Referral for Care Coordination Services

Use this form to refer MHS/NHP members to our team of social workers, nurses, and behavioral health specialists. To refer a MHS member for care coordination services, please complete this form and fax it to 1-866-671-3668.

☐ **Attachments:** Medical records or additional information attached.

Date _____ Form completed by: Name _____

Phone _____ Fax _____ Organization _____

MHS member being referred:

Name _____ DOB _____ Phone _____

Member ID# _____ Address _____

Reason for referral (check all that apply; give detail below):

1. Member needs assistance to access the following MHS-covered services:

- ☐ Assessment by a case manager for complex service needs
- ☐ A Primary Care Physician (PCP)
- ☐ Medications
- ☐ A specialist
- ☐ A DME/supplies provider
- ☐ A dentist
- ☐ An eye doctor
- ☐ A behavioral health specialist
- ☐ Home health services
- ☐ Transportation
- ☐ Other

2. Member has these psycho-social needs:

- ☐ Food
- ☐ Educational services
- ☐ Wellness classes/services
- ☐ Shelter/housing
- ☐ Household resources
- ☐ Abuse/violence resources
- ☐ Support group resources
- ☐ Power of attorney/living will assistance
- ☐ Other

3. Member has:

- ☐ Missed several medical appointments
- ☐ Frequently used the emergency room/ urgent care

4. Member is pregnant: (MHS is a certified Prenatal Care Coordination and Child Care Coordination Agency)

- ☐ Due date_____
- ☐ Pregnancy complications; list below

Please include comments/details here:

_____

_____

_____

_____

MHS response by: Name _____ Phone _____

_____

_____

_____

MHS/NHP refers to the BadgerCare Plus and Medicaid SSI members of Managed Health Services and Network Health Plan