



Service Authorization Request

For L.A. Care Medi-Cal and L.A. Care Medicare Plus (HMO D-SNP) Members Only

Fax to 1-213-536-0638 Email: mealsasmedicine@lacare.org

Eligibility (Population Subset)

- Individuals with chronic conditions, such as but not limited to diabetes, cardiovascular disorders, congestive heart failure, stroke, chronic lung disorders, human immunodeficiency virus (HIV), cancer, gestational diabetes, or other high risk perinatal conditions, and chronic or disabling mental/behavioral health disorders.
- Individuals being discharged from the hospital or a skilled nursing facility or at high risk of hospitalization or nursing facility placement; or
- Individuals with extensive care coordination needs.

NOTE: Meals are not covered to respond solely to food insecurities. Referrals must be medically necessary.

Please select request type. Signature required on page 2 by referring entity. (primary care doctor signature preferred, but not required)

- Routine Request
 Urgent Request (72-hour processing)
 Post-Discharge (72-hour processing)

Member information

Line of Business: Medi-Cal L.A. Care Medicare Plus (HMO D-SNP)

Medicaid ID Number

Member DOB

Member Phone

First Name

Last Name

Member's Address & Language preference are on file with L.A. Care and will be used to process this request. Any updates must be completed by contacting Customer Service 24 hours a day-7 days a week at 1-888-839-9909 for Medi-Cal or at 1-833-522-3767 for D-SNP members

Caregiver Contact information & Official Designation Title

First Name:

Last Name:

Phone Number:

Title / Relationship:

Referring Entity

Please select entity type. Referring entities with an asterisk (*) must provide their NPI below.

- PCP / Specialist*
 Skilled Nursing Facility*
 Community Supports Provider*
 Community Based Adult Services
 Hospital*
 ECM Provider*
 Community Based Organization
 Member's PPG/MSO
 Other:

Internal L.A. Care Entity:

- Behavioral Health
 Care Management
 Customer Solution Center
 Utilization Management
 Managed Long Term Services & Supports (MLTSS)
 Pharmacy
 Other:

Referring Entity NPI (if available)

Phone

Ext.

Fax

Referring Entity Name

Address

City

Zip

LAC Provider ID

Email

Please use an In-Network Provider NPI & Provider ID if available to complete this form. Find these at: <https://www.lacare.org/find-doctor-or-hospital>

