



CARE MANAGEMENT REFERRAL FORM

REFERRAL DATE: _____

MEMBER INFORMATION

Last Name: _____ First Name: _____

CIN: _____ Date of Birth: _____ City: _____

Phone: Cell _____ Home _____ Work _____ Other _____

Preferred Language: _____

Has the patient or primary caregiver been informed that a CM Referral was being submitted?

Yes No

REFERRAL SOURCE INFORMATION

Person Referring: _____

Contact Information: _____

Referring Agency/Organization: _____

PRIMARY CARE PHYSICIAN (PCP) INFORMATION

PCP Name: _____

Phone Number: _____ Fax Number: _____

REASON FOR REFERRAL

What is your concern?

Desired outcome or result:

Other conditions or circumstances impacting care:

PLEASE EMAIL COMPLETED FORM TO CareManagement@goldchp.org
OR FAX TO 1-855-883-1552.

SUBMITTING A CARE MANAGEMENT REFERRAL

Please email or fax this referral form and any additional clinical information that may assist the care manager in providing services to your patient.

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CARE MANAGEMENT GENERAL INFORMATION

Gold Coast Health Plan (GCHP) provides RN and LCSW Care Management services for its members.

Examples of members that may benefit from GCHP Care Management services may include those who:

- Have a complex history and complex care needs.
- Have multiple co-morbidities.
- Are prescribed more than 15 medications.
- Are unable to navigate the health system.
- Lack understanding of GCHP's benefits.
- Need to be linked with community resources.
- Have barriers to care.
- Live in unsafe conditions.
- Do not have a caregiver/support system or live alone.
- Are unable to perform Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL) safely, with or without assistance.
- Have had three or more hospital admissions in the past six months.
- May be readmitted to the hospital within 30 days.
- Have had more than three ER visits in the past six months.
- Exhibit depression, anxiety, or have a psychological comorbidity.
- Currently have durable medical equipment (DME) or assistive devices that are not appropriate.
- May require an organ transplant.
- May require coordination of care and support for end-of-life issues.
- Are children who do not qualify for CCS coverage but have any of the above qualifiers.
- Are high-risk obstetrical members 35 weeks and below.
- Have cases that do not meet any of the above criteria but are of such intensity they warrant clinical care management and scrutiny.