Referral Tracker Process

Purpose	The Integrated Health Home (IHH) and Iowa Total Care (ITC) Behavioral Health Case Manager (BH CM) will use this referral tracker to track the referrals made on the behalf of the member when trying to locate a provider to serve them. This is a guide to communicate with all parties on who has been outreached too, when and the status of the referral.
When to Use	**IHH will use this tracker when requesting the assistance from ITC to:** 1. Request a JTCP call for placement issues 2. To track referrals made for members for placemetn **ITC BH CM will use this:** 1. When looking for Out of State (OOS) placement for an ITC member 2. When working with Waiver CBCM or IHH for member to secure placement 3. When working with an IHH member to secure placement
How to Complete	**IHH Name** - Enter in name of IHH, if none is working with the member
	IHH Care Coordinator/ITC CBCM - enter in contact name at the HH or ITC CBCM name
	Member Name - enter in member name
	Member SID - enter in Medicaid Number
	Provider Name - Enter in Provider you sent referral to, or will be outreaching to
	Provider Contact - Name of person you are contacting/spoke to at the provider
	Provider Phone # - Enter in phone # for provider
	Provider Email - Enter in provider email, if they chose you to reach them by email
	County of Provider - identify county in Iowa, if out of state provider put in (OOS)
	Provider Type - Select the appropriate drop down for this member * HAB = Habilitaiton * PMIC = Psychiatric Medical Institutions for Children * MHI = Mental Health Instituate * BI = Brain Injury Provider * ID = Intellectual Disability Provider * CMH = Children's Mental Haelth Provider * AL = Assisted Living * OOS = Out of State provider * NF = Nursing Facility (skilled or non-skilled)

	* ICF-ID = Intermediate Care Facility for Intellecutally Disabiled * RCF (Habilitation Funded) * RCF (Waiver Funded) * RCF (Region Funded)
	Follow-Up Dates for Outreach - enter in all follow up dates for outreach Note - to enter a new line select Alt+enter at after the last digit in that field
	Status - select the appropriate down down that applies to that provider * Left Message * Accepted * Denied - add note * Pending review by provider * Other - make a note Note - this will be changed as you progress through the referral process
	Date Denial Received - Note the date the provider denied the member
	Status Note Follow-Up - this this section when * Denial from provider to document reason for the denial * Accepted to note the date provider can admit member and other important information on acceptance * Other is selected in status column note why you have selected this option
	Other Comments - for any additional comments you have regarding this provider/referral

Referral Tracker For Member Placement

IHH Name	(ENTER IN HH NAME HERE)											
IHH Care Coordinator/ITC CBCM	(ENTER IN HH CC NAME HERE)											
Member Name	*(ENTER NAME HERE)*											
Member SID	*(ENTER MEDICAID # HERE)*											
Provider Name	Provider Contact	Provider Phone	Provider Email	County of Provider	Provider Type	Date of Initial Outreach	Follow-Up Dates for Outreach	Status	Date Denial Received	Status Note Follow-Up	Other Comments
Example ABC Provider	Example Jo Smith	111-111-2525	abc@example.com	Adair	HAB	2/15/2021	2/15/21 2/28/21 3/1/21	Denied - add note	3/6/2021	not able to meet needs due to SI	