

HealthLink

Muskoka Community

Let's Make Healthy Change Happen

Muskoka Health Link Referral Process

1. Identify and refer clients who meet the criteria as outlined on the Muskoka Health Link Eligibility Form (See Muskoka Health Link Eligibility Criteria Checklist on reverse).
 - a. Obtain Client consent and have the Client sign the **Muskoka Health Link Participant Consent Form**.
 - b. Complete the **Muskoka Health Link Eligibility Form**.
 - c. Securely fax the completed Eligibility Form and signed Participant Consent Form to 705-645-9358.

2. A Health Link Care Navigator will be assigned to work with the Care Team to assist and support the Client's needs in the following ways:
 - a. Muskoka Health Link Needs Assessment Tool may be used to identify Client goals;
 - b. A Coordinated Care Plan will be completed for the Client;
and
 - c. Scheduling a Coordinated Care Conference, if required.

HealthLink

Muskoka Community

Let's Make Healthy Change Happen

Muskoka Health Link Eligibility Criteria Checklist

To be eligible for Muskoka Health Link, the following is a checklist for any individual who is:

1. Living with complex conditions and is a high user of the health system, or is at risk of becoming a high user of the health system in one or more of the following ways:
 - Individual hospitalized in the last 3 months;
 - 1 or more visits to the emergency department in the last month;
 - Greater than 3 visits with primary care provider in the last month; or
 - Greater than 3 organizations providing care to this individual.

AND

2. Currently dealing with 4 or more of the following criteria:
 - Lives Alone
 - Poor Nutrition
 - Failure to Cope at Home
 - Low Income / Ontario Works / ODSP
 - Frail
 - Multiple Medications (5+)
 - Risk of Falling
 - End of Life / Palliative
 - Caregiver Burnout
 - Chronic Disease(s) (e.g. diabetes, CHF, COPD, cancer, other)
 - Addiction Issue(s) (e.g. alcohol, smoking, drugs, gambling, other)
 - Cognitive Impairment / Dementia
 - Mental Health Issues (e.g. depression, bipolar, PTSD, schizophrenia, other)
 - Identified Disability (e.g. physical, visual, hearing, other)
 - Other