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SCO Health Home Care Management Referral Checklist

The following is a list of required materials necessary to submit an application to the SCO Care Management program.

Please submit a complete packet of required documentation as specified below.

Incomplete packets WILL NOT be processed and will be returned.

- CCF Universal Referral & Eligibility Application Form- Must be completed in its Entirety

Clinical Documentation REQUIRED by eligibility type as indicated on application form:

- Two or more Chronic Conditions *(see appendix A of application form for a detailed list of eligible chronic conditions)*
 - Medical/Physical evaluation to include diagnosis dated within 12 months of referral
- HIV/AIDS
 - Medical/Physical evaluation to include diagnosis dated within 12 months of referral
- Sickle Cell
 - Medical/Physical evaluation to include diagnosis dated within 12 months of referral
- Serious Emotional Disturbance *(See appendix B of application for specific guidance for SED eligibility)*
 - Psychological Evaluation (signed and dated within 12 months of referral) OR
 - Psychiatric Evaluation (signed and dated within 12 months of referral) OR
 - Mental Health Assessment/ Psychosocial Assessment (signed and dated within 12 months of referral) completed by a Licensed Professional
 - All above assessments/evaluations MUST include diagnosis and describe/identify functional limitations due to emotional disturbance within the past 12 months of date of referral on a continuous or intermittent basis.

- Definition of “Licensed Professional”: Licensed Master Social Worker-LMSW, Licensed Clinical Social Worker-LCSW, Psychologist, Psychiatrist, Licensed Nurse Practitioner-LNP, Licensed Marriage & Family Therapist-LMFT, Licensed Mental Health Counselor-LMHC, Psychiatric Nurse Practitioner.

Complex Trauma *(See appendix C of application for specific guidance for Complex trauma eligibility)*

- Complex Trauma Referral Cover Sheet and Exposure Screening form
(can be completed by a non- licensed or licensed professional)

Please scan completed package and email to: scocaremgmt@sco.org

Please note that date a **COMPLETED** package is received through email is the ACTUAL referral date