Northwest Colorado Community Health Partnership

NORTHWEST COLORADO COMMUNITY HEALTH PARTNERSHIP
CLIENT REFERRAL FOR CARE COORDINATION (COMMUNITY CARE TEAM) FORM

Name: _____ DOB:_____ Phone:_____

Address: _____

Insurance: ☐ Medicare ☐ Medicaid ID# _____ ☐ Private Insurance _____ ☐ No Insurance

Referring Individual: _____ Title: _____ Date: _____

☐ **Urgent** (Please check if patient to be contacted within 2 business days.)

CARE COORDINATION NEEDS (check all that apply):

☐ Questions on Medicaid ☐ Questions on Medicare ☐ Social Security ☐ Long Term Medicaid ☐ Respite Care
☐ Medicaid Waivers ☐ Financial Assistance ☐ Home Health ☐ Dental Needs ☐ Vision Needs
☐ Housing Needs ☐ Help finding food ☐ Hospice ☐ Senior Resources/ Aging Well
☐ Accessing community resources ☐ Help connecting with Behavioral Health
☐ Help applying for a free government cell phone ☐ Not listed above: _____

REASONS FOR REFERRAL:

RELEVANT CLIENT DIAGNOSES:

MEDICATION LIST (if applicable):

COMMENTS/CONCERNS:

How can we best collaborate and communicate together to meet this member's needs?

Would you like a copy of the assessment and care coordination plan? Yes ☐ No ☐
How often, if at all, would you like updates on the status of the care coordination plan? _____
What is the preferred method of communication? Phone ☐ Email ☐ Fax ☐

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COMMUNITY CARE TEAM COORDINATORS

Referrals can be made by directly by faxing CCT referral form or by phone.

MEDICAID/NON-MEDICAID REFERRALS

Moffat *(Lauren Carpenter)*	Phone: 970-846-2701	Fax: 970-824-0313
Routt/Moffat *(Natalie Willey)*	Phone: 970-846-4788	Fax: 970-761-2589
Routt *(Rachel Fortman)*	Phone: 970-812-7820	Fax: 970-761-2589
Rangely/Dinosaur-Rio Blanco *(Kim Cottrill, RN)*	Phone: 970-620- 3277	Fax: 970-675-4241
Jackson/Grand *(Jeanette Causey)*	Phone: 970-725-3477	Fax: 970-725-3478
Meeker-Rio Blanco *(Brenda Culler)*	Phone: 970-942-3240	Fax: 970-878-4315

DUAL ELIGIBLE CARE COORDINATORS *Client has Medicaid and Medicare Insurance*

Routt, Moffat *(Megan Geraets)*	Phone: 970-439-4202	Fax: 970-761-2589
Grand/Jackson/Rio Blanco *(John Hendrikse)*	Phone: 970-725-3477	Fax: 970-725-3478

COMMUNITY CARE TEAM -NORTHWEST COLORADO COMMUNITY HEALTH PARTNERSHIP (NCCHP)
Routt- Moffat- Rio Blanco- Jackson- Grand Counties

By understanding the big picture, our care coordinators can help medical and non-medical services work together. Care Coordination can improve the overall health of patients by connecting patients with community services and resources. A care coordination program that spans all care settings can help improve transitions of care, improve treatment speed and quality of care, and improve patient satisfaction. Essential to these activities is a strong partnership between NCCHP, Rocky Mountain Health Plans, Colorado ACC Medicaid members, Colorado Department of Health Care Policy and Financing, Primary Care Medical Providers, community resources/groups, hospitals, specialists, and Single-Entry Point (SEP) agencies.

Examples of criteria for referrals to the Community Care Team:

- Community resource assistance such as assistance with food banks, coordination with human and social services, Social Security Disability application assistance, Medicaid application assistance, coordination with Medicaid area specialists
- Any person that is utilizing the Emergency Room or Urgent Care inappropriately, excessively, or unnecessarily
- Helping clients establish a primary care physician and get connected to health educators for unmanaged chronic illnesses such as COPD, Diabetes, High Blood Pressure/ Cardiovascular disease, Chronic Pain, Traumatic Brain Injury, etc.
- Refer and coordinate patients to mental health services for unmanaged mental health diagnosis such as bipolar, depression, anxiety disorders, substance use or alcohol abuse issues

Once a client has had an initial assessment completed with a care coordinator the Community Care Team can help clients:

- Address transportation issues to Medical or Mental Health appointments
- Connect & help coordinate to community resources (food banks, housing, senior resources, etc.)
- Provide paperwork assistance regarding resources, medical or mental health services
- Provide coordination and navigation assistance with providers and services i.e. dental, eye care, hearing screens and appointments, specialty referrals
- Coordinate care and facilitate communication across systems such as behavioral health, long term care (home and community based services), specialists, etc.
- Promote self-efficacy
- Work with community resources to help clients fund and obtain hearing aids, canes, dentures, etc.

**Please note; NCCHP requires an initial intake assessment on any referrals to the Community Care Team program. This assessment helps the coordinator determine and prioritize what goals or assistance is needed. Care Coordination cannot happen until this assessment has been completed and the person agrees to care coordination. Once care plan goals are consistently being met and clients gain comfort and control in their health, the care coordinator may decrease involvement.*