BORN2BGREAT
GET RECOVERY & EXPECT GREATNESS

2114 Dabney Rd Suite E
Richmond, VA 23230
O:(804)340-6585
F: (804) 447-9304
www.Born2BGreat.org

Instructions for Form Completion

- Please download the form and type within the designated fields.
- The first page must be completed by the referring provider (NOT the Consumer)(Referrals completed directly by the consumer will be rejected)
- The remainder of the packet may be completed by the consumer in black ink.
- If you do not have the ability to type in the fields, Please complete the form in Black Ink.
- If the Medicaid Number of the consumer is unknown please include their social security number as a replacement.
- Please Include a detailed reason for referral Example:
    - Mr/Ms John Doe is being referred to the Born To Be Great program to receive Community Crisis Stabilization services. Given his current circumstances, Mr Doe would greatly benefit from structured support to assist in his reintegration into society. Stabilization services will provide him with essential resources, guidance in developing daily living skills, and support in securing necessary services to promote long-term stability and independence. Mr. Doe.....
- Upon Completion please securely email the form back to **recovery@born2bgreat.org or Fax to (804) 447-9304**
- **Incomplete forms will delay processing.**
- Referrals are handled in the order in which they are received.
- If you have any questions please contact (804)340-6585 for more information

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CLEAR

The Department of Medical Assistance Services
Community Stabilization (S9482) Referral Form

MEMBER INFORMATION			
Member First Name:		**Member Last Name:**	
Medicaid #:		**Member Date of Birth:**	
Member Plan ID #:		**Gender:**	
Member Address:			
City, State, ZIP:			
Member Phone #:			
Parent/Guardian Name (if applicable):		**Parent/Guardian Phone # (if applicable):**	

REFERRING PROVIDER INFORMATION		COMMUNITY STABILIZATION PROVIDER	
Organization Name:		**Organization Name:**	Born To Be Great II
Provider Phone #:		**Provider Phone #:**	(804) 340-6585
Provider E-Mail:		**Provider E-Mail:**	recovery@born2bgreat.org
Provider Address:		**Provider Address:**	2114 Dabney Rd. Suite E
City, State, ZIP:		**City, State, ZIP:**	Richmond, VA 23230
Provider Fax #:		**Provider Fax #:**	(804) 447-9304
Clinical Contact Name & Credentials:		**Clinical Contact Name & Credentials:**	
Clinical Contact Phone #:		**Clinical Contact Phone #:**	

REASON FOR REFERRAL
Date of Discharge/anticipated discharge:_____

By my signature (below), I am attesting that 1) I have performed care coordination activities and collaborated with the Community Stabilization provider as part of my discharge planning 2) the member is in need of Community Stabilization Services as part of a comprehensive discharge plan.

Signature (actual or electronic) referring provider:_____

Printed Name of referring provider: _____

Title: _____

Credentials (if applicable):_____

Date: _____

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Initial Screening Form

Hi! Would you mind taking 10 minutes to complete this form? All fields are required unless otherwise noted. Please write "N/A" if the field does not apply.

1. Full Name: _____

2. Date of Birth: _____ EX. (MM/DD/YYYY) **SSN:**_____

3. Home Address:

_____

House Number **Street** **City** **State** **Zip**

(If Homeless write "Displaced" or Homeless)

4. Phone Number: _____

5. Email Address: _____

6. Gender:

○ Male ○ Female ○ Transgender ○ Other_____

7. Race:

○ Asian ○ Black or African American ○ Hispanic or Latino ○ Multiracial, non-hispanic

○ Native Hawaiian or Other Pacific Islander ○ White ○ Other

8. Managed Care Organization (Medicaid Insurance Provider): We are currently NOT an approved provider for Anthem Medicaid Member.

○ Optima ○ Molina ○ Magellan ○ Sentara ○ Aetna

○ *Anthem* ○ United Healthcare ○ Other

9. Medicaid ID Number: _____(If unknown Please write Social Security Number.)

10. My major goal for treatment is:

_____

_____

_____

_____

_____

11. Drug of Choice (check all that apply):

□ Alcohol □ Benzodiazepines □ Cannabis □ Cocaine, Crack

□ Methamphetamines, MDMA □ Opioid pills, Heroin, Fentanyl

12. When did your use become unmanageable? (MM/DD/YYYY): _____

13. Date of last use? (MM/DD/YYYY): _____

14. I am on medication assisted treatment. I take (check all that apply):

□ Acamprosate □ Bromocriptine □ Buprenorphine □ Gabapentin

□ Methadone □ Naltrexone □ Sublocade □ Suboxone

□ Topiramate □ Vivitrol □ None of the above □ Other

15. Have you noticed that you may have… (check all that apply):

□ Taken the substance in larger amounts or for longer than you're meant to

□ Wanted to cut down or stop using the substance but not managing to

□ Spent a lot of time getting, using, or recovering from use of the substance

□ Cravings and urges to use the substance

□ Not managing to do what you should at work, home, or school because of substance use

□ Continued to use, even when it causes problems in relationships

□ Given up important social, occupational, or recreational activities because of substance use

□ Used substances again and again, even when it puts you in danger

□ Continued to use, even when you know you have a physical or psychological problem that could have been caused or made worse by the substance

□ Needed more of the substance to get the effect you want (tolerance)

□ Developed withdrawal symptoms, which can be relieved by taking more of the substance

16. Within the last 12 months, which services have you utilized (check all that apply):

□ Hospitalization □ Crisis Stabilization □ Residential Substance Abuse Treatment (Inpatient)

□ Outpatient Substance Abuse Treatment □ Mental Health Skill Building □ Substance Abuse Case Management

If you answered yes to any of the above, when were you discharged or when will you be discharged and from what program ?

_____

_____

_____

18. Mental Health Diagnosis (check all that apply):

□ Anxiety □ Bipolar Disorder □ Borderline Personality Disorder □ Current Suicidal or Homicidal Ideation

□ Major Depression □ Panic Disorder □ Post-Traumatic Stress Disorder □ Schizophrenia

□ No Previous Mental Health Diagnosis □ Other

19. Do you feel your mental health is declining? ○ Yes ○ No

20. Have you had difficulty with treatment because of feelings, behaviors, or circumstances? ○ Yes ○ No

21. Is your current environment supportive of recovery? ○ Yes ○ No

22. Medical Concerns (check all that apply):

□ Uncontrolled Seizure Disorder □ Uncontrolled Diabetes □ Uncontrolled Hypertension □ Impaired Mobility

□ Infectious diseases (HIV, HCV, HBV, TB, C-Diff) □ Oxygen dependent □ None of the above □ Other

23. Do you have a primary care provider or psychiatrist? If so, what is their name and phone number:

_____

_____

_____

_____

_____

24. Please list your current medications:

1._____ 11._____
2._____ 12._____
3._____ 13._____
4._____ 14._____
5_____ 15._____
6._____ 16._____
7._____ 17._____
8._____ 18._____
9._____ 19._____
10._____ 20._____

25. Are you prescribed benzodiazepines for long-term use? ○ Yes ○ No ○ Yes, I am on a taper plan

26. Do you have upcoming appointments or court dates? ○ Yes ○ No

28. Other areas I would like help with (check all that apply):

□ Education □ Family reunification □ Financial resources □ Identification □ Legal

□ Medical □ Occupational □ Support systems □ Stable housing

29. Please List One Emergency Contact:

Name:_____ **Relationship:**_____

Address:_____ **Phone Number:**_____

Disclaimer: The application is to determine eligibility and is not a guarantee of acceptance. Acceptance does not guarantee a bedspace. Bedspace is first come, first served. At this time, we are unable to hold bedspaces. Applicant must verify bedspace availability no later than 24 hours from the date of scheduled transition into the program. Intakes are by appointment only.

_____ _____

Applicant Signature Date of Application (MM/DD/YYYY)

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Frequently Asked Questions

1) **What Kind of Programs does Born To Be Great offer?**
    a. **Mobile Crisis Response**
        i. Emergency Crisis Response to those who experience an active mental health crisis.*(Dispatched Via the 988 Crisis hotline)*
    b. **Community Crisis Stabilization**
        i. Assist with getting the participant connected with resources that aid them in getting back stabilized within the community. Such as Ongoing psychiatry and therapy, ongoing counseling, financial literacy training, and job placement
    c. **Substance Abuse Case Management**
2) **Can you work?**
    a. Absolutely! Born To Be Great encourages those who are ready and stabilized in their recovery to seek and earn employment. We will pair you with a Peer Recovery Specialist that will work with you on discovering your skills and finding a suitable field of employment that meets your income goals.
    b. Start time of employment is case by case and is established upon intake.

3) **How Long is the program?**
    a. **Up to 90 Days**- Transition can be sooner than 90 days depending on income.
4) **How is the program Paid?**
    a. Services are billed through the participants Medicaid Insurance to include: Aetna, Sentara, Molina, United Healthcare and Magellan.
    b. We Do Not accept Anthem at this time.
    c. Participants must be authorized through their Medicaid MCO in order to maintain services. We Do Accept Straight Medicaid as well.
5) **How Do I Purchase my food?**
    a. During your intake Born To Be Great will purchase 1 week of Groceries that will cover your daily meals of your choice. You will be escorted to the grocery store by a staff member and pick out your own food to prepare. We supply all the necessary cookware and utensils. You will be responsible for preparing your own meals.
    b. You will work with your case manager to apply for SNAP benefits. Once you have been approved for SNAP benefits and have obtained your SNAP card, you will utilize those benefits first as your primary means of purchasing your groceries.
    c. All participants are escorted to the store on Thursday, or Friday once per week to conduct their grocery shopping.
6) **Am I allowed to have visitors?** "No" Not at the residence.

a. **Visitors are not permitted on the residential premises.** You may schedule to meet with a family member at the Main office at least 5 days in advance. You may also request to go out with family using a "Day pass" request. *(Conditions apply)*

7) **What is the Curfew?**
   a. Curfew is set for 10PM weekdays and 11PM weekends. Those who work midnight shift are exempt**.**
8) **Can I go out?** Those that are part of the Born To Be Great program join because they want to become stable. As a participant, you have up to 90 days to save as much money as you can, develop as many skills as possible and tools to manage your recovery and mental health, and get transitioned into a place to call home. You will not have time for leisure activities outside of the program. You may submit a request to tackle specific task related to the program such as:
   a. Employment---- Job Interviews, working,
   b. Education-------- going to school, job trainings, certification programs
   c. Medical---------- Primary care, pharmacy, counseling, psychiatry….etc.
   d. Legal ---------- Court, probation and parole… Etc.

   If the activity is not within the scope of the four above categories, it will be denied.
9) **What are the NA/AA group meeting requirements?**
   a. Every Participant must attend Born To Be Great mandatory 12 step group meetings Monday, Tuesday and Thursday each week. The participant will also be responsible for attending 5 additional 1 hour NA/AA sessions per week virtually.
      i. If your employment schedule overlaps with your meeting schedule, you will be responsible for completing the daily reflection and objectives and turning in those notes to earn credit for the meetings.
10) **What medications are allowed?**
   a. Born To Be Great does not prohibit any medications. We do require that any medications that are in the narcotic or scheduled family be prescribed.
   b. To prevent abuse, medications are kept under lock and key and administered to the participant in their prescribed increments.
   c. Frequent Laboratory urine screenings are conducted 2-3 times per week to ensure the participant is medication compliant and substance free.

If you need any additional questions answered, please feel free to give us a call at (804) 340-6585

Born To Be Great strives to prepare the consumer for a smooth transition into their own stable housing and aid them in developing the tools to work towards a full and final recovery. We strive to instill new habits to assist the consumer with developing a lasting lifestyle change geared towards recovery and financial stability in stages which promote a smoother transition into community stabilization.

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"The opposite of addiction is connection."