|  |  |  |
| --- | --- | --- |
| Member Name | Click or tap to enter a date. | Referral # |
| Health Plan/LOB | Referred by | Contact number of referrer |
| Member Number | Member Phone |  |
| **Choose Program Type – check Program type and items that apply for member** |
| [ ]  **Episodic Care Management**Requires less than 60 days of care | [ ] **Complex CM (CCM)** Requires greater than 60 days of care. For member with 5 or more inclusion criteria | [ ]  **Disease Management** [ ]  **CHF** [ ]  **COPD** | [ ]  **Social Worker -** Social/behavioral needs only  |
| [ ]  **Long term Care Management** May require more than 60 days of care | [ ] **Med Management –** High risk/high cost medication prescribed. Episodic Care | [ ]  **Transition of Care -**  Intervention focused on member that is transitioning across levels of care | [ ]  **Care Coordination –** Assistance with appointments, DME |
| **Inclusion criteria**  |
| [ ]  2 or more active chronic diagnoses; CHF, COPD, ESRD, CKD 4-5, CRF, Oncology with metastasis (excluding breast, prostate or thyroid) | [ ]  Sudden disability such as; transplant, burns, trauma, spinal cord injury  | [ ]  2 or more unplanned admissions/6 months | [ ]  Assistance in obtaining community resources |
| [ ]  Sudden catastrophic diagnosis such as ALS, Guillain-Barre, surgical oncology, traumatic brain injury  | [ ]  Four or more daily medications | [ ]  2 or more ED visits/6 months | [ ]  Home environment evaluation for potential ADL deficits |
| [ ]  History of non-adherence with plan of care | [ ]  Referred by PCP for assessment and coordination of care | [ ]  2 or more 911 calls/ 6 months | [ ]  Patients who have reached the prescription coverage gap (donut hole) |
| [ ] Caregiver issues | [ ]  Receiving ongoing care at tertiary care/OON providers | [ ] 3 or more DME items | [ ] Loss of spouse |
| [ ]  Placement Issues | [ ] Unstable living situation | [ ]  2 or more behavioral health admits/6 months | [ ]  Financial distress |
| **Diagnoses** |
| Diagnosis ICD 10  |  Diagnosis ICD 10  |  Diagnosis ICD 10  |

**Please fax completed form to:
Care Management Department (951) 280-8203**

**For Questions Regarding Referrals, call the Ambulatory Care Management Team at (951) 280-7819**