



Your Extended Family.

Case Management/Care Coordination Referral Form

MOLINA HEALTHCARE CASE MANAGEMENT

Molina Healthcare Case Managers are available to provide information and assist members to navigate the care system and obtain necessary services in an optimal setting that will adequately meet their medical needs. All Molina Healthcare members are eligible for care management and some members may be eligible for select case management programs. Members referred for case management include those with known chronic disease, those at risk for developing chronic disease, those with multiple hospital admissions, or those with needs for multidisciplinary outpatient care. Members referred for care coordination includes, but is not limited to, assessment/care plan development, service coordination, education, social service resourcing, care evaluation and service management to an identified person in order to meet individual health needs.

If you would like to refer a Molina Healthcare member for an evaluation for this program, please complete this form and fax it to Molina Healthcare Utilization Management at 1-877-708-2117.

Date:_____

Referral Requestor:_____

Member Name:_____

Member Phone: (if available)_____

Legal Guardian:_____

Diagnosis:_____

Requestor Contact #:_____

Member ID #:_____

Member Main Language:_____

PCP (Name/#):_____

Recent Hospitalization

Date(s): Referral Reason:_____

Medications:

Current Home Health Care Services (Circle): RN Visits PT/OT/ST IV Fluids/Meds

Home Health Care Services Needed?_____

Current DME Use:_____ DME Required? Yes/No If Yes, list:_____

List Any Behavioral Care Needs:_____

List Current Living Situation:_____

Caregiver Available to Assist? Yes/No If Yes, Name/#:_____

Comments:_____

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