CASE DOCUMENT FOR RAPID RESPONSE TEAM REVIEW

Instructions: *The Referring County MUST staff the case with the LME-MCO prior to completing and submitting this case document. Please complete all questions / sections.*

Please send completed Referral form to: rapid.response.BehavioralHealth@dhhs.nc.gov

When sending the referral form, the LME/MCO Care Coordinator should be included in the email.

Please also include the regional child welfare consultant assigned to your county: https://www.ncdhhs.gov/divisions/social-services/county-staff-information/local-support-staff-schedules/regional-child-welfare-consultants

Please write **RRT Referral** and note **child's initials**, and **the referring county** in the subject line of the email. Example: RRT Referral AB XYZ County

Date: _____

CHILD'S DEMOGRAPHIC INFORMATION

Name: _____

Gender: _____ DOB: _____

Race: _____ Ethnicity: _____

DIAGNOSTIC INFORMATION AND MEDICAL INFORMATION

Mental Health:

Substance Use:

Intellectual/Developmental Disabilities and IQ:

Physical:

Current Medications:

CHILD'S MEDICAID AND INSURANCE INFORMATION:

Medicaid #: _____

Medicaid County (if different than custodial agency): _____

Health Insurance (if not Medicaid): _____

DSS/LME-MCO

DSS County name: _____

DSS staff completing the form (name, email, and phone #): _____
_____

Community Care of North Carolina (CCNC) Care Coordinator:
_____

MCO Care Coordinator (name, email, and phone #): _____
_____

Has coordinator/collaboration occurred at the leadership level with LME/MCO and the County DSS to attempt to resolve this case? Please describe and include date:

Who participated in that coordination/collaboration (title/name):

List the name and email addresses of the staff to be included in RRT meetings:

DSS INVOLVEMENT

Date child entered custody: _____

Describe Permanency Plan for child and any barriers to achieving permanence:

Describe any family involvement/visitation or support persons:

Number of placements to date since entering DSS custody: _____

Where is the child currently? (name of facility, city): _____

At this location since (date): _____

Prior to this, child was at (name of facility, city): _____

At this location date from: _____ to _____

HISTORY

Trauma history (if yes, please explain):

Precipitating factors that led to current crisis status/ED admission (describe relevant/current symptoms/behaviors including risk behaviors such as self-injury, aggression, sexualized behavior, elopement, adherence; include any systemic, including family systems and legal systems, issues that contributed to the crisis):

TREATMENT HISTORY/RECOMMENDATIONS

Please list below or attach current BH/IDD/SU provider(s) and service(s):

List current clinical (BH/IDD/SU) treatment and placement recommendations:

Service(s) Recommended by MCO:

Service(s) Recommended by Provider/CCA/Hospital:

Service(s) Recommended by DSS/Guardian:

Please summarize below or attach a list of recent denials, pending referrals, and other information about the current search for services:

Additional efforts made to secure placement and MH/IDD/SU treatment (ex. Wraparound services, increased rates, EPSDT services, etc.):

REASONS CASE IS BEING REVIEWED FOR RRT

Provide any additional information to explain the complexities of the child's needs that are creating barriers to meeting treatment recommendations:

Describe any system barriers to meeting treatment needs: