

CASE MANAGEMENT ENTITY (CME) REFERRAL AND RESPONSE FORM
KDADS SCC QUALITY REVIEW

Section I

Date of R and R: _____ Referral CME: _____
CM Supervisor: _____ Program: _____
Delivery Method: _____ Date: _____ Comment: _____
Referral Type: _____

Section II

KAMIS ID: _____ Customer's Name: #Error
Address: _____ DOB: _____
City: _____ State: _____
Responsible Person: _____ Relationship: _____
If contact information incorrect, a response is required within 10 working days. See Incorrect Contact Info under definitions.
Is Customer's Contact Info Correct? If No, Correction: _____

Signature _____ Date _____ Title _____

Section III *Response From CME*

Case Manager Assigned _____ CME _____

Initial Contact Date _____ Program _____

Course of Action _____

The R and R form is not program or funding specific.

PLEASE NOTE: This R & R is

Definitions **Critical** Customer at risk or not eligible. Requires immediate attention by CME with written follow-up to QR within three (3) working days

Non-Critical Requires written follow-up to QR within five (5) working days.

Incorrect Contact Info: The customer's contact information is incorrect as entered in KAMIS. Requires written response within 10 working days.

*Attach additional pages if necessary.