

# Managed Long-Term Care (MLTC) Medicaid



## Please send referrals to:

- Email: [dl-enrollmentsubmissions@477home.org](mailto:dl-enrollmentsubmissions@477home.org)
- Fax: 315-477-9590, MLTC secure fax
- Phone: 1-888-477-4663, calling in the referral

## Nascentia Health Options MLTC Referral Form

### Consumer Information

Name:		Date of Birth:	
Street Address:			
City:		State:	
		Zip Code:	
County:		Phone Number: (Include area code)	
MCD ID / CIN #:		CFEEC / Maximus Evaluation: (Date completed / scheduled)	
If interpretation services are needed, specify language spoken:			

### Referral Contact

Referral Contact Name:			
Relationship to Consumer:			
Phone Number: (Include area code)		Primary Language:	

### Referral Source

Agency Name / Individual Name / Title / Relationship:			
Phone Number: (Include area code)		Email:	
Reason for Referral			

I have discussed MLTC Options with this client and he/she has agreed to be contacted by a Nascentia Health Options Representative.

Verbal consent given to:		Date:	
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