

The **Vail Care Behavioral Health Home (BHH) Program** is designed to serve individuals* with a serious mental illness. A team of professionals, including an RN, deliver these services in the community.

Key services include:

- ▶ Care Management
- ▶ Care Coordination
- ▶ Transitional Care
- ▶ Assistance with psychiatric and medical appointments and follow-up care
- ▶ Referrals to services and providers
- ▶ Health and wellness coaching/education

To be eligible for Vail Care, an individual must:

- ▶ Have a documented Serious or Serious and Persistent Mental Illness verified by either:
 - A completed Diagnostic Eligibility Form or
 - A current Diagnostic Assessment (DA)
Please Note: If there is not a current DA, please let referred individual know the Vail Care team will assist them in getting a DA within the first 6 months of service to meet eligibility requirements.
- ▶ Have active Medical Assistance insurance
- ▶ Not be receiving Targeted Case Management (TCM), Assertive Community Treatment (ACT) Services, or care coordination that is billed to MA.

*An ideal candidate for Vail Care will have stable and/or consistent housing but that does not preclude the individual from receiving Vail Care services.

FOR QUESTIONS ABOUT VAIL CARE SERVICES, PLEASE CONTACT:

➔ **Julie Plante, RN | Nurse Manager-Integrated Care | 952-807-66337**

PLEASE FAX THIS FORM, ALL SUPPLEMENTAL FORMS AND REQUESTED INFORMATION TO:

➔ **Vail Care Support Team 952-945-4257**

Client Name (Please print):		Date of Birth:
Social Security # (Last 4 digits): XXX-XX-	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	
Street Address:	Insurance (Medical Assistance Required):	
City:	State:	Zip:
Phone 1:	Phone 2:	

BE SURE TO INCLUDE THE FOLLOWING WITH YOUR FAX:

<input type="checkbox"/>	Release of Information form for you, the referral source (See attached)
<input type="checkbox"/>	Review the DHS Behavioral Health Home form 4797B and have client sign to consent to the eligibility screen for the program (See attached)
PLEASE INCLUDE ONE OF THE FOLLOWING:	
<input type="checkbox"/>	A BHH Diagnostic Eligibility Form (attached) or other documentation verifying a mental illness completed within the past 12 months by a qualifying health professional
<input type="checkbox"/>	A Complete Diagnostic Assessment (DA) if available/completed within the past 12 months <i>PLEASE NOTE: If there is not a current DA, explain to client that they will need one within 6 months of starting Vail Care and the team will assist them in obtaining one.</i>

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