Molina Healthcare of Washington
Care Management Referral Form
Fax: (800) 767-7188
Email: MHWCMReferrals@molinahealthcare.com

Referral for Care Management Services

For questions regarding prior authorizations, prescriptions and benefits, or for help locating a provider, please call our Provider Services team at (855) 322-4082.

☐ **URGENT: Select this only for issues or situations that must be addressed within 1-2 business days.**
For EMERGENT issues to protect the safety of the member and/or others, call 911 or your local crisis line:
https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/mental-health-crisis-lines

Referral Source Information:

Referring Provider: _____ Clinic Name: _____
EMS Provider Referral - EMS City: _____ EMS Contact Name: _____
Contact Name for Questions Regarding Referral: _____
Phone #: _____ Fax # for Referral Confirmation: _____

Patient Information:

Patient Name: _____ DOB: _____
Parent/Guardian Name: _____
Patient's Address or Current Location: _____ County: _____
Telephone Number: _____
ProviderOne# or Molina ID# _____

Reason for Referral: Please attach clinical notes if available.

CASE MANAGEMENT:

- ☐ Collaborate care between BH, SUD, Medical, Hospitals and IP Facilities
- ☐ Guide member in self-managing health conditions by goal setting and intervention
- ☐ Educate on appropriate utilization of Medical/BH services
- ☐ Assist with complex care coordination
  - ☐ Member disposition IP
- ☐ Jail Transitions
- ☐ Other - please describe:

_____

COMMUNITY CONNECTOR:

- ☐ Housing programs
- ☐ Food programs
- ☐ Medical/Behavioral Health referral assistance
- ☐ Support SSI application process
- ☐ Transportation
- ☐ Community-based programs, please describe: _____
- ☐ Sign up for and/or get help understanding health care benefits
- ☐ Smoking cessation services

Please only send one member referral per fax. If you have not received confirmation of this referral and referral outcome within 7 business days, please call us at (800) 869-7175 ext. 142618.