



Case Management Referral Form

Date: _____

Please return completed form via secure email to CaseManagementHelpDesk@scfhp.com and attach all applicable documentation. Please allow up to 5 business days for referral to be processed.

Patient/Member Information		
Member Name:	DOB:	SCFHP ID:
Primary Language:	Phone:	
Primary Diagnosis:		
Referral Source		
<input type="checkbox"/> Physician <input type="checkbox"/> Hospital Discharge Planner <input type="checkbox"/> Community Provider <input type="checkbox"/> Vendor or Delegate <input type="checkbox"/> SCFHP Internal Source <input type="checkbox"/> Other		
Referred by Name/Agency:	Phone:	Email:

Reason for Referral (check all that apply)	
<input type="checkbox"/> Age 75 or older <input type="checkbox"/> 3 or more ED visits in the past 12 months <input type="checkbox"/> 3 or more dependencies for ADLs <input type="checkbox"/> Hospitalized in the past 180 days <input type="checkbox"/> 3 or more chronic conditions with at least 1 condition uncontrolled <input type="checkbox"/> Homeless/other social risk factors	<input type="checkbox"/> Long-Term Services and Supports (IHSS,CBAS, MSSP, other) <input type="checkbox"/> Hospice Care <input type="checkbox"/> Palliative Care <input type="checkbox"/> Specialty Mental Illness <input type="checkbox"/> Transition of care <input type="checkbox"/> Other _____
For general Cal MediConnect benefit questions, call SCFHP's Customer Service Department at 1-877-723-4795; for Medi-Cal call 1-800-260-2055.	

Supporting Documentation
<i>All applicable supporting documentation is required. Processing of referrals may be delayed if supporting documentation is not provided. Check all that apply.</i>
<input type="checkbox"/> Facesheet <input type="checkbox"/> History <input type="checkbox"/> Progress Notes <input type="checkbox"/> Medication List <input type="checkbox"/> Care Plan <input type="checkbox"/> Tx Plan <input type="checkbox"/> Assessment <input type="checkbox"/> Other

Additional Referral Information
Situation:
Background:
Assessment:
Recommendation:

Signature: _____

Referring SCFHP Members for Case Management

SCFHP's Case Management team accepts referrals for any member and their caregiver in need of support, resources, and related assistance with coordination of care and services for complex medical or behavioral health conditions, and nonmedical risk factors.

Upon referral, SCFHP case management staff will attempt to engage the member to assess member's needs, determine the most appropriate level of case management intervention, and set goals for an individual care plan that integrates medical, behavioral health, long-term services and support and/or community resources.

SCFHP case managers work as an interdisciplinary care team including RNs and licensed social workers with expertise in behavioral health and long-term services and supports. They seek to seamlessly coordinate a member's care with providers across care settings to avoid duplication of services and maximize support for the member. Individual Care Plans are shared with the member, their caregiver, and assigned primary care provider as well as other stakeholders with permission of the member. Providers are encouraged to submit to SCFHP's Case Management team any edits or modifications to an Individual Care Plan to further support the member's needs. In the event that a member declines case management support, the referral source will be notified.

Examples of cases/situations that should be considered for a Case Management referral to SCFHP

- Frequent ER visits or hospital admissions (3 or more in past 12 months)
- Experiencing a transition in care
- Non-compliance with PCP visits, medications, or prescribed treatment for chronic conditions
- Complex medical and/or mental health conditions including progressive or degenerative diseases
- Diagnosis or conditions requiring a lengthy recovery period
- Significant impairments in one or more activities of daily living or other non-medical risk factors such as unstable housing, inadequate income, isolation, or lack of family/social supports

Form Submission Instructions

1. Complete all sections of the form.
2. Provide your direct contact information.
3. **Securely** email completed form and supporting documentation to SCFHP's Case Management department, as noted on the form.
4. Allow **5 business days** for a case management form to be processed.

Thank you.

SCFHP Case Management Team

Confidentiality Notice: This electronic fax transmission (including any documents, files or previous email messages attached to it) may contain confidential information that is intended for a specific individual and purpose and that is privileged or otherwise protected by law. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, please delete this fax and notify SCFHP UM of the error. Any disclosure, copying or distribution of this message, or taking of any action based on it, is strictly prohibited.