

Please return the completed form via **SECURE** email or fax and attach all applicable documentation. Allow up to three (3) business days for processing by Santa Clara Family Health Plan (SCFHP).

Patient information			
Full name:		SCFHP ID:	DOB:
Spoken language:	Written language:	Home phone:	Mobile phone:
Primary diagnosis:			
Referral source:			
<input type="checkbox"/> Physician <input type="checkbox"/> Hospital discharge planner <input type="checkbox"/> Community-based provider <input type="checkbox"/> Vendor or delegate		<input type="checkbox"/> SCFHP staff <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Patient/caregiver <input type="checkbox"/> Other:	

Reason for referral (check all that apply):	
<input type="checkbox"/> Linkage to community-based services (homelessness, nutrition, or other social risk factors) <input type="checkbox"/> Advanced age with multiple chronic conditions <input type="checkbox"/> 3 or more ER visits in the past 12 months <input type="checkbox"/> Evaluation for hospice/palliative care <input type="checkbox"/> Inadequate support for home safety (fall risk, assistance at home) <input type="checkbox"/> Hospitalized in the past 180 days <input type="checkbox"/> Evaluation for behavioral health <input type="checkbox"/> Access to SCFHP benefits (transportation, durable medical equipment, pharmacy) <input type="checkbox"/> Change in health status (transition of care) <input type="checkbox"/> Other: _____	Applicable supporting documentation included (check all that apply): <input type="checkbox"/> Face sheet <input type="checkbox"/> History <input type="checkbox"/> Progress notes <input type="checkbox"/> Medication list <input type="checkbox"/> Care plan <input type="checkbox"/> Treatment (Tx) plan <input type="checkbox"/> Assessment <input type="checkbox"/> Other: _____

Additional referral information

Information about person/clinic submitting this form	
Name/agency:	Date:
Phone:	Email:

Referring SCFHP patients for case management

SCFHP Case Management accepts referrals for any SCFHP-enrolled patient and their caregiver in need of support, resources, and assistance related to the coordination of care and services for complex medical or behavioral health conditions and non-medical risk factors. Patients can be referred to or can self-refer to case management without having to meet any program criteria. Case management services are at no cost to patients enrolled in SCFHP, and do not require patient consent. Patients may choose to decline case management services at any time without losing health plan coverage.

Upon referral, SCFHP's Case Management team will attempt to:

- Connect with the patient to assess their needs;
- Determine the most appropriate level of case management intervention;
- Set goals for an individual care plan that integrates access to medical, behavioral health, long-term services benefits and support, and community resources.

SCFHP Case Managers are part of the interdisciplinary care team, which includes Registered Nurses (RN) and licensed social workers with expertise in behavioral health and long-term services and supports. They seek to seamlessly coordinate patient care with various providers across care settings to avoid duplication of services and to maximize support for the patient. Individual care plans are shared with the patient, their caregiver, and assigned primary care provider (PCP) as well as other stakeholders as permitted by the patient. Providers are encouraged to share any edits or modifications to an individual care plan to SCFHP's Case Management team to further support the patient's needs. If a patient declines case management services, the person who submitted the referral will be notified.

Examples of situations where patients should be referred for case management:

- Frequent ER visits or hospital admissions (3 or more in the 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
- Other non-medical risk factors such as unstable housing, inadequate income, isolation, or lack of family or social supports

Form submission instructions:

1. Complete all sections of the form.
2. Provide your direct contact information.
3. Send completed form and supporting documentation via **SECURE** email to SCFHP Case Management at CaseManagementHelpDesk@scfhp.com.
4. Allow **three (3) business days** for a case management referral to be processed.

Thank you,
SCFHP Case Management

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