



Community Connector Referral Form

MOLINA HEALTHCARE COMMUNITY CONNECTORS:

Molina Healthcare Community Connectors are available to provide in-home visitation and assist members to navigate the care system and obtain necessary services that will adequately meet their medical needs. All Molina Healthcare members *are* eligible for the Community Connector program. Members who should be referred to a Community Connector are those actively in treatment but are failing to meet care plan milestones.

If you would like to refer a Molina Healthcare member for this program, please complete this form and fax it to: **Molina Healthcare of Mississippi Care Management Department at 1-800-206-0435.**

COMMUNITY CONNECTOR REFERRAL FORM:

Date: _____

Referral Requestor: _____ **Requestor Contact#:** _____

Member Name: _____ **Member ID#:** _____

Member Phone#: _____ **Member Primary Language:** _____

Legal Guardian: (Name/#): _____ **PCP (Name/#):** _____

Diagnosis: _____ **Recent Hospitalization Date/s:** _____

Referral Reason: _____

Medications: _____

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

Home Healthcare Services Needed? Yes/No If Yes, list: _____

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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