Trusted
SENIOR CARE ADVANTAGE

Population Health Management Programs

Care Management Referral Form

Date: ____________________

Referral Requestor: _______________________________ Requestor Contact #: ____________________

PCP Name: ______________________________________

Patient Name: ____________________________________Payer ID#: ______________________________

Patient Phone #: _________________________________Primary Language: _______________________

Legal Guardian Name (if applicable): ____________________________________

Care Management Programs and Process

Choose Program Type that Applies to the Patient		
☐ **Complex CM**	☐ **Care Coordination**	☐ **Basic Services**
Time Involvement: ≥ 3 Mo. **Clinical Criteria:** ◦Assess social determinants of health ◦Assess mental or behavioral health ◦PCP or Nurse can place any patient into Complex CM they deem appropriate **Patient Utilization** ◦1 + Chronic Condition and ◦1 + ED visit in past 12 Mo. and/or ◦1 + Inpatient admit in past 12 Mo. ◦PCP or Nurse can waive utilization **Patient Support (All Required)** ◦Follow-up care required ◦Illness not resolved ◦Intensive support to prevent poor outcome	**Time Involvement:** 1-3 Mo. **Clinical Criteria:** ◦Assess social determinants of health ◦Assess mental or behavioral health ◦PCP or Nurse can place any patient into Complex CM they deem appropriate **Patient Utilization** ◦1 + Chronic Condition and ◦1 + ED visit in past 12M and/or ◦1 + Inpatient admit in past 12M **Patient Support (All Required)** ◦Follow-up care required ◦Illness not resolved ◦Minimal to moderate support to prevent poor outcome	**Time Involvement:** ≤ 30 days **Clinical Criteria:** ◦Assess social determinants of health ◦Assess mental or behavioral health **Patient Utilization** ◦1 + ED visit in past 12M and/or ◦1 + Inpatient admit in past 12M **Patient Support (All Required)** ◦Minimal support ◦Patient will not progress in complexity

Comments:

For questions or to submit a referral, call the Ambulatory Care Management Team at 833-610-0065 or e-mail care-management@trustedsca.com

Referrals can also be submitted via secure fax at 220-201-7314