



**Case Management Referral Form**  
**PLEASE FAX TO (805) 681-8260**  
**Questions? Call us at (805) 562-1082**

**Member Information**

Date \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Member ID# \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Contact person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Is the member/caregiver aware of this case management referral:  Yes  No

**Referral Source**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax # \_\_\_\_\_

**Reason(s) for Referral**

- Disease management/ medical non-adherence/ complex unstable medical conditions requiring ongoing monitoring (e.g. uncontrolled diabetes, ESRD, COPD, CHF)
- Frequent utilization of ED and/or hospital admissions (e.g. 2 ED visits in 3 mo., 4 hospitalizations in 1 year)
- Psychosocial needs (e.g. linkage to food, other living arrangements, IHSS, behavioral health or other community resources)
- Fragile condition or cognitive changes requiring assistance with ADLs/IADLs
- Coordination of care (e.g. providers, pre and post-surgical, specialized programs, community agencies)
- Care Transition (e.g. SNF to community, Community to SNF)

**Additional information:**

*Please fax any additional documentation to assist the case manager address the needs of the member.*

***Thank You for the Referral!***

Case management services are provided by registered nurses, social workers and transitional care coordinators via telephone. Upon referral, a case manager will screen for appropriateness and triage to initiate services. If the member accepts case management, the case manager will formulate a plan of care and inform the member's PCP and referral source.

Contact CenCal Health's Member Services Department for benefit questions at (877) 814-1861