

Care Management Referral



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.



L.A. Care
HEALTH PLAN®

FAX TO: L.A. CARE (213) 438-5077 OR EMAIL (must be encrypted): cmreferral@lacare.org

Date Referred:		
Reason for Referral (Trigger/s): <input type="checkbox"/> Diagnosis <input type="checkbox"/> Social <input type="checkbox"/> Utilization <input type="checkbox"/> Pediatric to Adult Transition		
Referred by:	Referral Phone #:	Email:
Referral source: <input type="checkbox"/> Member Self-Referral <input type="checkbox"/> Hospital Discharge <input type="checkbox"/> UM Department Referral <input type="checkbox"/> PPG/Medical Group Referral (Name) _____ <input type="checkbox"/> PCP (Name) _____ <input type="checkbox"/> Other _____		
Product Line: <input type="checkbox"/> Healthy Kids <input type="checkbox"/> MEDI-CAL (MCLA)/SPD <input type="checkbox"/> Cal MediConnect <input type="checkbox"/> L.A. Care Covered <input type="checkbox"/> PASC-SEIU		

Member Name:	PCP NAME:
Member ID (CIN/CSIM)	PCP Phone #:
Member DOB:	Diagnoses:
Member Phone: <input type="checkbox"/> Cell phone: _____ <input type="checkbox"/> Land Line: _____	
Member Language:	
Caregiver: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Caregiver: _____	
Notes:	
Additional Information to support referral. Within the last 30 days, has the member visited?	
<input type="checkbox"/> ER Date: _____ <input type="checkbox"/> Other Date: _____	
<input type="checkbox"/> Hospital Name of Hospital: _____ Date: _____	
<input type="checkbox"/> SNF Name of SNF: _____ Date: _____	

*****Section Below to be completed by L.A. Care Staff ONLY*****

CM INTERNAL REVIEW DATE:		
REVIEWED BY:	EMAIL:	PHONE:
Triage Nurse Recommendation: <input type="checkbox"/> Complex/High Risk Case Management <input type="checkbox"/> PPG Case Management (Moderate/Low Risk) <input type="checkbox"/> Other:		
Reason for Recommendation:		
Date Referral Source Notified of Referral Outcome:		

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