GUIDE
Powered by CCS health | Healthspan Partners Comprehensive Dementia Care

MAC MARYLAND LivingWell CENTER of EXCELLENCE

CENTRAL MARYLAND AREA HEALTH EDUCATION CENTER

# Guiding an Improved Dementia Experience Care Intake Referral

Date of Referral (mm/dd/yyyy): _____

## Beneficiary/Individual Information

Beneficiary First Name: _____

Beneficiary Last Name: _____

Beneficiary Date of Birth (mm/dd/yyyy): _____

Medicare Beneficiary Identifier (MBI): _____

Required format: MBIs must be 11 characters. The 1st, 4th, 7th, 10th, and 11th characters will always be numbers. The 2nd, 5th, 8th, and 9th characters will always be upper-case letters, except for S, L, O, I, B, and Z. The 3rd and 6th characters will be letters or numbers.

## Beneficiary Contact Information

Beneficiary Street Address: _____

Beneficiary City/ Zip: _____

Does the Beneficiary have a documented dementia diagnosis? ☐ Yes ☐ No ☐ Need

Beneficiary Needs: ☐ Dementia Diagnosis/Screening ☐ Respite

☐ Caregiver Support ☐ Care Coordination. ☐ Transportation

## Caregiver Information (if caregiver is not the individual completing the form)

Caregiver Name: _____

Caregiver Phone Number: _____

Caregiver Email Address: _____

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## INTAKE FORM, page 2

### Submitter Information

Name of person filling out form: _____

Phone Number of person filling out form: _____

Email Address of person filling out form: _____

Relationship to Beneficiary:

☐ Caregiver ☐ Clinical Provider ☐ Service Provider

☐ Self ☐ Spouse ☐ Family member/Friend

### I confirm that I am:

☐ The Medicare Beneficiary completing this form on my own behalf

☐ An authorized representative of the Beneficiary (POA or legal guardian)

☐ Someone who has received verbal consent to submit this information on the Beneficiary's behalf.

By submitting, I acknowledge this form collects health information for care coordination under the CMS GUIDE Model. I consent to reviewing this information for eligibility purposes.

☐ Yes

PLEASE SCAN AND EMAIL THIS FORM TO:

info@mdlivingwell.org, or mail to:

Maryland Living Well Center of Excellence
909 Progress Circle, #100
Salisbury, MD 21804-2316