



Referral to Care Coordination

The Care Coordination Program helps CountyCare members with medical, behavioral health, and support services to improve their health care. Care Coordinators help members use their benefits to get needed services and find their way through the health care system. Members with specific health needs may also enroll in Care Management and/or Disease Management Programs. Children with special health needs can be referred directly to La Rabida Care Coordination [here](#).

Clinicians, Discharge Planners, Utilization Reviewers and Caregivers: Please use this form to refer members to these programs. Within five (5) business days of receiving this referral, a Care Coordinator will reply to the contact people listed on this form. If the need is more urgent, please call 312-864-8200/855-444-1661 (toll-free) / 711 (TDD/TTY) and press option 4, then option 8.

Members: If you want to refer yourself to Care Coordination, you can bypass this form by sending an email message through the Member Portal at <http://www.countycare.com/members/portal>

Who is completing this form?

Date:	Organization/Department:
Name & Title:	Relationship to Member:
Phone:	Email:

Member information

Name:	DOB:
RIN:	Medical Home/PCP:
Phone:	Address:
Phone Type: Voice/TTY/Videophone	Language Preference:

Reason for Referral (check all that apply)

- | | | |
|---|---|--|
| Complex medical condition(s) | Disease management
diabetes asthma | Difficulty following a medication or treatment plan |
| Multiple emergency room visits and/or hospital admissions | Help with medical services/ community resources | Help with eating, bathing, dressing, etc. (activities of daily living) |

Additional Comments (please be as detailed as possible):

Please submit this form via secure email to countycarereferrals@cookcountyhhs.org or fax it to Care Coordination Referrals at 312-466-2997