

Community Supports – Member Referral Form

Community Supports (CS) refers to services that are flexible, wrap-around supports designed to fill medical and socially determined health gaps. The services are provided as a substitute or to avoid utilization of other services such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use. To be eligible for CS, members must meet specific eligibility requirements. Contracted community-based CS providers will provide services to approved members.

Please email referral form securely to CalAIMReferrals@anthem.com.

Call one of our Medi-Cal Customer Care Centers at **800-407-4627** (outside L.A. County) or **888-285-7801** (inside L.A. County).

Referral source information	
External referral by (select one):	<input type="checkbox"/> Hospital <input type="checkbox"/> PMG <input type="checkbox"/> PCP <input type="checkbox"/> Clinic <input type="checkbox"/> ECM provider <input type="checkbox"/> Other
Referring individual name:	
Referring organization name:	
Referrer phone number:	
Referrer email address:	
Member aware of referral:	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Referring entity:	

Member information			
Member name:			
Member Medi-Cal Managed Care client ID # (CIN):		Member DOB:	
Member address:			
Member primary phone number:		Best time to contact:	
Member preferred:			
Caregiver name:		Caregiver's alternate phone number (if available):	
Care manager name:		Care manager contact information:	
		Phone/fax/email:	

<https://providers.anthem.com/ca>

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Medically tailored meals To be provided by The Health Trust

This service provides up to three meals per day and/or medically supportive food (for example, a voucher) and nutrition services for up to 12 weeks or longer if medically necessary. Meals are not provided to respond solely to food insecurity.

Exclusions: receiving other meal delivery services from local, state, or federally funded programs.

Does this member have a chronic condition in the following categories?

- ☐ Diabetes
- ☐ Congestive heart failure
- ☐ Stroke
- ☐ Chronic lung disorders
- ☐ Human Immunodeficiency Virus (HIV)
- ☐ Cancer
- ☐ Gestational diabetes, or other high risk perinatal conditions
- ☐ Chronic or disabling mental/behavioral health disorders
- ☐ Other _____
- ☐ None of the above

Does this member have extensive care coordination needs? ☐ Yes ☐ No

Are they being discharged from the hospital or skilled nursing facility or at high risk of hospitalization or nursing facility placement? ☐ Yes ☐ No

Documentation: It's recommended you upload one or more of the following documents with this request:

- Documentation/office visit notes with diagnosis or identification of chronic illness requiring special diet
- Skilled nursing discharge plan
- Documentation from support agencies indicating services/supports member needs or receives
- ED, Inpatient, Skilled Nursing discharge paperwork
- Medication/treatment orders