



## Making a Referral to TeleMedicine Direct Care

Our goal at TeleWell is to improve access to MAT treatment for Native Americans and their IHS Program Providers. To that end, we have attempted to make the referral process as simple as possible. In this packet you will find an *Introduction to TeleMedicine Direct Care*, *Referral to TeleMedicine for Medication Assisted Treatment Direct Care* forms, and a *Statement of Non-Availability of MAT services*. To determine eligibility for MAT direct services, please answer the following:

First, DETERMINE:

1. If the patient does not have access to a MAT program within a reasonable distance from their home? (If yes, please fill out Statement of Non-Availability of MAT Services form)
2. If the patient presents a complicated diagnostic picture with co-occurring mental health diagnosis?

If the answer is yes to either question, please complete **referral form** and **Statement of Non-Availability** (*if necessary*) and provide copies of labs, evaluation and notes.

### **Check List**

- Current Demographics sheet complete with current contact information
- Referral to TeleMedicine for Medication Assisted Treatment (Direct Care)
- Statement of Non-Availability of MAT Program (*if necessary*)
- Most recent labs, including UDS
- Current Medication List

**FAX to (916) 689-1064**  
**Attention: Gerry Shea, Clinical Coordinator**

Our clinical coordinator will contact the patient and report status of referral within five (5) business days of receipt of a referral. Please contact **Gerry Shea** MSW, LCSW at (916) 689-1062 or [g.shea@telewell.org](mailto:g.shea@telewell.org) with any questions.