**Recovery Coach and Recovery Housing-**

**Referral Process**

**In Order to Provide A Referral for Services We Will Need the Following Documentation:**

1. Signed Release of Information: MDHHS- Consent to Provide Behavioral Health Information for Care Coordination Purposes

\*\*\*Must minimally include SWMBH, Referral Agency and Recovery Services Unlimited\*\*\*

1. RSU- Referral Form (Please include treatment recommendations and any additional information that you think will be helpful)
2. SUD Assessment- With a Primary Diagnosis of an SUD Disorder
3. Treatment Plan with Signature Page- within the narrative portion of the treatment plan please quote the following verbiage:

***"Customer has requested Recovery Coach/Transitional Housing (~Whichever or both service(s) the customer is referred for~) services to assist with Goal #, Objective #. A referral will be made to Recovery Services Unlimited to provide this service(s). Service amount, scope and duration will be determined by the provider and will be authorized by Southwest Michigan Behavioral Health. Southwest Michigan Behavioral health will monitor the service(s) and this provider directly."***

**Please FAX all 4 pieces of Documentation to:**

**Brandi Clanton, Director of Recovery Services Unlimited**

**at (269) 397-2261**

**If you have any questions or need any assistance, please call Brandi directly at (269) 364-0663 or email bclanton@recoveryservicesunlimited.com**

\*\*\* Please Remember these services are available to

Medicaid Customers Only!\*\*\*