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) and Long-Term Services and Supports (LTSS) Care Management services. Other Case Management Programs may be available for those who do not meet CCM and LTSS CM criteria.

Lines Of Business: Medi-Cal and Covered California (CCA)

The CCM and LTSS CM programs support Members' medical needs and care coordination by working directly with Members and their families to manage complex needs.

Program Criteria:

1. CCM
    a. Referral may be made regardless of Member's age
    b. High or rising risk Members with at least two of the following conditions:
        i. Hypertension
        ii. Diabetes
        iii. Depression
2. LTSS CM
    a. Member must be 21 years of age or older
    b. High risk Members who are 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)
3. Other Programs (IPA exclusion applies unless the Member is assigned to a Direct IPA.)
    a. Member has complex needs that do not meet criteria for CCM or LTSS CM but would still benefit from Case Management. Provider may specify member's current needs/condition to support reason for referral.

Referrals will be reviewed and assessed for CCM or LTSS Care Management. The CCM and LTSS programs will provide a written update to the referring provider indicating the outcome of the referral within 30 days.

Instructions

1. Complete all applicable sections of the form
    a. This helps determine appropriate Care Management program linkage.
2. Provide your direct contact information, including your preferred email for receiving referral outcome updates.
3. Securely email the completed referral form to: **CMReferralTeam@iehp.org**
4. Attach supporting documentation as needed (e.g., clinical notes, active authorizations, etc.).

Thank you,
CM Referral Team

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Member Name: Member ID #: Date:

Line of Business: ◯ Medi-Cal ◯ CCA

Member DOB: IPA: Member Phone:

Caregiver/Family Member Name: Caregiver/Family Phone:

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

Referred by: Contact phone: Contact email:

Indicated program and applicable criteria:

Complex Care Management

High or rising risk Members with at least two of the following conditions:

☐ Diabetes ☐ Hypertension ☐ Depression

LTSS Care Management

The Member must meet both of the following criteria in addition to being high risk:

1. The Member must be linked with one of the following programs:

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

2. The Member is 21 years of age or older. (Check to confirm age eligibility) ☐

If the Member meets both criteria, complete the following:

☐ The Member needs ongoing support to remain safe in their current home/community setting.
☐ Member diagnoses (including disabilities & chronic conditions):

Other

The Member does not meet CCM or LTSS CM criteria but would benefit from Care Management services due to:

1. Diagnosis:
2. Check all that apply below:

☐ 6 or more ER visits in the past 12 months
☐ 4 or more inpatient stays in the past 12 months
☐ Multiple Chronic conditions, including Mental Health

3. Other relevant information:

Please return completed Form via Secure Email to CMReferralTeam@iehp.org and attach all applicable documentation.
(Please allow up to 5 business days for referral to be processed and response)

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