

# COLORADO ACCESS CARE MANAGEMENT REFERRAL FORM

## REFERRING AGENCY/ORGANIZATION INFORMATION/PERSON REFERRING:

Agency/organization name:	
Name of person referring:	Phone number:
Email address:	Relationship to member:
Would you like care management staff to follow up with updates on case? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## MEMBER INFORMATION:

Member name:	State ID:
Member date of birth:	Member phone number:
Guardian/parent/caregiver name (if applicable):	
Guardian/parent/caregiver phone number (if different from member):	
Custody, guardianship, power of attorney/medical power of attorney (POA/MPOA): <input type="checkbox"/> Yes (if yes, please attach custody paperwork to referral) <input type="checkbox"/> No	

## REFERRAL INFORMATION/MEMBER NEEDS (CHECK ALL THAT APPLY):

<input type="checkbox"/> Assistance with locating new primary care provider (PCP)	<input type="checkbox"/> Assistance with locating specialist; if yes, list type:	<input type="checkbox"/> Complex medical needs
<input type="checkbox"/> Multiple chronic conditions	<input type="checkbox"/> Social determinants (food, housing, transportation, etc.)	<input type="checkbox"/> Behavioral health needs (substance use disorder (SUD), outpatient behavioral therapy, other behavioral health concerns)
<input type="checkbox"/> Transitions of care (from inpatient or other care transition)	<input type="checkbox"/> System navigation assistance	<input type="checkbox"/> Medication/treatment plan concerns
<input type="checkbox"/> EPSDT	<input type="checkbox"/> Pregnancy/postpartum support	<input type="checkbox"/> Other (please list):

To better serve the member, please provide a brief description of the case, member needs, what has already been done and any other important information:

Please submit your referral as well as any important supporting documents (such as the authorization to disclose PHI form, guardianship paperwork, POA paperwork, MDPOA paperwork, and/or custody paperwork) to us at: [resource&referral@coaccess.com](mailto:resource&referral@coaccess.com).

\*\*The authorization to disclose PHI form can be found on our website at [coaccess.com/providers/forms](http://coaccess.com/providers/forms).