FAX

To:	**Molina Healthcare HCS Department**	**From:**	
Fax:	**1-231-668-9876**	**Phone:**	
Phone:	**1-888-898-7969**	**Pages:**	
Re:	**Community Connector Referral**	**Date:**	

☐ Urgent ☐ For Review Please Reply ☐ Telephonically OR ☐ Written Report

- Comments:

Community Connector Referral Form

MOLINA HEALTHCARE COMMUNITY CONNECTORS:
Molina Healthcare Community Connectors are available to provide in-home visitation and assist members to navigate the care system and obtain necessary services that will adequately meet their medical needs. All Molina Healthcare members *are* eligible for the Community Connector program. Members who should be referred to a Community Connector are those actively in treatment but are failing to meet care plan milestones. If you would like to refer a Molina Healthcare member for this program, please complete this form and fax it to: **Molina Healthcare of Michigan Utilization Management Department at 1-800-594-7404.**

COMMUNITY CONNECTOR REFERRAL FORM: **Date:** _____

Referral Requestor: _____ **Requestor Contact#:** _____

Member Name: _____ **Member ID#:** _____

Member Phone# : _____ **Member Primary Language:** _____

Legal Guardian: **(Name/#):** _____ **PCP (Name/#):** _____

Diagnosis: _____ **Recent Hospitalization Date/s:** _____

Referral Reason: _____

_____

Medications: _____

_____

Current Home Health Care Services (Circle): **RN Visits** **PT/OT/ST** **IV Fluids/Meds**

Home Health Care Services Needed? Yes/No If Yes, list: _____

Current DME Use: _____ **DME Required? Yes/No If Yes, list:** _____

List any Behavioral Care Needs: _____

List Current Living Situation: _____

Caregiver Available to Assist: Yes/No? If Yes, Name/#: _____

Comments: _____

_____