Alberta Health Services

Alberta Children's Hospital

Date:__________________________________

# REFERRAL FOR NEURODEVELOPMENTAL DISORDERS (NDD) CARE COORDINATION PROJECT

**Please Fax Completed Referral Form to: 403-668-2150**

The NDD Care Coordination Project helps families of children living within the Calgary Zone who have a diagnosis of ASD and/or ADHD, in addition to medical issues treated through ACH, child and adolescent mental health or other another specialized pediatric service.Our pediatric care coordinators help families access services that best support their child's medical, social, developmental,
behavioural, educational and financial needs. Our care coordination model takes into consideration the needs of the entire family, recognizing that this results in the best outcomes for the patients in our project.

Care coordination is team-based, meaning that the NDD Care Coordinator will also meet with members of the care team to talk about care goals and needs. Members of the care team may include community pediatricians, medical specialists, mental health providers, allied health, and teachers or other school-based professionals.

NOTE: Care coordination is a time-limited intervention. If the referring provider is planning to discharge the patient, please discuss discharge plans with the NDD Care Coordination team. Care coordination may not be the appropriate referral.

Your involvement in NDD Care Coordination as a referring provider:

- Provide clarification or additional information during the triage process
- Engage in ongoing communication with the NDD Care Coordinator related to family/care team needs and progress
- Participate, as needed, in communication/information sharing with the care team, across services or sectors
- Work in partnership with the NDD Care Coordinator to support the self-management goals of the family

**Consultation Pilot –** The NDD Care Coordination team is currently examining a modified model of care coordination. In this consultation model, the care team continues to work more directly with the family, while the NDD Care Coordinator provides expert consultation to the care team to help identify and meet the family's needs.

Criteria for the consultation pilot:

- Someone on the care team who can serve as the primary point of contact with the family and the NDD Care Coordinator
- Diagnosis of ASD and/or ADHD, in addition to medical issues treated through ACH, child and adolescent mental health or other specializedpediatric service
  - No ASD/ADHD but there are needs related to different NDD diagnoses that could be supported by care coordination
  - There is currently no connection to ACH, child and adolescent mental health or other specialized pediatric service but connecting to one or more pediatric service is an identified need for care coordination
- Family resides in Southern Alberta

Your involvement in NDD Care Coordination as a care team member in the consultation pilot:

- Provide clarification or additional information during the triage process
- Work in partnership with the NDD Care Coordinator to develop a plan to meet the family's needs
- Work directly with the family to ensure tasks are completed and to provide progress updates
- Participate in communication/information sharing with the care team, across services or sectors
- Seek expert consultation from the NDD Care Coordinator:
  - Navigating referrals or unfamiliar aspects of the health system
  - Accessing community resources and services
  - Ensuring appropriate educational supports are in place

Based on information gathered during the triage process, the NDD Care Coordinators may determine that the consultation pilot would be a good fit for this referral. The decision to enroll the patient in the consultation pilot will be made in partnership with the referral source.