



## 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 or Long-Term Services and Supports (LTSS).

Medi-Cal Delegated IPAs can refer to CCM and LTSS. Medicare IPAs can refer only to LTSS.

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

The LTSS program connects Members who cannot care for themselves with programs that provide in-home caregivers, adult day healthcare centers, and in-home case management programs for Members 65+ who are at risk of Long-Term Care placement.

The CM Referral form includes triggers that may indicate a need for CCM or LTSS:

- Diagnosis Triggers
- Utilization Triggers
- Psychosocial/Frailty Triggers
- Triggers for referral to Long-Term Services and Supports

Referrals will be reviewed and assessed for CCM or LTSS. Delegated Members not meeting CCM criteria will be redirected back to the assigned IPA for ongoing assistance.

### 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: \_\_\_\_\_  
Line of Business:  Medi-Cal  IEHP DualChoice (HMO D-SNP)  
(LTSS referrals only)

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 \_\_\_\_\_

Reason for Referral: \_\_\_\_\_  
 Diagnosis  High Utilization  Long-Term Services and Supports (*In-Home Support Services, Community-Based Adult Services, Multipurpose Senior Services Program*)  
 Social Needs  Behavioral Health  
 Rx  Maternity/Child Health Needs

Diagnosis Triggers \_\_\_\_\_  
 Advanced liver disease  Metastatic cancer/pediatric cancer  
 Severe psychoses  Decompensating neurological conditions  
 New cerebral vascular accident  Complex pain management control issues  
 Trauma (current)  Multiple chronic illnesses-uncontrolled

Utilization Triggers \_\_\_\_\_  
 6 or more ER visits in the past 12 months  Projected cost of care within a 12-month period anticipated to be >\$100,000 (including high-cost medications and/or DME)  
 2 or more readmissions to acute setting within 30 days  
 4 or more inpatient stays in the past 12 months  
 On multiple medications for multiple chronic conditions

Psychosocial/Frailty Triggers \_\_\_\_\_  
 Malnutrition and/or catabolic illness, loss of weight  Decubitus ulcer (Stage 3, Stage 4)  
 Major problems of urine/bowel retention or control  Social support needs (e.g., housing/food)  
 Difficulty in walking/fall risk  Suspected or reported abuse of Member

Triggers for referral to Long-Term Services and Supports \_\_\_\_\_  
 65+ and at risk of placement in a Long-Term Care facility  Alzheimer's or Dementia  
 Severe and persistent mental illness  Needs a caregiver  
 Disabled, blind, or senior unable to perform activities of daily living  
 Needs ongoing nursing monitoring and supervision at Adult Day Healthcare Center

PLEASE CHECK ALL THAT APPLY:

Please return completed Form via [Secure Email](mailto:CMReferralTeam@iehp.org) 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)