

Case Management Referral Form

The Molina Case Management program is designed to assist you and our members to achieve optimal health care outcomes. Molina Case Management provides a comprehensive program with Transition of Care Coach-RNs, Case Managers, and Community Connectors. The team is available to provide in-home or hospital visitation and to assist members with how to navigate the care system and obtain necessary services that will adequately meet their medical needs. Molina members may be referred to Case Management if they are actively in treatment but are failing to meet care plan milestones, however all members are eligible for our Case Management program. If you would like to refer a Molina Healthcare member for this program, please fax completed form to: Molina Healthcare of South Carolina, Case Management Department at (843) 740-1773.

Member Name: _____ DOB: _____

Member Phone Number: _____ Certificate Number: _____

Date Referred to Case Management: _____

Name and Phone Number of Person/Provider Submitting Referral: _____

Reason for Case Management Referral

High Risk Obstetrics-Gestational Age *Less Than 35 Weeks*

- Previous preterm labor (20 to 37wks)
- Previous preterm delivery (20 to 37wks)
- Incompetent cervix Cerclage (date done): _____
- Placenta previa/abruption
- Current substance abuse (including smoking) - Type: _____
- Other (specify high-risk medical condition): _____

Transplant

- Type: _____

Catastrophic Conditions (ADULT AND PEDIATRIC)

- Catastrophic/complex diagnosis requiring coordination of care, connection to services, coordination of benefits
- Compounding psychosocial factors presenting actual or potential barriers to care
- Chronic conditions requiring:
 - Three or more hospitalizations within the past 6 months
 - Nonhealing wound requiring active treatment for a duration greater than 3 months
- Member/Caregiver is requesting case management - Contact phone number: _____
- Behavioral care needs: _____

HIV/AIDS

- HIV AIDS

End Stage Renal Disease

- Hemodialysis Peritoneal dialysis

Sickle Cell

- Disease Trait

Continuity of Care Services (because of physician contract terminations or member insurance changes)

Does the member have a need for continuation of services?

- Acute or chronic health care condition requiring completion of service to complete a course of treatment
- Pregnancy Terminal illness
- Surgery Newborn (birth to 36 months)
- Comments: _____

What would you like Case Management to focus on?

Are medical records attached to this referral? Yes No