

## MaineGeneral Community Care ACT Referrals Checklist

MaineGeneral Community Care requires the following information **BEFORE** reviewing the referral for ACT level of care. The clinical team reviews all referrals. If appropriate, the intake will be scheduled or added to our waitlist. If deemed not appropriate, either clinically for ACT level of care or due to program capacity, the referral source will be notified.

**PLEASE RETURN ALL INFORMATION TO:** [actteamreferrals@mainegeneral.org](mailto:actteamreferrals@mainegeneral.org) or fax to (207) 621-3702. Call the ACT Coordinator or Program Manager with questions: 621-3700.

Items Needed	Check once Complete
<b>Initial Forms</b>	
MaineGeneral Community Care ACT referral application	
Release of information between MaineGeneral and the referring provider	
LOCUS	
<b>Financial Documents</b>	
MaineCare number with eligibility confirmation	
Copies of any supplemental insurances (Medicaid, Medicare, Part D, etc.)	
Will this individual require grant funding from the State?	
<b>Legal Documents</b>	
Guardianship paperwork (if applicable)	
Court orders (if applicable)	
Probation/Parole/Bail Conditions and name of probation/parole officer (if applicable)	
Signed PTP paperwork (if applicable)	
Any current legal restrictions, upcoming court dates, legal appointments, etc.	
Sex Offender Registry paperwork (if applicable)	
Copy of advanced directives or mortuary trust paperwork (if applicable)	
<b>Psychiatric Paperwork</b>	
Most recent Initial comprehensive assessment	
Initial psychiatric evaluation	
Most recent psychiatric evaluation (if not the initial)	
Signed diagnosis form with ICD-10 codes	
Current treatment plan	
Current crisis plan	
OT evaluations (if applicable)	
Risk assessments (if applicable)	
<b>Medical Paperwork</b>	
Current medication list	
Medication orders signed by provider for day of discharge – if from hospital	
1-2-week supply of prescribed medications – if from hospital	
Signed HealthInfoNet consent form	
<b>Referrals to Community Providers Before Admission</b>	
Primary Care Provider information	
Specialists and appointments (if applicable)	
<b>At Intake Appointment:</b>	
Discharge Summary – if inpatient	