

## **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:	Requestor Contact #:		
Member Name:	Memb	Member ID #:	
Member Phone: (if available)			
Legal Guardian:			
Diagnosis:	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, N			
Comments:			

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