



Complex Case Management Referral Avenues

Complex Case Management (CCM) is intended to empower members to take control of their health care needs across the care continuum by coordinating quality health care services and the optimization of benefits through a realistic, cost-effective and timely case management plan. By collaborating with members and their care team, we are able to facilitate access to health care services and provide support for health-related decisions, which may allow members to obtain the highest quality of care, maximize their health care coverage and potentially save money.

Members enrolled in the CCM Program will have an initial assessment that captures current health status, condition-specific issues, clinical history, comorbidities, behavioral health status, activities of daily living, psychosocial issues and life planning issues. An evaluation of cultural and linguistic needs, visual and hearing needs and caregiver involvement are also assessed. A detailed case management plan including prioritized self-management goals are communicated with the member, along with monitoring and a follow-up schedule for next appointments.

All DHMP plans are eligible for CCM services at no cost to the member. If you would like to refer your patient to our CCM Program, please call Care Management at **303-602-2184** or email the referral to DHMPCC@dhha.org and on our website **Care Management Referral**

Members can be referred for evaluation for complex case management services by their provider or practitioner, through a discharge planner referral, through a medical management program referral or by others involved in their care or themselves.