



## IEHP Care Management Referral Form

The IEHP Care Management Team supports Members in managing their health. IEHP accepts referrals for Care Management for Members needing Complex Care Management (CCM) or Long-Term Services and Supports (LTSS) Care Management (CM) services.

Medi-Cal Direct and Delegated IPAs can refer Members to CCM and LTSS CM.

The CCM and LTSS CM program helps you manage Member's care by working directly with Members and their families to coordinate complex needs and services.

### Program Criteria:

1. CCM
  - a. High or rising risk Members with at least two of the following conditions:
    - i. Hypertension
    - ii. Diabetes
    - iii. Depression
2. LTSS CM
  - a. The Member is 21 years of age or older.
  - b. The member is high risk
  - c. The Member must be actively enrolled in at least one of the following programs:
    - i. In-Home Support Services (IHSS)
    - ii. Community-Based Adult Services (CBAS)
    - iii. Assisted Living Waiver (ALW)
    - iv. Multipurpose Senior Services Program (MSSP)

Referrals will be reviewed and assessed for CCM or LTSS CM. Delegated IPA Members who do not meet CCM criteria will be redirected back to the assigned IPA for ongoing assistance. Direct IEHP Member who do not meet CCM or LTSS CM criteria will be reviewed for the Intermediate Case Management Program.

### Instructions

1. Complete all sections of the form.
2. Provide your direct contact information.
3. Check all triggers that are applicable.
4. Email completed referral form **securely** to [CMReferralTeam@iehp.org](mailto:CMReferralTeam@iehp.org)
5. Attach supporting documentation as needed
  - a. Clinical notes
  - b. Active authorizations
  - c. Provider contact info

Thank you,  
CM Referral Team

# IEHP Care Management Referral Form



Member Name:

Member ID #

Date:

Member DOB:

IPA

Member Phone:

Alt Phone:

Caregiver/Family Member Name:

Caregiver/Family Phone:

Referral Source: ☐ Member ☐ Caregiver ☐ PCP ☐ IPA ☐ Specialist ☐ Other

Referred by

Contact phone

Contact email

Program: ☐ CCM-CCA

☐ CCM-Medi-Cal

☐ LTSS CM

## Reason for Referral

- ☐ Diagnosis ☐ Behavioral Health  
☐ Social Needs  
☐ High Utilization

## Diagnosis Triggers for CCM *\*Must select 2+*

- ☐ Hypertension  
☐ Diabetes  
☐ Depression

## Currently Enrolled LTSS Programs

- ☐ In-Home Support Services (IHSS)  
☐ Community-Based Adult Services (CBAS)  
☐ Assisted Living Waiver (ALW)  
☐ Multipurpose Senior Services Program (MSSP)

Please return completed Form via Secure Email to [CMReferralTeam@iehp.org](mailto:CMReferralTeam@iehp.org) and attach all applicable documentation.

*(Please allow up to 5 business days for referral to be processed and response)*