

Care Management Referral Form

San Diego County Fax: (714) 933-4819; All Other Counties Fax: (714) 933-481 or Call (657) 400-1879

Member Name: _____

DOB: _____

Member ID #: _____

Group/Benefit Plan: _____

- 1. Addiction: Referral to resources & education
- 2. CHF: Referral to C-SNP Embrace Benefit Plan. *(see below)
- 3. CKD: Referral to program education & resources. *(see below)
- 4. Complex Case Management- attach CCM Referral form and medical records related to reason for referral
- 5. COPD Program: Education & resources *(see below)
- 6. Dementia: Referral to Bridges C-SNP Program, education & caregiver resources. *(see below)
- 7. Diabetes: Referral to C-SNP Embrace Benefit Plan, education & resources. *(see below)
- 8. ESRD: Referral to resources, education & support *(see below)
- 9. Fall Prevention Program
- 10. G-tube Management, education & support
- 11. Incontinence Program, education & support
- 12. Assistance with OTC medications benefit
- 13. Mobile Coumadin Clinic
- 14. Nutrition Counseling (requires authorization)
- 15. POLST Form or Advanced Directive Support (e.g.: 5 Wishes)
- 16. Seriously & Persistently Mentally Ill: Referral to C-SNP Plan for SPMI
- 17. Home Wound Care Program- Assessment & recommendations from Wound Care Specialist
- 18. Review Member's Support System
- 19. Assist member with Care Coordination
- 20. Assist member with Transportation
- 21. Assist member with Dental
- 22. Assist member with Vision
- 23. DME Items:
 - Blood Pressure Monitor
 - Weight Scale
 - 2-way glucometer
 - Spacers (for inhalers)
 - Pill Box
 - Basic walker or cane
 - Shower chair and/or stability bar
- 24. Member Data/Chart Review by:
(PLEASE NOTE: this does not replace a specialist consultation/referral – Attach records supporting need for data/chart review)
 - Cardiologist
 - Endocrinologist
 - Nephrologist
 - Neurologist
 - Pulmonologist
 - Psychiatry
- 25. 2-week Professional Libre Pro, Continuous Glucose Monitoring (not the personal one- these members can get through their pharmacy benefit if criteria met)
- 26. Vial of Life
- 27. Weight Management- Optifast; must have Optifast referral form completed and signed by MD
- 28. Weight Management – Weight Watchers, 3 mos. paid
- 29. Weight Management- MOVE Program
- 30. Assistance with Exercise Programs:
 - Low functional status/agility
 - High functional status/agility
- 31. Hearing test & Hearing Aid Referral
- Other: _____

*Attach last progress note, med list and recent labs.

- Comments:
