



## 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<div style="border: 1px solid black; height: 60px;"></div>
Desired outcome or result:	<div style="border: 1px solid black; height: 60px;"></div>
Other conditions or circumstances impacting care:	<div style="border: 1px solid black; height: 60px;"></div>

PLEASE EMAIL COMPLETED FORM TO [CareManagement@goldchp.org](mailto: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.

**PLEASE EMAIL COMPLETED FORM TO [CareManagement@goldchp.org](mailto:CareManagement@goldchp.org)  
OR FAX TO 1-855-883-1552.**

## 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.