

## **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.

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, 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 <a href="http://www.countycare.com/members/portal">http://www.countycare.com/members/portal</a>

## 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	t apply)	
Complex medical condition(s)	Disease managemen diabetes ast	Difficulty following a medication or treatment plan
Multiple emergency room visits and/or hospital admissions	Help with medical se community resources	
Additional Comments (please be a	ns detailed as possible)	):