



L.A. Care
HEALTH PLAN®

For All of L.A.

L.A. Care Bi-Monthly Health Services Webinar



February 25, 2025

PL2252 0225



**ELEVATING
HEALTHCARE**
IN LOS ANGELES COUNTY
SINCE 1997

Agenda

- Greeting / Background
- L.A. Care Utilization Management –Outpatient
- L.A. Care Utilization Management –Inpatient
- Enhanced Care Management
- MLTSS Palliative Care
 - Eligibility
 - Referrals
 - Resources
- Q&A



WELCOME

L.A. Care Health Plan | Bi-Monthly Health Services Webinar



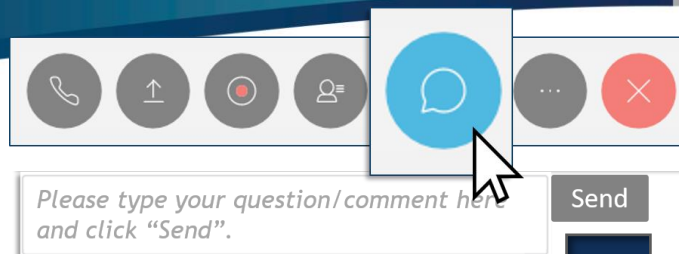
L.A. Care
HEALTH PLAN®

For All of L.A.

CALL: 1-213-306-3065

ACCESS CODE: 2558 108 6264

Everyone is *automatically* **MUTED**. . .
Please communicate via the **CHAT** feature



**We will begin at
3:30 PM PST**

Thank you

Housekeeping

- This webinar is being recorded.
- Attendance and participation will be tracked via log-in.
- Questions will be managed through the Chat or by raising your hand. Please send all your questions to **ALL PANELISTS**.
- Send a message to the Host if you experience any technical difficulties.
- Training material and FAQs will be disseminated.



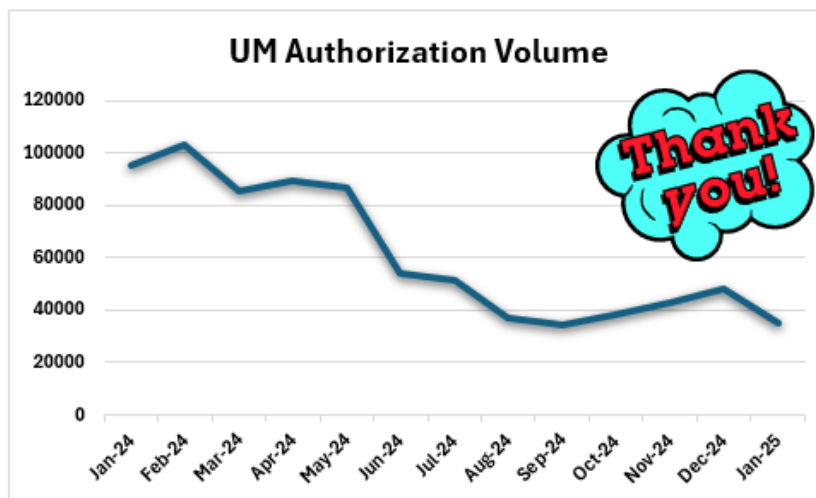
Ingrid Castelo, Director Utilization Management

L.A. Care Utilization Management - Outpatient



Great Progress- Reducing the Administrative Load!

- Since our Go-Live of the No Auth Required Process last July, we've seen a **significant reduction in total UM authorization volume and that's thanks to your help!**
- **4,000 requests per month** for services/items that don't need prior authorization
- That's **1,000 hours of unnecessary manual work saved** each month **allowing more time to focus on care and support for our mutual members.**
- **Your cooperation is making a huge difference** in reducing the administrative burden.



Keep the Momentum Going- Avoid Unnecessary Requests

- **Please check the online Provider Prior Authorization Tool** before submitting a request to us. If the tool says no authorization needed, there is no need to submit it!
- **No authorization will be provided** for requests that don't require it. This helps everyone save time!
- **Remember:** Streamlining the process requires your help in sending only those requests that truly need prior authorization.

Provider Prior Authorization Tool

Search By Range Or Category | Search By Individual Code

Enter Procedure Code(s)

From Code: 99243 OR Select CPT Group: --- Select ---

To Code: Optional: Z9999

Submit | Reset

Search Result

Show 10 entries | Search:

Code	Code Description	Prior Auth Required	Effective Date	Code Group
99243	OFFICE CONSULTATION	NO	01/01/2010	E & M - CONSULTATIONS

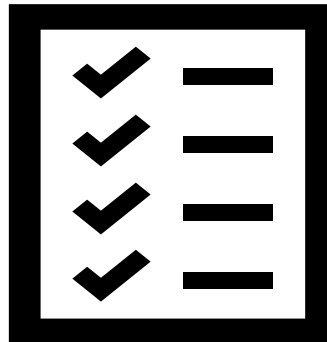
Showing 1 to 1 of 1 entries

Previous | 1 | Next

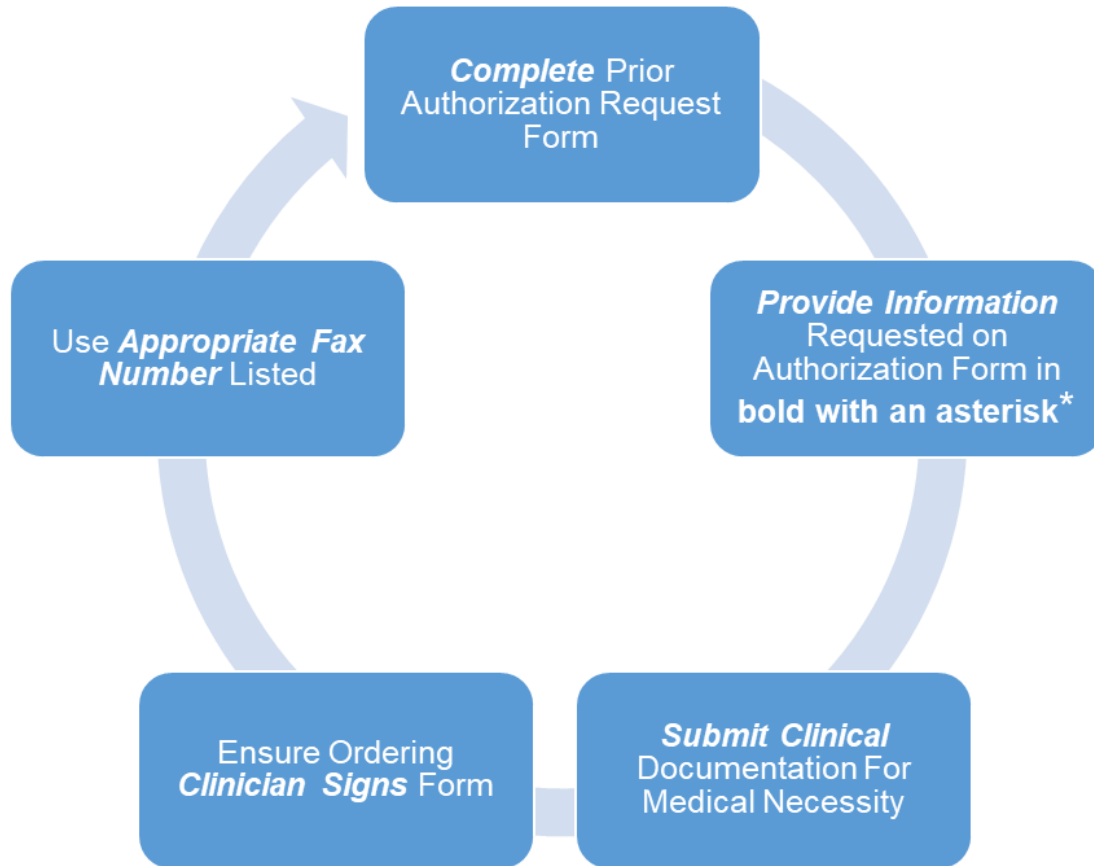


Quick Prior Auth Tips

- **Check the online Prior Auth Tool First-** if no Prior Auth is needed, save time and don't submit it! Many codes such as certain Durable Medical Equipment (DME) no longer need an auth.
- **Complete All Required Fields-** Fully completed forms = faster review process!
- **Specify the Number of Units for a 3-Month Period.** This ensures a quicker and more efficient process for both the authorization and claim.
- **Avoid Duplicates** to keep things moving smoothly.



Complete Forms = Faster Processing



UM Resources

- Please reach out to your **Provider Representative** for concerns or issues.
- **Contact Utilization Management** via the general mailbox e-mail address for process inquiries at UM_Operations_Mailbox@lacare.org



Q & A

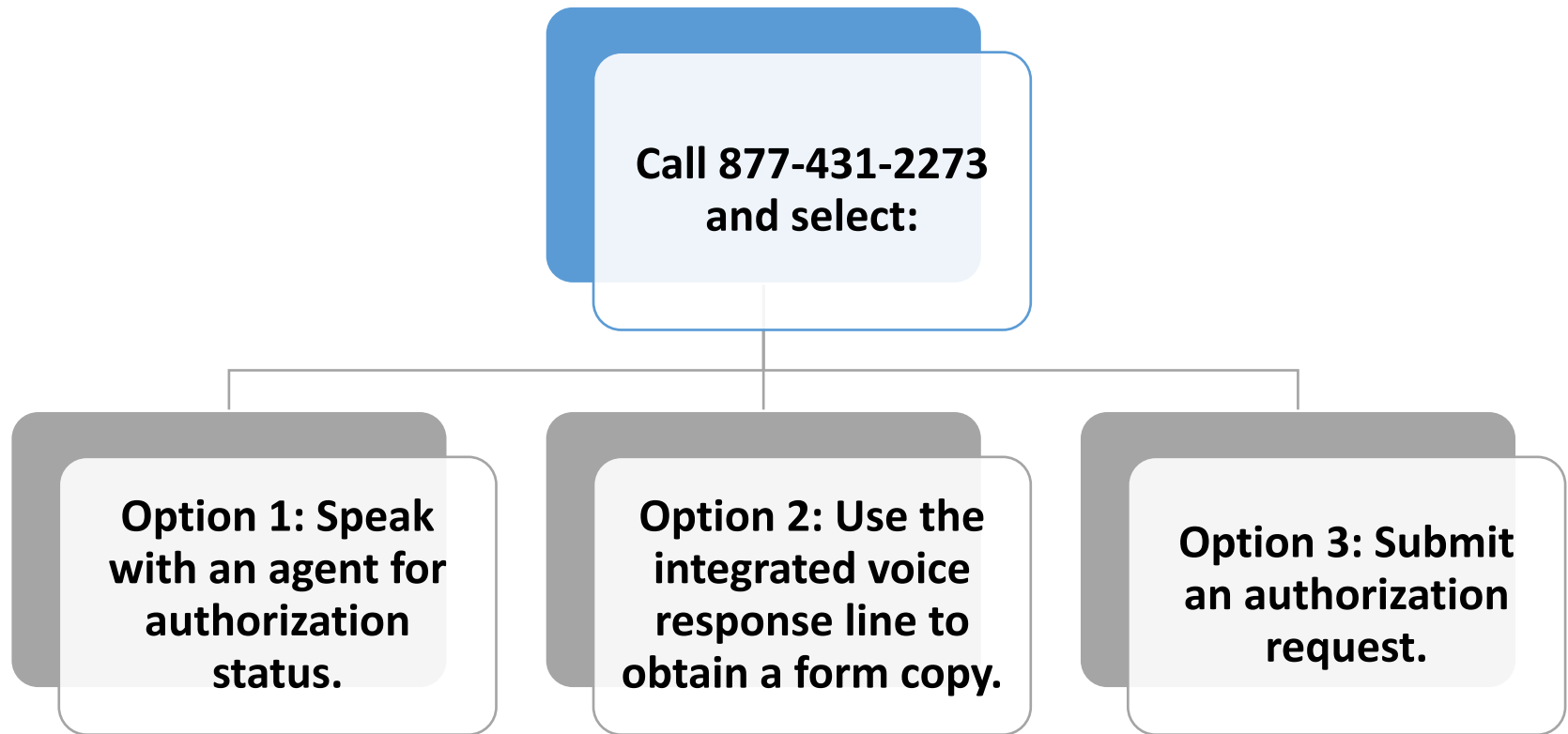


Kelly Frost, Director Utilization Management

L.A. Care Utilization Management-Inpatient



For Authorization Status on Healthcare Service Requests



Phone Contact Information



Higher Level of Care Transfer &
Post Stabilization

Call 877-431-2273

Select option 3

Select option 1



Transportation

Call 877-431-2273

Select Option 2



Discharge or transfer to SNF,
Subacute, Acute Rehab or LTAC

Call 877-431-2273

Select option 3

then select option 2



Nurse Assigned to the same case
to address clinical questions

Call 877-431-2273

Select Option 3

Select Option 2



Fax Contact information



Inpatient admission face sheet notification

Fax 877-314-4957

Fax in documentation for Clinical Review

Fax 213-438-5063

HLOC Transfer Requests

Fax 213-438-2204



Authorization Requests Needed for Discharge

Fax: 213-438-5066

- **Instructions:**
- Complete the **Hospital Review Priority Type of Clinical Service Requested Form:**
 - Check the type of authorization needed for discharge.
 - Fill out the form in full, including applicable codes, quantity needed, or level of care requested.
- Provide the following information:
 - **Accepting/Servicing Provider:** Include their name and contact information.
 - **Clinical Documentation:** Attach supporting documents that demonstrate medical necessity.
 - **Hospital Contact:** Include the name and phone number of the hospital contact for authorization or additional information requests.
- **Submit the Completed Form and Supporting Documents:**
 - Fax all information to **213-438-5066**.
- **Follow-Up:**
 - Call **877-431-2273**.
 - Select **Option 3** and then **Option 2** to follow up on your request.



Difficult Placement Assistance

- **Purpose:**

L.A. Care assists providers in placing members in skilled nursing facilities when discharge from an acute inpatient hospital is delayed due to placement challenges. This service supports, but does not replace, the hospital's ongoing placement efforts and is only available once the member is stable for discharge.

- **Key Points:**

- Assistance is provided to help ensure timely discharge to the appropriate level of care.
- Support works alongside the hospital's placement team to enhance placement efforts.
- The hospital must demonstrate ongoing placement attempts before requesting assistance.



Requesting Assistance With Placement

Fax: 213-438-5095

- Complete the DPT Authorization Fax Request Form and include:
 - DPT Referrals Checklist items.
 - A list of providers who declined placement, including reasons.
- Weekly Referrals: If placement is not found within the first week, submit weekly referral packets to continue the placement search.



Administrative Day Authorization Requests

*Applies to MCLA Line of Business Only

Form Submission Requirements

1. Use the "Hospital Review Priority Type of Clinical Service Requested" form.
2. Complete the following steps:
 - a. Mark "Administrative Days Request."
 - b. Include the Acute Inpatient Reference Number or Document ID number.
 - c. Specify the dates of service for which administrative days are requested.
 - d. Attach clinical records that support the medical necessity for the requested administrative days.

Form Submission Process

1. Fax the completed form to L.A. Care at (213-438-5063).
2. The UM department will handle the request as part of the retrospective review process.
3. A new Reference number or Document ID number will be generated for the administrative days request.

Eligibility Criteria

1. To qualify for administrative days, the acute inpatient dates of service must have been denied for not meeting medical necessity.
 - If acute inpatient days are approved, the same dates of service cannot also be approved for administrative rates



Important Note

Administrative days **will not** meet criteria for approval if any of the following apply

Lack of timely discharge planning

No documentation of placement efforts

Social/family issues which delay or prevent placement

Patient accepted to nursing facility, but placement/transfer delayed while awaiting legal conservatorship

Patient does not require nursing facility level of care.

Placements that do not qualify include:

- Congregate Living Health Facility
- Homeless shelter/Recuperative Care
- Respite care center
- Board and care facility



Acute Inpatient Care Criteria and Adverse Determination Response Options



Acute Inpatient Care
Criteria and Adverse
Determination Response
Options

We utilize MCG guidelines
to assess and review
requests for acute
inpatient levels of care.

If an adverse
determination is made, our
Notice of Action letter will
inform the provider that
they can send the request
a peer-to-peer discussion
with our physician
reviewer. This request
must be received within 7
days of the Notice of
Action by calling 213-428-
5500, ext. 4277.

Providers may submit a
written appeal by
completing the appropriate
form or sending a letter to
the following address:
LA Care Health Plan
Member Services
Department
1200 W 7th St
Los Angeles, CA 90017
Fax: 213-438-5748

Inpatient Department Contacts

Main Phone number (213) 428-5500

Director Kelly Frost Ext 6329

Email: KFrost@lacare.org

Manager Nicole Ross Ext 6890

Email: NRoss@lacare.org

Inpatient & Provider Dispute Review

Supervisor Audrey Gordon-Henderson Ext 6370

Email: agordon-henderson@lacare.org

Inpatient & Discharge Planning

Supervisor Yvette Taylor Ext 6484

Email: YTaylor@lacare.org

Post Stabilization and Higher Level of Care Transfer

Supervisor Mary P. Herbek Ext 7334

Email: MHerbek@lacare.org



Guidance on Authorization Responsibility

Step 1: Check member eligibility to determine both coverage and provider group/network assignment (a.k.a. PPG).

- Option A: In our portal www.lacare.org
- Option B: Via phone to the Provider Solution Center (866) 522-2736 and press 1

Important Note

The Medi-Cal eligibility system AEVS **does not** provide the network assignment data. You must use one of the options listed above to identify the member's PPG/network.



Authorization Responsibility Lookup via L.A. Care Portal

The screenshot shows the L.A. Care Health Plan website. At the top right, there are links for "Find a Doctor", "Careers", "Contact Us", "Select Language", and "Font Size". Below these are two buttons: "Member Sign in" and "Provider Sign in", with the latter highlighted by a red box. The navigation menu includes "Health Plans", "For Members", "For Providers", "Healthy Living", and "About Us", with a search bar. The breadcrumb trail reads "Home / For Providers / Provider Central / Provider Sign in". The main content area is divided into three columns: "For Non-Contracted Providers", "For Contracted Providers", and "Provider Resources". The "For Non-Contracted Providers" column lists "View a patient's current eligibility status and benefit information" (highlighted with a red box), "Verify patient claims", and "Download forms", with a "Sign in or Create Account" button. The "For Contracted Providers" column lists "View a patient's eligibility status and benefit information" (highlighted with a red box), "View patient and provider claims", "Download forms", and "View reports, eligibility coverage history and other tools", with a "Sign in to Provider Portal" button. The "Provider Resources" column lists "Looking for Utilization Management Forms?", "Search formularies and print forms", "Find information about HEDIS®, CalMedconnect and health education", and "Read articles from our monthly provider eNewsletter, thePULSE".

Find a Doctor | Careers | Contact Us | Select Language | Font Size — +

L.A. Care
HEALTH PLAN®

Member Sign in | **Provider Sign in**

Health Plans ▾ | For Members ▾ | For Providers ▾ | Healthy Living ▾ | About Us ▾ | Search

Home / For Providers / Provider Central / Provider Sign in

For Non-Contracted Providers

If you are a non-contracted L.A. Care Provider, signing into the Non-Contracted Provider Portal allows you to:

- View a patient's current eligibility status and benefit information
- Verify patient claims
- Download forms

Sign in or Create Account

For Contracted Providers

If you are a contracted L.A. Care Provider, signing into the Contracted Provider Portal allows you to:

- View a patient's eligibility status and benefit information
- View patient and provider claims
- Download forms
- View reports, eligibility coverage history and other tools

Sign in to Provider Portal

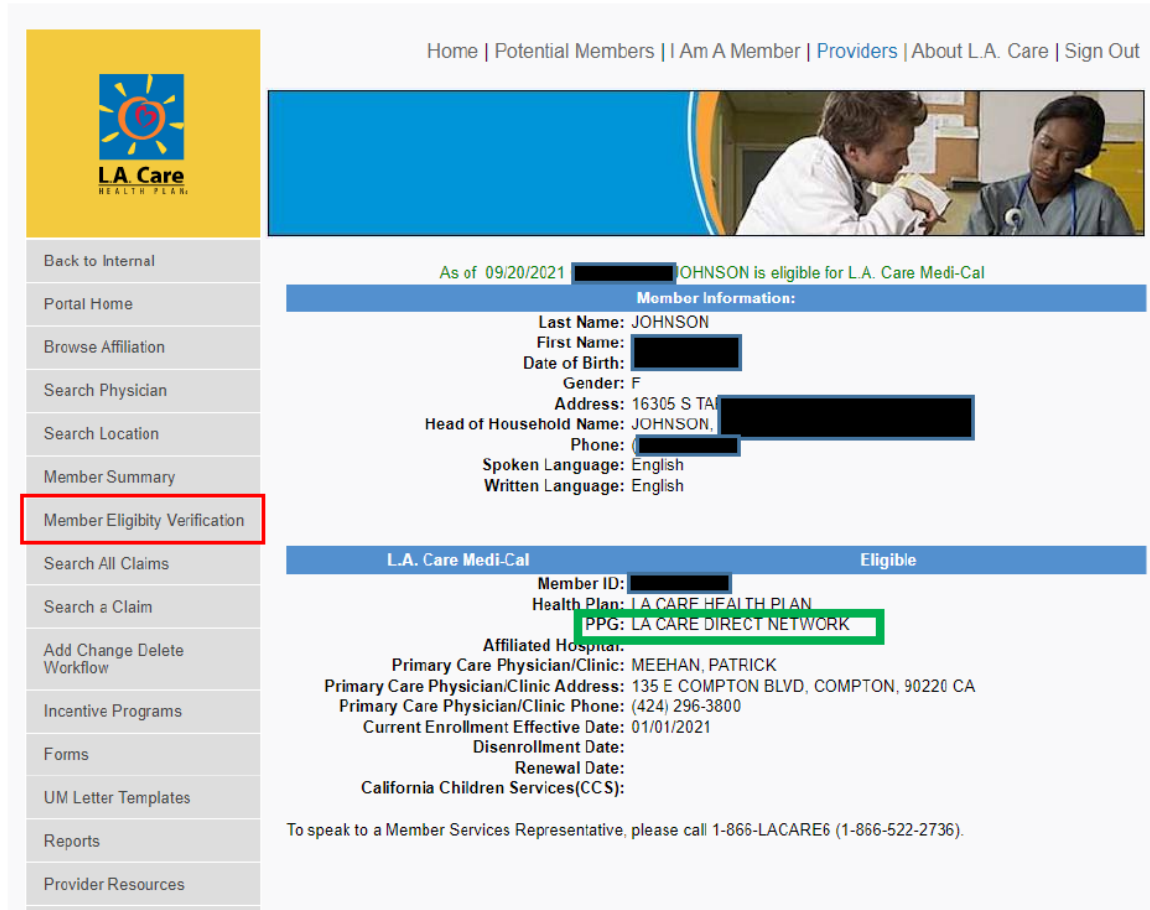
Provider Resources

Explore the many resources available to L.A. Care providers.

- Looking for Utilization Management Forms? Find them in [Manuals and Forms](#)
- Search formularies and print forms in [Pharmacy Services](#)
- Find information about HEDIS®, CalMedconnect and health education in [Tools and Toolkits](#)
- Read articles from our monthly provider eNewsletter, thePULSE



Authorization Responsibility Lookup via L.A. Care Portal (continued)



The screenshot displays the L.A. Care portal interface. On the left is a navigation menu with the L.A. Care logo at the top. The main content area shows a navigation bar with links: Home | Potential Members | I Am A Member | Providers | About L.A. Care | Sign Out. Below this is a banner image of a doctor and a patient. The main content area displays the following information:

As of 09/20/2021 [REDACTED] JOHNSON is eligible for L.A. Care Medi-Cal

Member Information:

- Last Name: JOHNSON
- First Name: [REDACTED]
- Date of Birth: [REDACTED]
- Gender: F
- Address: 16305 S TA [REDACTED]
- Head of Household Name: JOHNSON, [REDACTED]
- Phone: [REDACTED]
- Spoken Language: English
- Written Language: English

L.A. Care Medi-Cal Eligible

Member ID: [REDACTED]
Health Plan: LA CARE HEALTH PLAN
PPG: LA CARE DIRECT NETWORK

Affiliated Hospital:
Primary Care Physician/Clinic: MEEHAN, PATRICK
Primary Care Physician/Clinic Address: 135 E COMPTON BLVD, COMPTON, 90220 CA
Primary Care Physician/Clinic Phone: (424) 296-3800
Current Enrollment Effective Date: 01/01/2021
Disenrollment Date:
Renewal Date:
California Children Services(CCS):

To speak to a Member Services Representative, please call 1-866-LACARE6 (1-866-522-2736).



Authorization Responsibility Lookup via L.A. Care Portal (continued)

<https://www.lacare.org/providers/provider-resources/forms-manuals>

Manuals and Forms

■ Provider Manuals

To help you better understand our guidelines, policies and procedures, L.A. Care issues a manual to its providers each year. You can review a PDF version by selecting the appropriate manual on the Resources links.

■ Provider Forms

Below are the most frequently requested forms for L.A. Care Providers. If you have a suggestion for how we can improve any of the available forms, please contact Provider Support.

Recently Added Forms	+
Utilization Management Forms	-
Prior Authorization Request Forms	
<input checked="" type="checkbox"/> Difficult Placement Authorization Request Form	
<input checked="" type="checkbox"/> Higher Level of Care (HLOC) Authorization Form	
<input checked="" type="checkbox"/> Hospital Priority & Type of Clinical Service Requested Fax Form	
<input checked="" type="checkbox"/> Hospital UM Contact Information (Authorization Contact Cheat Sheet)	
<input checked="" type="checkbox"/> SNF UM Contact Information (Authorization Contact Cheat Sheet)	
<input checked="" type="checkbox"/> SNF Authorization and Billing Guidance	
<input checked="" type="checkbox"/> Provider Authorization and Billing Reference Guide	
<input checked="" type="checkbox"/> Medi-Cal Shared Risk Amendment Template	
<input checked="" type="checkbox"/> Physician Certification Statement (PCS) form	
Behavioral Health Forms	+
Case Management Forms	+



Q & A



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For All of L.A.

Enhanced Care Management Overview and Referral Process



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IN LOS ANGELES COUNTY
SINCE 1997

What is Enhanced Care Management(ECM)?



A Statewide Medi-Cal benefit available to eligible members with complex needs



Uses a whole-person, interdisciplinary and wrap-around approach to comprehensive care management, providers provide 7 Core Services

Medi-Cal MCP Care Management Continuum

ECM is the **highest tier of care management** for MCP Members.

ECM

Complex Care Management

For MCP Members with higher- and medium-rising risk

Basic Population Health Management

For all MCP Members

Transitional Care Services

For all MCP Members transitioning between care settings



Who is eligible for ECM?

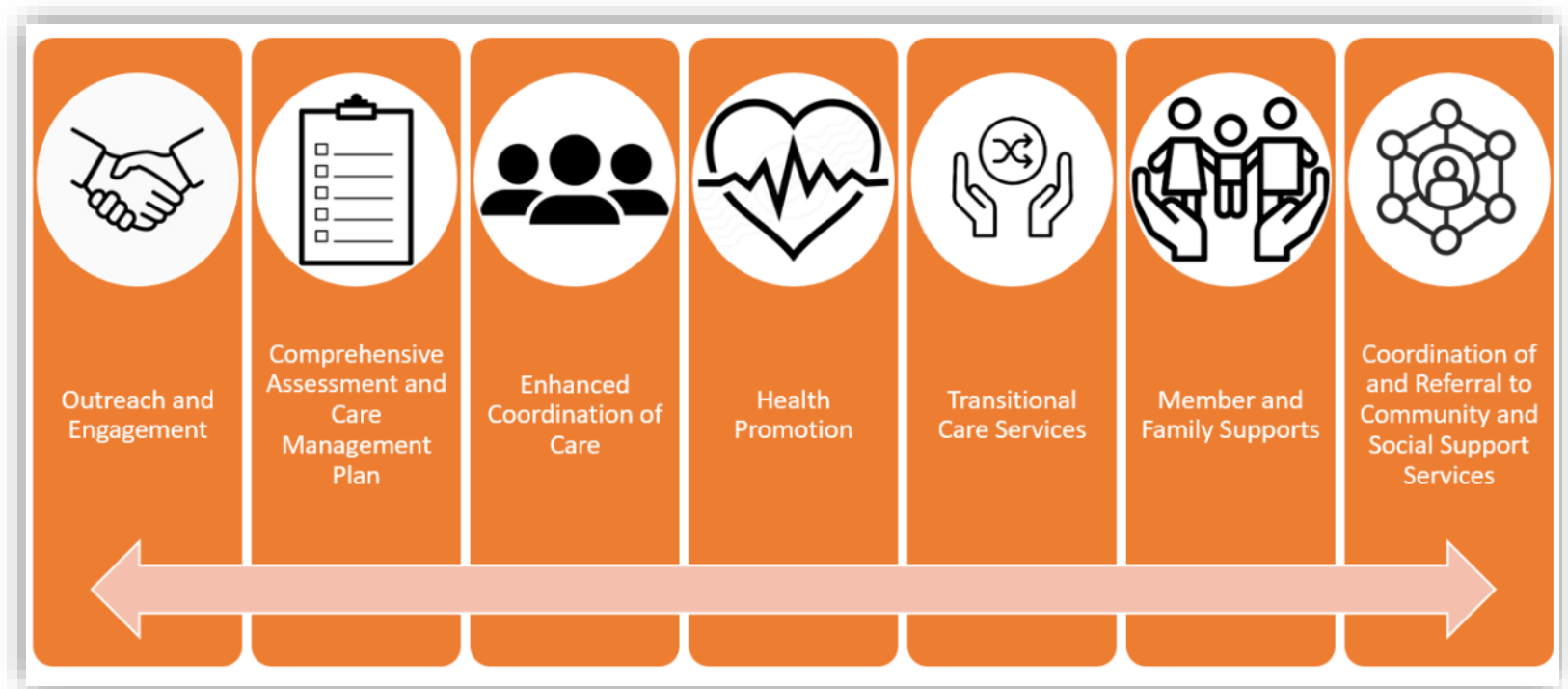
It is important to tailor outreach and engagement for each Population of Focus (POF) and their specific needs.

ECM Populations of Focus (POFs)	Adults	Children
Individuals Experiencing Homelessness: <i>Adults without Dependent Children/Youth Living with Them Experiencing Homelessness</i>	●	
Individuals Experiencing Homelessness: <i>Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness</i>	●	●
Individuals At Risk for Avoidable Hospital or ED Utilization (<i>Formerly "High Utilizers"</i>)	●	●
Individuals with Serious Mental Health and/or SUD Needs	●	●
Individuals Transitioning from Incarceration	●	●
Adults Living in the Community and At Risk for LTC Institutionalization	●	
Adult Nursing Facility Residents Transitioning to the Community	●	
Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition		●
Children and Youth Involved in Child Welfare		●
Birth Equity Population of Focus	●	●



ECM's 7 Core Services

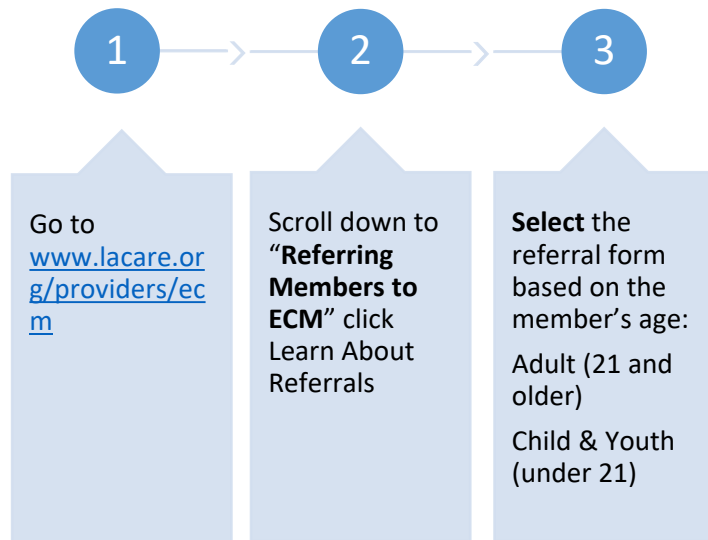
A whole-person approach with a focus on in-person services



ECM providers are **strongly encouraged** to engage members in Community Supports (CS).



How to Access the L.A. Care ECM Referral Form



Eligibility
Medi-Cal managed care members are eligible for the ECM benefit if they meet specific eligibility criteria of a population of focus.
[View Eligibility Criteria](#)

Seven Core Services
ECM providers deliver core service components of intensive and comprehensive care management to members enrolled in the program.
[See Service Components](#)

Referring Members to ECM
Eligible members may be referred to ECM by a provider, case manager, or other professionals already serving the population of focus.
[Learn About Referrals](#)

Enhanced Care Management Providers
Enhanced Care Management (ECM) is delivered primarily by community-based entities that hold contracts with managed care plans (MCPs).

[ECM Referral Form - Adult](#)
[ECM Referral Form - Child & Youth](#)





L.A. Care
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For All of L.A.

Palliative Care Program

Eligibility, Referrals and Resources



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IN LOS ANGELES COUNTY
SINCE 1997

Opening Remarks

Dr. Susan Stone, MLTSS Senior Medical Director



PC Eligibility & Referrals



L.A. Care
HEALTH PLAN®

For All of L.A.

Medi-Cal's Palliative Care Benefit Eligibility

Medi-Cal Los Angeles (MCLA) & Dual Special Needs Plan (DSNP)

DSNP members are members who enrolled their Medicare and Medi-Cal with L.A. Care.

SB 1004 General Palliative Care Eligibility

Increased use of hospitals or emergency departments for disease and symptom management

Advanced or late stage of illness and not enrolled in hospice

Death within one year is not unexpected

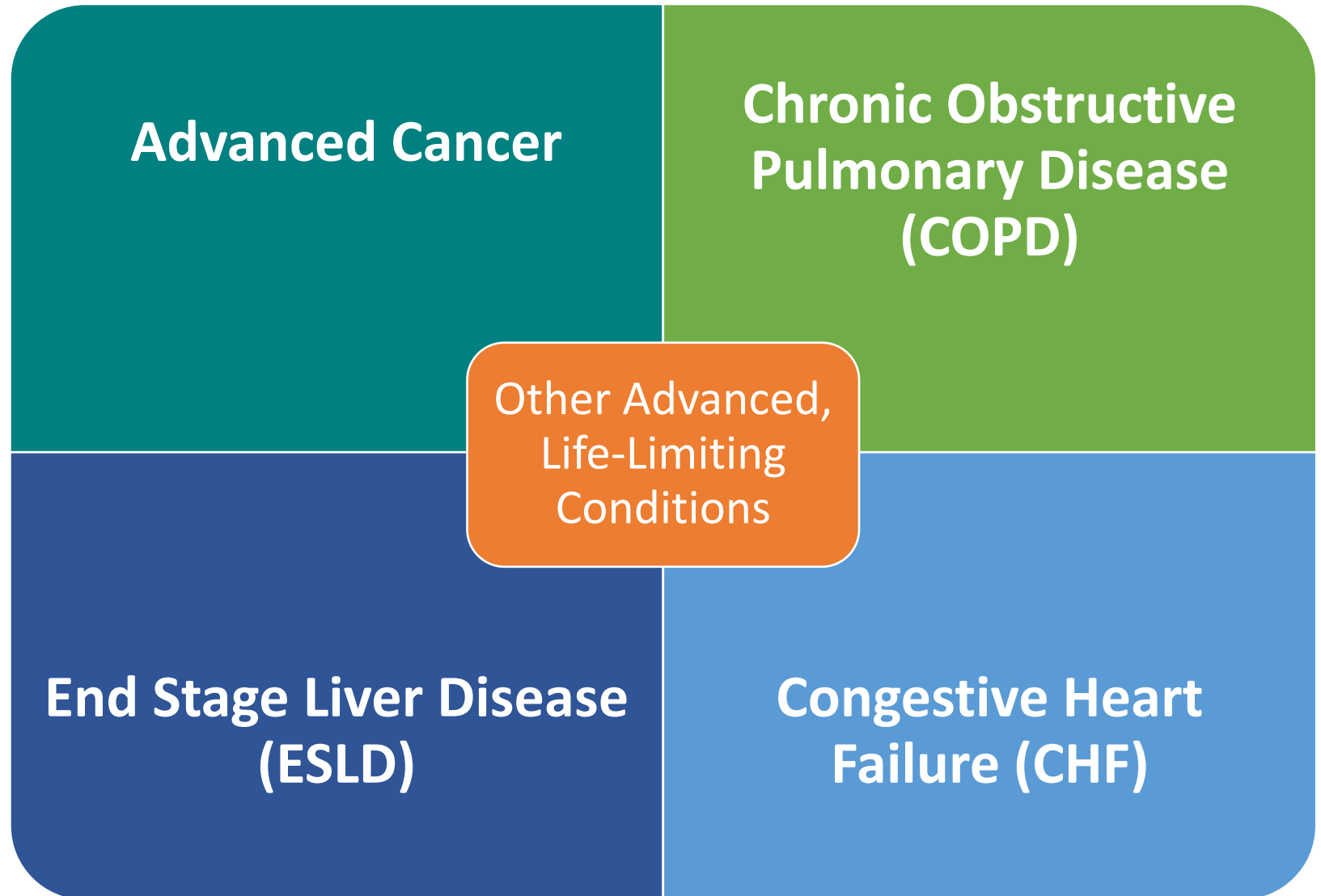
May be receiving curative treatment and/or treatment is no longer effective

Member will try in home or outpatient management prior to using the ED

Member will participate in advance care planning



Eligible Conditions for Palliative Care



Eligible Conditions Cont'd

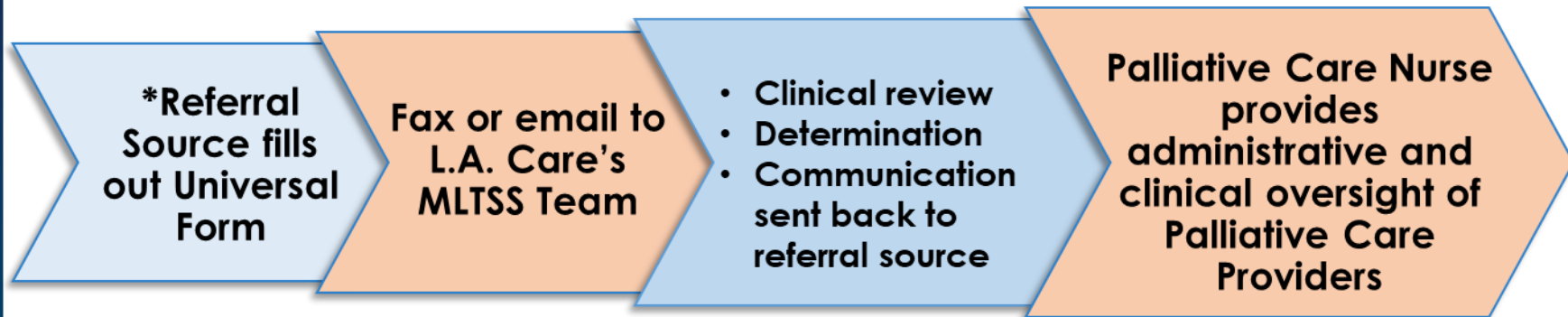
Other
Memory loss/Cog decline
Neuro: Advanced dementia
Neuro: ALS
Neuro: Cerebral palsy
Neuro: Multiple Sclerosis
Neuro: Parkinson's
Pulmonary fibrosis



Other
Chromosomal disorders
Congenital and genetic diseases
CVA and/or TBI with deficit
Developmental disorder
End Stage Renal Disease
Liver cirrhosis
Lupus
Major organ transplant



Streamlined Referral Process



Referral Sources

- PPGs/Specialists
- PCPs/Clinics
- Hospitals/SNFs
- CBAS Centers
- Internal L.A. Care Depts.
- Members/Caregivers
- MLTSS Vendors
- Palliative Care Vendors
- MSSP Providers
- Enhanced Care Management Providers
- Community Supports Providers

Access PC Referral Form

❖ Download referral form from L.A. Care Website www.lacare.org

- Select **For Providers** menu drop down
- Select **Forms and Manuals** library
- Expand **Managed Long Term Services and Supports** list
- Access **Palliative Care Referral Form**



Member Sign in

Provider Sign in



IMPORTANT: Are you enrolled in Medi-Cal? Has your contact information changed in the past two years? Give your county office your updated contact information so you can stay enrolled. Go to benefitscal.com or call the Los Angeles County Department of Public Social Services at [1-866-613-3777](tel:1-866-613-3777)

Become a Member ▾

For Members ▾

For Providers ▾

Healthy Living ▾

About Us ▾

Search

Provider Resources

Elevating Clinical Quality + P4P

Pharmacy Services

Forms and Manuals

Tools and Templates

Policies and Compliance

Health Information Technology

COVID-19 Resources for Providers

Enhanced Care Management

Medi-Cal Redetermination FAQs

Community Supports

Managed Long Term Services and Supports

[Caregiver Support Services: Service Authorization Request Form](#)

[CBAS Face to Face Assessment Request \(CEDT\) Form](#)

[Environmental Accessibility Adaptations \(EAA\) Service Authorization Request \(SAR\)](#)

[Form](#)

[Environmental Accessibility Adaptations \(EAA\) Qualified Lead Form](#)

[Environmental Accessibility Adaptations \(EAA\) Physician Order Form](#)

[MLTSS Referral Form](#)

[Palliative Care Referral & Screening Tool](#)

Universal Referral Form

- Complete form with any supporting documents are FAXED to PC Provider
- If PC provider making a referral, fax Referral form and medical records to
MLTSS: 213-438-4866

PALLIATIVE CARE REFERRAL & SCREENING TOOL
Created by the Coalition for Compassionate Care of California in collaboration with health plan partners:

blue california Promise Health Plan | LA Care HEALTH PLAN | MOLINA HEALTHCARE | Health Net

Referral Date: _____

PATIENT INFORMATION

Patient Name: _____ Diagnosis: _____ ICD-10 code: _____
 Phone: _____ Address (include Zip): _____
 ID/CIN Number: _____ Male Female Date of Birth: _____ Age: _____
 Language: _____ PCP/Specialist Name & Phone: _____
 Health Plan: _____ LOB: Medicare Medi-Cal Commercial
 Location: Hospital SNF Home Other: _____
 If Hospital or SNF, Anticipated Discharge Date: _____
 Anticipated Disposition: Home with Caregiver Support Home without Caregiver Support Home with
 Home with Home Infusion Therapy Board & Care Shelter Other community living situation

REFERRAL SOURCE INFORMATION

Internal Referral (circle one): UM, CM, BH, Member Services, Other
 External Referral (circle one): Hospital, SNF, Outpatient Provider, Other

Name: _____ Organization: _____ Specialty or Role: _____
 Address (include Zip): _____ Phone: _____
 Fax: _____ Email: _____ Alt Contact Name & Phone: _____

Patient meets basic eligibility/screening guidelines or other health plan specific diagnostic criteria for a full Palliative Care Service Evaluation (see reverse side).
 Current referral prompted by: Patient is using the hospital or ED to manage symptoms
 Uncontrolled symptoms related to underlying disease (e.g., pain, shortness of breath, vomiting)
 Inadequate home, social, family support

Pertinent history, medical records, test results, x-rays, etc. attached.
 Was member or authorized representative informed of this referral? Yes No

Signature: _____ Date: _____

REFERRING PATIENT FOR PALLIATIVE CARE SERVICE EVALUATION
Please mark faxes CONFIDENTIAL. Please send from secure email.

Blue Shield Promise fax # 323.889.2109 email: BSCPHP_PalliativeCare@blueshieldca.com
 Health Net/CHW fax # 844.907.0436 email: CareConnections@HealthNet.com
 LA Care fax # 213.438.4866 email: MLTSS@LACare.org
 Molina fax # 800.811.4804

PLEASE TURN THE PAGE FOR ELIGIBILITY/SCREENING GUIDELINES
Blue Shield of California Promise Health Plan is an independent licensee of the Blue Shield Association

i
MD order is preferred but not required.
Attach pertinent, medical records, for clinical review

PALLIATIVE CARE SCREENING CRITERIA

Disclaimer: The criteria noted below are the Medi-Cal minimal criteria. Medi-Cal members may continue to access both palliative care and curative care until the condition improves, stabilizes, or results in death. Exceptions to these criteria are optional based on specific health plan policy and line of business (Medi-Cal, Medicare, PPO, HMO, etc.). Health Plan will review referrals for most appropriate care or program.

Section 1: Adults

A. General Eligibility Criteria (Must meet ALL)	B. Disease Specific Criteria (Must meet ONE)
<input type="checkbox"/> Using/expected to use the hospital and/or ED to manage their illness <input type="checkbox"/> Advanced illness with decline <input type="checkbox"/> Death within one year is not unexpected <input type="checkbox"/> Member will try in home or outpatient management prior to using the ED <input type="checkbox"/> Member will participate in advance planning	<input type="checkbox"/> CHF <input checked="" type="checkbox"/> NYHA class III or IV or hospitalized for CHF with no further invasive interventions planned, and <input checked="" type="checkbox"/> Ejection fraction < 30% or significant co-morbidities <input type="checkbox"/> COPD <input checked="" type="checkbox"/> FEV1 < 35% predicted or <input checked="" type="checkbox"/> Oxygen requirement ≥ 3L/min <input type="checkbox"/> Advanced cancer <input checked="" type="checkbox"/> Stage III or IV solid organ cancer, lymphoma, or leukemia and <input checked="" type="checkbox"/> Karnofsky Performance Scale ≤ 70% or has failed two lines of standard therapy. <input type="checkbox"/> End stage liver disease <input checked="" type="checkbox"/> Irreversible liver damage, Albumin < 3.0 and INR 1.3 and <input checked="" type="checkbox"/> Ascites, subacute bacterial peritonitis, hepatic encephalopathy, hepatorenal syndrome, or recurrent esophageal varices, or <input checked="" type="checkbox"/> Evidence of irreversible liver damage and MELD score of > 19 <input type="checkbox"/> Other: _____

Section 2: Pediatrics

A. General Eligibility Criteria (Must meet ALL)	B. Disease Specific Criteria (Must meet ONE)
<input type="checkbox"/> The member is under age 21 <input type="checkbox"/> The family and/or legal guardian agrees to the provision of pediatric palliative care services <input type="checkbox"/> Member has a life-threatening illness	<input type="checkbox"/> Conditions for which curative treatment is possible, but may fail, e.g. Advanced or progressive cancer or complex and severe congenital or acquired heart disease. <input type="checkbox"/> Conditions requiring intensive long-term treatment aimed at maintaining quality of life, e.g. Human immunodeficiency virus infection, cystic fibrosis, or muscular dystrophy. <input type="checkbox"/> Progressive conditions for which treatment is exclusively palliative after diagnosis, e.g. Progressive metabolic disorders or severe forms of osteogenesis imperfecta. <input type="checkbox"/> Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications, e.g. Advanced or progressive cancer or complex and severe congenital or acquired heart disease. <input type="checkbox"/> Other: _____

(Rev.7-21-20) SUBMIT PERTINENT HISTORY, MEDICAL RECORDS, TEST RESULTS LA3002 09/20

Only page one is required to make referral

Palliative Care Pediatric Member Story

➤ Meet Andrea

- **Background:** Andrea is a 17-year-old female with diagnosis of Lafora disease. Andrea has a brother with the same diagnosis and family members are going through a difficult time of dealing with the disease process and the financial burden associated with the medical cost of the disease.
- **Needs/Challenges:** Due to Andrea's and the needs of her family, MLTSS referred Andrea to our contracted Palliative Care provider. Due to the progressive nature of Lafora, member has continued to lose function over time. She requires complex symptom management support along with psychosocial support in connection to the family's experience of ongoing and anticipatory grief, as well as the extreme financial burden associated with navigating hospitalizations and complex care needs.
- **Assistance Provided:** In collaboration with the Palliative Care provider, their interdisciplinary team provides ongoing in-person, virtual, and telephonic care to address medical and symptom management support, goals of care exploration, psychosocial assessment and support from social work and chaplain clinicians.



- **Outcome:** Andrea and her family have reported increase in quality of life, physical comfort, supported through their grief experience, and the family has been able to regain financial stability with assistance, planning, and connection to resources.

Palliative Care Member Story

➤ Meet Eileen

- **Background:** She was a 53-year-old, female, diagnosed with CHF. Eileen had little motivation to manage her health due to her grief after the death of her son a few years earlier, but her symptoms were getting worse.
- **Needs/Challenges:** MLTSS team referred Eileen to a contracted Palliative Care provider in November 2023. Upon admission she had a self-reported ejection fraction of 20%, a PPS of 70%. The major challenge was the death of a child and trying to better understand and manage her health and navigate her grief.
- **Assistance Provided:** In collaboration with the Palliative Care provider, their interdisciplinary team provided symptom management, health education, advance care planning, psychosocial and spiritual support. Also assistance with completing the POLST, planning for the future and the team provided support surrounding the grief associated with the death of her son.



- **Outcome:** Eileen was able to successfully graduate from Palliative Care in July 2024. Upon discharge, her PPS was 90%, she is now going the gym regularly, working on completing her school courses for nursing, and doing well from a psychosocial/spiritual perspective. Eileen identified an overall improvement in her quality of life and felt that she found ways to better manage her health and feels confident moving forward.



Resources




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Additional Resources

- ❖ Palliative Care Fact Sheet to help guide care teams
- ❖ Palliative Care FAQ for members and families (available in English and Spanish)



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Extra Support for People with Serious Illness: How Palliative Care Helps

People with serious illness often face significant physical, emotional, or spiritual challenges while they are undergoing treatment and managing life with their disease. Extra services called "palliative care" help people with serious illness to live as well as they can by anticipating, preventing, and treating suffering. Palliative care is provided by a multidisciplinary team (may include a doctor or nurse practitioner, RN or LVN, social worker, and chaplain), and can be provided concurrently with curative care. L.A. Care's palliative care program contracts with home-based providers for these services. Palliative care has been shown to improve clinical and patient experience outcomes.

Types of Services:

- Palliative care assessment/development
- Discussion of goals of care
- Development and maintenance of a palliative care plan
- Pain and symptom management
- Care coordination
- Advance care planning, including advance directives and POLST forms where appropriate
- Connection to other supportive services (e.g., mental health, medical social services)


Who is eligible to receive palliative care?

Palliative care is a benefit for L.A. Care enrollees with Medi-Cal coverage only.

ADULTS	PEDIATRICS
<p>General eligibility:</p> <ul style="list-style-type: none"> ✓ Using/expected to use the hospital and/or ED to manage their illness ✓ Advanced or late stage of illness and not in hospice ✓ Death within one year is not unexpected ✓ Member will try in-home or outpatient management prior to using the ED ✓ Member will participate in advance care planning 	<p>General eligibility:</p> <ul style="list-style-type: none"> ✓ The member is under age 21 ✓ The family and/or legal guardian agrees to the provision of pediatric palliative care services ✓ Member has a life-threatening illness
<p>Eligible conditions:</p> <ul style="list-style-type: none"> ○ Congestive Heart Failure ○ Chronic Obstructive Pulmonary Disease ○ Advanced Cancer (Stage III or IV) ○ End Stage Liver Disease ○ Other advanced condition that is known to be life-limiting 	<p>Disease Specific Criteria:</p> <ul style="list-style-type: none"> ○ Conditions for which curative treatment is possible, but may fail ○ Conditions requiring intensive long-term treatment aimed at maintaining quality of life ○ Progressive conditions for which treatment is exclusively palliative after diagnosis ○ Conditions involving severe, non-progressive disability, or causing extreme vulnerability to health complications

How to Make a Referral:

- 1 Complete the Universal Palliative Care Referral Form (Page 1) - PCP/Specialist signature or attached order is preferred but not required
- 2 Attach pertinent history, medical records, test results for clinical review
- 3 Submit to MLTSS Team via Fax: 213.438.4866 or Email: MLTSS@lacare.org. Please contact us with any questions about the program, our clinical and administrative staff would be happy to assist you.



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HEALTHCARE**
IN LOS ANGELES COUNTY



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Extra Support for People with Serious Illness: How Palliative Care Helps

L.A. Care offers support to very sick people and their family. We can help them cope with the symptoms and stress of being ill. This support is called "palliative care". You can keep getting other types of care while also getting palliative care. The goal is to help you feel better and live as well as you can.

L.A. Care's palliative care team can help you with:

- ✓ Pain
- ✓ Breathing problems
- ✓ Loss of appetite
- ✓ Spiritual needs
- ✓ Worries about job or family
- ✓ Nausea
- ✓ Feeling tired
- ✓ Trouble sleeping
- ✓ Feeling sad or stressed

Who can get palliative care?

Adults and children who are very ill can get palliative care.

- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Advanced Cancer (Stage III or IV)
- End Stage Liver Disease
- Other serious illnesses

Children with a disability or illness who need long-term care can also get palliative care.



When and where do I get palliative care?

Palliative care is given during serious illness. Speak with your health plan to learn more about where you can get this type of care.

Your palliative care team may include:

- Doctors
- Nurses
- Social Workers
- Chaplains
- Other health professionals

This team will work with your doctor to help meet your health care needs.



Who pays for palliative care? What is covered?

People who have joined a Medi-Cal plan can get palliative care. Call L.A. Care's Member Services Department at **1.888.839.9909** or TTY **711** to get connected to our palliative care program.

Other Plan Benefits

Care Coordination referrals

- If Member needs additional services, Members can be referred to other health plan benefits.
 - ✓ Member must meet program criteria
 - ✓ Submit referral form to appropriate department
- More information can be found on the **LAC MLTSS Resource Guide**
 - ✓ Includes links to other referral forms
 - ✓ Includes contact information for other departments



L.A. Care – MLTSS Resource Guide

Behavioral Health (BH)

L.A. Care provides mental health services and substance use disorder services through PCP's, Behavioral Health Specialists from Beacon Health Services, Los Angeles County Department of Mental Health, and Los Angeles County Department of Public Health. Mental health services may include treatment for anxiety, depression, or behavior health problems.

When to Refer to BH

- Support with Mental Health (depression, anxiety, bipolar disorder, etc.)
- Outpatient Mental Health Services (therapy: Individual, group, family)
- Psychological Testing when clinically indicated to evaluate a mental health condition
- Psychiatric Consultation
- Applied Behavioral Analysis (ABA)/Behavioral Health Treatment (BHT) Services (for members under 21)
- Substance Use Treatment
- Transgender Health
- CalAIM – Community Supports
 - Sobering Centers

Referral Form: [Manuals and Forms | L.A. Care Health Plan \(lacare.org\)](#) > [Behavioral Health Forms](#)
Phone: 844-858-9940 or 888-347-2264 | Fax: 213-438-5093 | Email: behavioralhealth@lacare.org

Care Management (CM)

L.A. Care's Care Management team collaborates with member's care team to help members with multiple health conditions understand their care, set care plan goals, avoid frequent emergency room visits, get transportation to see their doctors, medication reconciliation, connect with other plan benefits and resources.

When to Refer to CM:

- Advanced Liver Disease
- End Stage Aids
- Metastatic Cancer
- Psychoses
- New onset or Paralysis, Paraplegia or Quadriplegia (diagnosed within 90 days)
- 4 or more ER visits in the past 6 months
- 3 or more inpatient admissions in past 12 months
- 3 or more ER visits with subsequent admission in past 6 months

PL 1482.1222



**L.A. Care Contacts – Palliative Care (PC)
Managed Long Term Services and Supports (MLTSS)**

Department	Inquiries	Contact	Phone MAIN: 213-428-5500	Email
MLTSS – Palliative Care (PC)	Referrals to other MLTSS Programs, General Assistance	MLTSS Triage	855-427-1223 MLTSS Fax: 213-438-4866	MLTSS@lacare.org
	Referral Intake, Care Coordination, Authorization status	Coordinator: Jasmin Miranda Ginger Caranto	ext. 106002 ext. 104869	JMiranda@lacare.org GCaranto@lacare.org
	Clinical review, consultation, assessment and authorizations	Nurse Specialists: Elizabeth Mullenix, RN Katy Liang, RN (Primary) Vanessa Razo, RN Yasmin Castro, RN Charease Williams, RN	ext. 4922 ext. 107333 ext. 6299 ext. 106057 ext. 107323	EMullenix@lacare.org KLiang@lacare.org VRazo@lacare.org YCastro@lacare.org cwilliams3@lacare.org
	Operations and Escalations	Clinical Manager Maricris Tengco, RN	ext. 4221	MTengco@lacare.org
	Administration and Clinical Oversight	Senior Director Judy Cua-Razonable, RN	ext. 5725	JCua-Razonable@lacare.org
	Program/Process Support, Training, Reports	Program Managers: Anjanette Collaso	ext. 6459	ACollasco@lacare.org
	Meeting Coordination, Admin Assistance	Program Specialists: Rita Karaian	ext. 105065	RKaraian@lacare.org
	Meeting Coordination, Admin Assistance	Department Assistant Genelle Castro	ext. 5171	GCastro@lacare.org
Provider Network Management	Provider Contracts and Relationship Management	Norma Carrillo, Senior Manager Amanda Vargas	ext. 4233	NCarrillo@lacare.org Avargas@lacare.org
Claims Department	Claims Inquiries	General Contact	866-522-2736 Member Eligibility, Option 1 General Claims, Option 2 Detailed Claims, Option 3 Contracts, Option 5	
Customer Solutions Center (CSC)	Benefits, Member Services	Medi-Cal (MCLA) team	888-839-9909	
Quality Improvement	Critical Incident Reporting	Attn: QI /Incident Reporting	Fax: 213-438-4860	CI@lacare.org
Appeals & Grievances		Attn: Appeals & Grievances	Fax: 213-438-5748	P.O. Box 811610 Los Angeles, CA 90081
Community Supports	CS applications, LOI, MCP alignment, Oversight			ILOS@lacare.org



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Thank You

"Palliative Care providers usually recognise that most people are not afraid of dying as they are of being abandoned. The worst thing we can do is abandon someone who is hurting. Attitudes which promote death rather than affirm life are the ultimate abandonment."

- Dame Cecily Saunders, a British Hospice Pioneer

Q & A





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On behalf of all of us
at L.A. Care Health Plan...

