Molina Healthcare of California
Complex Case Management Referral Form

Please fax with any pertinent health records to **562-499-6105** or via secure email to:
Medi-Cal members: MHCCaseManagement@MolinaHealthCare.Com
Medicare members: Medicare_CM_Team@MolinaHealthcare.com

To speak with the Case Management Department or to refer by phone, please call 800-526-8196 Ext. 127604
M-F 8:30 am – 5:30 pm

Referring Party Information

Name:	Title:
Phone:	Fax:
Email:	Referral Date:
Was member or authorized representative informed of this referral? ☐Yes ☐No	
Comments:	

Member Information

Members Name:	Member ID #:	
DOB:	Phone:	
Street Address:	City, Zip:	
PCP:	Phone:	Fax:
Specialist:	Phone:	Fax:

Referral Reason

☐ General Care Coordination	☐ Long-Term Support Services (LTSS)
☐ ABA/BHT Services – Applied Behavior Analysis/ Behavioral Health Treatment	☐ CCS/Regional Center Services
☐ Behavioral Health Care Coordination	☐ Other
Relevant Clinical Information:	
Comments:	

Thank you for the referral and your partnership in supporting Molina members.