Community Care
OF NORTH CAROLINA
Community Care of Western North Carolina

Care Management Referral Form-Medicaid

FAX form to 828-348-2298 *OR* CALL referral line 828-348-2290

Date: _____ Referral Source/Agency: _____Provider: _____

Patient name: _____ ☐Male ☐Female

If Minor Parent/Guardian Name: _____

DOB: _____ Medicaid ID number: _____

Patient phone number: _____ Patient informed of referral? ☐Yes ☐No

Physical address: _____ County: _____

Primary Language: ☐English ☐Spanish Other: _____

Person referring/who to follow-up with: _____(☐MD ☐RN ☐SW ☐other)

Phone #: _____ Fax #: _____

Reason for Referral:

☐ **Chronic medical condition(s) such as COPD/asthma, CHF, diabetes, etc.:** _____

_____

☐ **Chronic pain:** _____

☐ **Repetitive use of ED services/multiple hospitalizations:**_____

☐ **Advance Directives/End of Life care planning:** _____

☐ **Behavioral health needs:** _____

_____

☐ **Social concerns/family support:** _____

_____

☐ **Community resource needs (please specify)**_____

☐ **Medication concerns/issues:** _____

☐ **Pediatrics 0-5 years of age:** _____

- ☐ **Toxic Stress (i.e. active alcohol and/or substance abuse by caregiver, parent/guardian suffers from depression or other mental health condition, homeless, or living in a shelter)**

  _____

- ☐ **Child with special health care needs:** _____

  _____

- ☐ **Child in foster care:** _____

- ☐ **Infant in Neonatal Intensive Care Unit (NICU):** _____

☐ **Pediatrics 5-21 years of age (please specify):** _____

****PLEASE ATTACH MEDICATION LIST AND RECENT OFFICE NOTES IF APPLICABLE****

What is Care Management?

One of the services Community Care of Western North Carolina (CCWNC) provides is care management services to Carolina Access II patients (Medicaid) assigned to our participating primary care practices (PCP).

Care management services are provided to high risk patients with chronic disease, patients with high cost and/or high utilization of health care services, and patients referred by their physician.

Care managers address both medical and psychosocial needs.

Who should I refer to Care Management?

Carolina Access II Medicaid recipients with:

- A recent discharge from the hospital
- Significant psychosocial conditions
- Risk of complications from mismanaged medications due to polypharmacy
- A new diagnosis of a chronic condition and at risk due to other medical, behavioral/cognitive, cultural, or psychosocial conditions
- Poor management of a chronic condition
- Excess utilization in hospital or ED admissions, e.g. 6 ED or 2 inpatient within 90 days, or fewer if these were clearly preventable admissions
- At risk pregnancy
- Children with medical needs requiring a high degree of care coordination

What services can Care Management provide?

- Post-discharge contact
- Home visit
- Medication reconciliation
- Care plan/goal setting
- Coordination of post-discharge care with the overall goal of decreasing hospital readmissions
- Identifying or linking patients to resources (transportation, food pantries, linkage to BH, housing, etc.)

To make a referral, FAX the attached referral form to 828-348-2298, CALL 828-348-2290, or send us an email directly through your EMR.

For more information about other services CCWNC can provide, please contact us at qisupport@ccwnc.org or visit www.ccwnc.org

Since this completed form will typically include individually identifiable protected health information (PHI), it must be handled and transmitted using HIPAA approved methods ONLY. Secure faxing to a specific CCWNC employee desktop fax number would be our first choice. A scanned image attached to an ENCRYPTED email is less efficient for us, but also acceptable. Under no circumstance should PHI be transmitted by any standard email system that is not encrypted.