



## Care Management Referral Form

**Fax to: 1-602-224-4372**

**Referral Date:** [   /   /   ]    
 **Referral Type:**    
  Routine (Review w/in 5 business days)    
  Urgent (Review w/in 3 business days)

### Member Information

*Please verify with members that all demographic information is correct for timely and effective processing.*

Last Name, First Name:	Date of Birth: / /	AHCCCS ID:	Member Phone: (   )   -
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**Address:**

Street	City	State	Zip Code
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**Primary Care Provider:**

Last Name, First Name:	Practice Name:	Phone Number: (   )   -
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### Referral Information

**Reason for Referral:**

<input type="checkbox"/> Access to Care Issues/Needs Provider	<input type="checkbox"/> Non-compliance with treatment plan
<input type="checkbox"/> Acute Condition Support	<input type="checkbox"/> Non-Emergency Use of Emergency Department
<input type="checkbox"/> Children's Rehabilitative Services (CRS) Application	<input type="checkbox"/> Overuse of Controlled Substances
<input type="checkbox"/> Chronic Condition/Disease Management	<input type="checkbox"/> Post-Discharge Needs
<input type="checkbox"/> Behavioral Health / Substance Use	<input type="checkbox"/> Risk for Admission/Readmit
<input type="checkbox"/> Caregiver Needs/HHC, DME	<input type="checkbox"/> Social Work/Community Resources
<input type="checkbox"/> High Risk Pregnancy	<input type="checkbox"/> Transplant
<input type="checkbox"/> Medication Adherence Issues	<input type="checkbox"/> Other (explain):

**Contributing Medical Diagnosis:**

ICD-10	Description

**Additional Information:**



## Care Management Referral Form

The Care1st Care Management (CM) program is a collaboration between Care Managers, members and providers, which assesses, plans, implements, coordinates, monitors and evaluates options and services to meet the members' health care needs. The Care Management Program is developed to specifically address the needs of the members with complex medical or social conditions, high utilization, high costs, special needs, or high-risk conditions. The focus is on assisting members to use medical, social, or community resources effectively to maximize their quality of life.

Care Management program objectives include:

- Increasing member engagement with the PCP and PCP-referred specialists.
- Increasing member understanding and use of plan benefits.
- Increasing member awareness of community resources available to help improve their quality of life.
- Increasing members understanding of diseases/conditions.
- Decreasing unnecessary emergency room utilization.
- Decreasing unnecessary hospital visits and admissions.
- Encouraging members to self-manage their conditions effectively and develop and sustain behaviors that may improve the member's quality of life.
- Optimizing member's health outcomes.

Care Management is available to all members. Potential candidates for CM include, but are not limited to the following:

- Members discharged home from acute inpatient or SNF with multiple services and coordination need.
- Members with complex, chronic or co-morbid conditions such as COPD, CHF, CAD, Diabetes, Asthma, HIV/AIDS, depression.
- Members requiring care coordination.
- High utilizes of services such as pharmacy or emergency departments (either by cost or volume).
- High-risk pregnancy including advance maternal age, smoking cigarettes, substance use, medical history, surgical history, pregnancy complications, multiple pregnancy, and/or ethnicity (African-American and American-Indian/Alaska Native).
- Special populations (e.g., aged, blind, disabled, HIV-positive, substance users, special needs children, members with behavioral health needs).
- Submitting an application on the member's behalf to Children's Rehabilitative Services (CRS) program.\*

The Care Management Department will determine whether a member is appropriate for care management services by gathering and assessing comprehensive data, and potential positive healthcare effectiveness.

If you have any questions about the Care Management Program or Medical Management help, call 1-866-560-4042 (TTY 711) or 602-778-1800.

\*Care1st is responsible for notifying the member or his/her parent/guardian when an application for CRS designation has been submitted on the member's behalf.