



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: \_\_\_\_\_

Requestor Contact #: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Member Phone: (if available) \_\_\_\_\_

Member Main Language: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

PCP (Name/#): \_\_\_\_\_

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, Name/#: \_\_\_\_\_

Comments: \_\_\_\_\_

CONFIDENTIALITY NOTICE: This fax transmission, including any attachments, contains confidential information that may be privileged. The information is intended only for the use of the individual(s) or entity to which it is addressed. If you are not the intended recipient, any disclosure, distribution or the taking of any action in reliance upon this fax transmission is prohibited and may be unlawful. If you have received this fax in error, please notify the sender immediately via telephone at the above phone number and destroy the original documents. Thank you.