

Senior Care Options–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 client, please complete the following information:

Client Name	Date of Birth	Language Spoken
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Client Address

Client Telephone	MassHealth ID#
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Other Contact	Relationship	Telephone	Language Spoken
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Referral date	Referred by	Client Primary Care Clinician
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Title of person making referral

- Client agrees to the release of the above information to Commonwealth Care Alliance® and would like a Commonwealth Care Alliance representative to contact the Client to discuss its program. Person making the referral will fax the completed form to (617) 830-0534, Attn. O & M, for Commonwealth Care Alliance staff use only.**