

Care Management Referral Form



Care Management Guide for Referral

L.A. Care provides High Risk/Complex Care Management (CM) support to members to help them understand their current health status, treatment plan and health care needs. We use a proactive, dynamic and integrated approach to care management. Referrals are reviewed and a risk stratification algorithm is utilized to identify members who are at risk for an adverse health outcomes or changes in health status. The following are some examples of potential qualifying conditions for CM services at L.A. Care.

Members eligible for CCM are those whose degree and complexity of condition is severe, whose level of management required is intensive, and who will require extensive resources to regain optimal health or improved function. L.A. Care has developed a Trigger List to guide referral sources and triage nurses in identifying appropriate cases for CCM, as detailed below.

Specific Diagnosis Triggers are:

- Major Trauma
- Advanced Liver Disease
- End stage AIDS
- Pediatric cancer
- Metastatic cancer
- Psychoses
- New onset of Paralysis, Paraplegia or Quadriplegia (diagnosed within 90 days)
- Approved then removed from solid organ transplant list, or complex post-transplant
- Complex NICU (e.g. gestation less than 28 weeks a birth, or birth weight <500 grams)

Social Triggers are:

- Homelessness/Lives in shelter
- Recent loss of caregiver
- No social support
- Report of fiduciary or physical abuse by mandatory reporters, law enforcement and utility workers

Utilization Triggers are:

- 4 or more ER visits in past 6 months
- 3 or more inpatient admissions in past 12 months
- 3 or more ER visits with subsequent admissions in past 6 months
- 2 or more readmissions with 30 days in past 6 months
- 12 or more prescriptions
- Total care projected to exceed \$100,000 in 12 months

L.A. Care's Care Management department will review referrals and will make final determination on the member risk level and CM services best aligned to meet the members' needs.

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FAX TO: L.A. CARE (213) 438-5077 OR EMAIL (MUST BE ENCRYPTED): cmreferral@lacare.org

**Please attach the most recent care plan and all relevant progress notes, if available.
If you are a medical provider or are referring on behalf of one, please attach relevant medical records.**

Referral Information:

Date Referred:	Referral Reason:	Diagnosis Social	Utilization Pediatric to Adult Transition
Referred By:	Referral Phone #:	Email:	
Referral Source:	Hospital Discharge	UM Department Referral	
Member Self-Referral			
PPG/Medical Group Referral (Name):			
PCP (Name):	Other:		
Product Line:	Cal MediConnect	Medi-Cal / SPD	
	L.A. Care Covered	PASC-SEIU	

Member Information:

Name:	PCP Name:
Member ID (CIN/CSIM):	PCP Phone:
DOB:	Diagnoses:
Phone:	Mobile:
	Home:
Preferred Language:	
Caregiver:	Caregiver Name:
Yes No	
Caregiver Phone:	Caregiver Relationship:
Referral Explanation:	
Within the last 30 days, the member has visited:	
ER	Name of Hospital:
Phone:	Admission Notes:
	Date:
Hospital	Name of Hospital:
Phone:	Admission Notes:
	Date:
SNF	Name of SNF:
Phone:	Admission Notes:
	Date:

Thank you for your referral. L.A. Care's Care Management Team will review the referral and all attached information for criteria to be in High-Risk or Complex Care Management and respond to the primary referrer.