

UMPQUA HEALTH ALLIANCE

Case Management Referral



Please email completed form to casemanagement@umpquahealth.com or fax to 541-229-8180

Member Information

Legal Name: _____

Preferred Name: _____ Pronouns: _____

Birthdate: _____

OHP Number: _____

Phone Number: _____

Email Address: _____

Legal Guardian: _____

Phone Number: _____

Email Address: _____

Referral Source Information

Referring Provider: _____

Phone Number: _____

Fax Number: _____

Email: _____

Referral Reason(s): _____

Date of Referral: _____

Mailing Address: _____

City: _____

State: _____ Zip: _____

Member Communication Preference:

Phone Text Email

Other: _____

Guardian Communication Preference:

Phone Text Email

Other: _____

Are you pregnant? Yes No

Prenatal Provider: _____

Primary Care Provider: _____

Due Date: _____

Is the Umpqua Health Alliance Member Aware
of this Referral? Yes No

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

Oregon Department of Human
Services Child Welfare

Aging and People with
Disabilities (APD)

Adapt Integrated
Health Care

Oregon Department of Human
Services Self-Sufficiency
Programs:

Community Living Case
Management (CLCM)

Home Health/Home
Visiting

SNAP TANF JOBS

Other: _____

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.

Referring a Member

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 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, mental health and/or substance use services.
- Looking for specialty provider programs, such as maternity care or maternity case management.

Case Management Process

1. Referral is received and reviewed
2. Case Manager is assigned
3. Case Manager makes 3 outreach attempts
Member Declines:
Referring provider is notified
Member Accepts:
Referring Provider is notified
Assessment and Care Plan Creation
4. Care Coordination and Resource Connection
5. Navigating Health and Behavioral Health System
6. Empathy, Empowerment, Support and Advocacy
7. Member move toward meeting their Care Plan Goals
8. Improvement in Physical, Mental and Social Determinants of Health

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Alternative Languages

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Idiomas Alternativos

Usted puede obtener este documento en otros idiomas, en letra grande, braille o en el formato que prefiera. Puede obtener ayuda de un intérprete certificado o calificado en atención de salud. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 541-229-4852 o TTY #711#. Aceptamos todas las llamadas de retransmisión.



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