Senior Care Options—Provider Referral Form

Enrollment in Senior Care Options is open to MassHealth Standard members who meet the following criteria:

- are aged 65 or older;
- live at home or in a long-term-care facility (member cannot be an inpatient at a chronic or rehabilitation hospital or reside in an intermediate care facility for people with intellectual disabilities);
- are not subject to a six-month deductible period under MassHealth regulations at;
- are not diagnosed with end-stage renal disease; and
- live in an area served by a SCO plan.

To refer a patient, please	complete the following in	formation:		
Patient Name		Date of Birth	Language Spoken	
Patient Address				
Patient Telephone	MassHealth ID#			
Other Contact	Relationship	Telephone	Language Spoken	
Referral date	Referred by		Primary Care Clinician	
Title of person making referral (check all that apply) Primary care physician Nurse practitioner Social worker Other:				
Patient agrees to the release of the above information to Commonwealth Care Alliance® and would like a Commonwealth Care Alliance representative to contact the Patient to discuss its program. Provider will fax the completed form to (617) 830-0534, Attn. O & M, for Commonwealth Care Alliance staff use only				