Requirements for New Individuals to the IPSIDD/INDEPENDENT Program:

- Life Plan (most recent existing on file.)
- Last psychological and psychosocial evals (if requesting psychology)
- Last semi & annual medical exam (if requesting nutrition)
- If Medicaid or Medicare, only provide the Medicaid number. That's all we need. We run an ePaces MEVS check!
- If duals advantage or BCBS, or Fidelis, etc. then we will need front and back of **current** card(s)
- Scripts: May be procured from the NP Visits practice or the PCP of the consumer. NT, OT and PT scripts are mandatory. Cognitive psychology and speech therapy scripts are optional.

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Multi Practitioner's Group statement:
We would appreciate the prompt completion of this packet. Please fax or mail items immediately to the assigned Intake Coordinator.

Name of Group	• The Caring PT Group, PLLC • Caring, SLP, Psychology, OT & Nutrition Services, PLLC • NP Family Health Visits & NP Adult Health Visits, PLLC
Attn:	Yvonne Pasqualicchio, Group Director
Address	17 North Plank Road, Suite 10
Address	Newburgh, NY 12550
Phone	845-800-9305
Fax	844-800-1470
Email	Email: yvonnep@selectmulticare.com
website	www.selectmulticare.com
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IPSIDD/INDEPENDENT SERVICES REFERRAL FACE SHEET

Name (last, first)	
DOB:	
SSN:	
Medicaid #	
Medicare # (optional)	
Other Ins. (send copy of front and back of card)	
Full address of Treatment Location. (Specify: Group Home, Private Home, Day Hab, Other)	
Treatment Location Contact's Name/Relationship	
Contact's best phone #	
Contact's email	
Name, email, phone of Care Manager. (Specify which CCO)	
Referred to IPSIDD program for: □ OT Occupational Therapy	To improve impaired fine motor skills, upper extremity strength, ameliorate cognitive impairments (via ADLs, money management)
Referred to IPSIDD program for: □ PT Physical Therapy	To increase endurance to gait, ambulation, stair climbing, wheelchair/walker management, upper and lower body strength
Referred to IPSIDD program for: □ ST Speech Therapy	Ameliorate effects of expressive and receptive language disorders, swallowing disorders, sign language to indicate needs and wants
Referred to IPSIDD program for: □ Psy Psychotherapy/Counseling	1:1 - Cognitive (not behavioral) psychotherapy based on a Treatment Plan drawn up with input from staff, team and client
Logical+Social/Adaptive+Cognitive □	Psychological + Psychosocial evaluations being requested
Clinical Nutrition/Eating Disorders□	Meal Plans; Menu's, Recipes, LifeStyle Coaches, kitchen skills
eMod + DME Recommend's	Environmental Modifications + DME justifications. Wheelchairs.

CONSENT/RELEASE STATEMENT

I am consenting to receive IPSIDD/Independent clinical services from the above Multi Practitioner Groups. I authorize any holder of medical information about me to release to the Group's Claims Administrators any information needed to determine these benefits or the benefits payable for related services.

❑ **Individual is unable to sign. Responsible party is completing the below on individual's behalf**	
Name of Individual or Representative	
Title/Relationship to individual	
Signature	
Date of consent	

The Diabetes Prevention & Nutrition Program

Brought to you by: Caring Therapy Services!

(via your own HIPAA compliant portal that we create for you)

1. Receive intake from the site
2. Intake should include the latest annual & semi ME
3. Evaluating RD will also need the latest height and weight of the Individual
4. Evaluating RD will call the site to interview Site Manager & Site Nurse
5. LifeStyle Coaches check in with site twice a month
   a) Beginning of the month to populate Weight & Wellness Grids and get feedback
   b) Middle of the month to deliver Nutrition Guidance Packets
6. Site Nurse and Staff – be sure to watch out for Cooking Classes video's!

COOK WITH THE COOK/ INFORMED INGREDIENTS!

By working together we will make it work!

Care Therapy Group
Caring & Effective

[use this page if referring several individuals from a group home] CASELOAD GRID. Fax to 844-800-1470

Res Mgr		Multi Prac Group	Caring Therapy Services, PLLC
Phone		Community Agency/Site	
Fax		Address for Site	
Alt/Addt'l Contact		Email for site contact	
CCO Care Mgr		CCO Care Mgr phone & email	

INDIVIDUAL (Last, First name)	MEDICAID #	Speech Therapy	Physical Therapy	Occupational Therapy	Psychology	Nutrition (Eating Disorders)
sampleLast, sampleFirst	Sample: AB12345C	X	X	X	X	X

Comments:_____

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This form is being sent in with an understanding that Parents and/or CareGivers will see initial evaluations and quarterly doctors orders after services start