you for considering Integrated Health Home (IHH) services!

What services does IHH provide?

- Comprehensive Care Management
- Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Individual & Family Support
- Referral to Community & Social Support Services
- *In addition, IHH provides case management services to those on the Child Mental Health Waiver and those accessing Habilitation services.*

How does IHH provide these services?

- IHH makes at least monthly contact with the client and/or guardian by phone to help coordinate services. IHH is not necessarily a hands-on service, but more of a care coordination service that is mostly done behind the scenes and over the phone.
- IHH meets with clients and/or guardians either every three months, bi-yearly, or yearly face-to-face depending on client, their needs, and their goals. These meetings most of the time occur in the client's home unless requested otherwise.

Who is eligible for IHH services?

- Individuals who are diagnosed with a mental health condition that impairs their ability to function 100% on their own.
- Individuals who are engaged in outpatient mental health treatment such as psychiatric or therapy services or who have been diagnosed with a mental health condition within the last year.
- Individuals who have full and active Medicaid in the state of Iowa.
- Individuals and/or guardian is willing to engage in IHH services as this is a voluntary service.
- SIMHC IHH serves both children and adults.

Who will contact the client regarding their IHH referral?

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- Referrals are processed within two business days and outreach to the client and/or guardian will start quickly thereafter.
- IHH has a designated Intake Care Coordinator that will meet with the client and/or guardian to complete intake paperwork. The client enrollment is processed through the client's insurance and then client is assigned an official IHH Care Coordinator.

REFERRAL INFORMATION:

Date of Referral:	Referral Source/Info:

CLIENT REFERRAL DEMOGRAPHICS

Name:	DOB:
Address:	
Phone #:	Social Security #:
Gender: ☐ Male ☐ Female	County of residency:
Guardian Information:	
Emergency Contact Information:	

CLIENT INSURANCE INFORMATION:

Medicaid Status: ☐ Active ☐ None/Inactive	Applied for Medicaid: ☐ Yes ☐ No ☐ Active
Medicaid #:	MCO:
MCO #:	Other Insurance:

CLIENT INFORMATION

Court Committal Status: ☐ None ☐ Committed – Details:
Representative Payee: ☐ None ☐ Yes – Details:
Psychiatric Provider & Agency:
Psychiatric Diagnosis (ICD CODES):
Therapist:
Family Doctor/PCP:
Medical/Physical Health Conditions:

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Dentist:
Optometrist:
Pharmacy:
Other Providers (BHIS, IPR, CSS, IHH, HAB, etc.):
HCBS Waiver Status: ☐ None ☐ Applied – Details: ☒ On a Waiver – Details:
Source of income: ☐ None ☐ SSI/SSDI – Amount: ☐ Employed – Details:
History of Mental Health Hospitalizations: ☐ Yes, in the past ☐ Yes, in the last year ☐ Yes, currently ☐ No history

Current client needs, goals, why were they referred to IHH services?

Please send referrals to: simhc@simhcottumwa.org or by fax to: 641-682-1924

Internal Use Only - Date received: _____ Medicaid Status: _____