

CASE MANAGEMENT REFERRAL FORM

Email to casemanagement@umpquahealth.com or fax to 541-229-8180

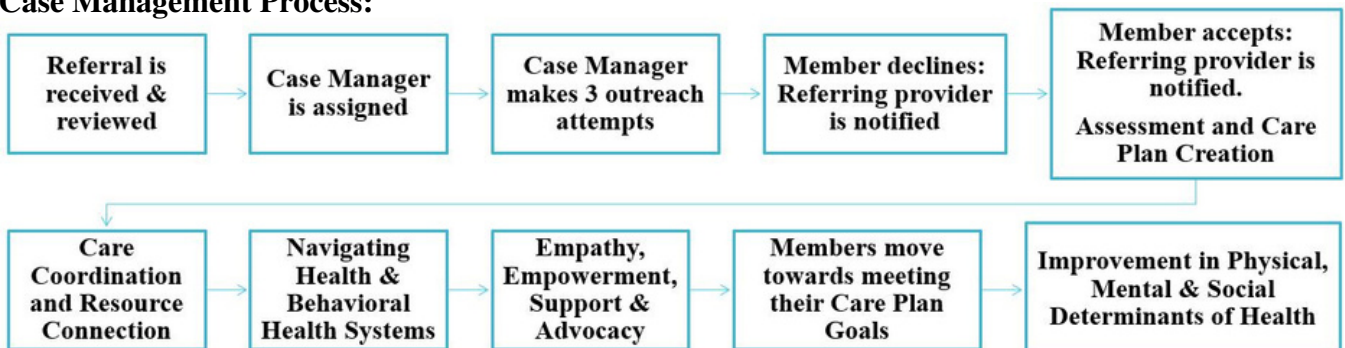
CASE MANAGEMENT - GENERAL INFORMATION

Umpqua Health Alliance Case Management services are provided to our members that have complex medical **and/or** behavioral health conditions, have high psychosocial risk factors and need assistance navigating behavioral health and/or health care systems.

CONSIDER REFERRING A MEMBER WHEN THEY ARE :

- ➔ Unsure of where to go for their complex medical or behavioral health needs
- ➔ Experiencing a barrier to following medical recommendations
- ➔ Having or have had a life altering surgery (temporary or long term)
- ➔ Having frequent hospital admissions and readmissions within 30 days of discharge
- ➔ Needing information on or experiencing difficulty managing health conditions such as Diabetes, COPD, Asthma, etc...
- ➔ Experiencing cognitive changes including memory, mood, personality or behavior changes
- ➔ Experiencing complex or chronic medical conditions (transplants, cancer, ESRD, COPD, CHF, or a terminal illness w/o hospice services)
- ➔ Needing assistance in accessing medically necessary services (in or out of network services)
- ➔ Needing assistance in navigating youth behavioral health systems and levels of care
- ➔ Wanting advocacy and assistance surrounding school resources such as an Individual Education Plan (IEP) or 504 Plan
- ➔ Transitioning in or out of facilities, higher levels of care and/or SUD services
- ➔ Looking for a specialty provider or program

Case Management Process:



UHA's Mission: "To promote and provide high quality, readily accessible healthcare in a patient-centered system of care for those we serve."

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UMPQUA HEALTH ALLIANCE MEMBER INFORMATION

Legal Name : Pronouns :
 Preferred Name : Date Of Birth :
 OHP Number : Phone Number :
 Address : Email Address :
 City : State: Zip Code :
 Communication Preference: Phone Text Email Other :
 Legal Guardian : Email :
 Phone Number : Communication Preference : Phone Text Email

REFERRAL SOURCE INFORMATION

Referring Provider : Date of Referral :
 Phone Number : Email :
 Fax Number : Communication Preference : Phone Text Email
 Is the Umpqua Health Alliance Member Aware of this Referral : Yes No

Referral Reason(s):

Is the Umpqua Health Alliance Member involved with any of the following:

Adapt Integrated Health Care Aging and People with Disabilities (APD)
 Home Health/Home Visiting Community Living Case Management (CLCM)
 Oregon Department of Human Services Self-Sufficiency Programs: SNAP TANF JOBS
 Oregon Department of Human Services Child Welfare Other