

Los Angeles County CHDP Program Referral Guidelines

Referral Packet Contents:

A. Specialty Care Referrals for Los Angeles County Department of Health Services **(DHS)**

1. Referral TIP SHEET
2. Referral Procedure Letter
3. Request to Evaluate for Specialty Care Form
4. List of DHS Facilities with Urgent Care Clinic

B. Specialty Care Referrals for Non-County **(Optional)**

1. Referral TIP SHEET
2. Referral Form (Optional for any Non-County Specialist) (*Fillable Form*)
3. Release of Information Disclosure

C. California Children's Services (CCS) Referrals

1. What is CCS
2. CCS Referral Process
3. CCS Application and Instruction (*Fillable Form*):
<http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf>
4. CCS Cover Sheet (*Fillable Form*):
<http://publichealth.lacounty.gov/cms/docs/CCSCSP.pdf>

D. Resources

1. Dental Home Resources

E. References

1. CHDP Provider Update #01:15 (pg. 3, sec. VI.)
<http://publichealth.lacounty.gov/cms/docs/CHDPupdate0115.pdf>
2. CHDP Provider Update #03:15 (pg. 1, sec. I.)
<http://publichealth.lacounty.gov/cms/docs/CHDPupdate0315.pdf>

Specialty Care Referrals for Los Angeles County Department of Health Service (DHS) “TIP SHEET”

Purpose: To assist CHDP Providers when referring “CHDP Services Only” children to Specialty Care at Los Angeles County (LAC) Department of Health Services (DHS) Urgent Care Clinics using the “Request to Evaluate for Specialty Care Form.”

Procedure:

1. Identify the nearest Urgent Care Clinic to the child’s residence. Please refer to the attached list of DHS Facilities with Urgent Care Clinics.
2. Provider completes the “Request to Evaluate for Specialty Care” form.
 - a. On the referral form make sure to do the following:
 - i. Print clearly
 - ii. Make sure to document the following: referring provider’s name; clinic’s name; telephone and fax numbers
 - iii. Document the following patient information; name date of birth and social security if available
 - iv. Please specify why patient is being referred to urgent care
 - v. Provide any labs/test or attach any results if applicable (i.e. hemoglobin results for anemia diagnosis; x-ray results for PPD)
 - vi. List any medications the patient is currently taking
3. Instruct patient to bring the completed “Request to Evaluate for Specialty Care” form with them to the Urgent Care.
4. Please inform the patient that they will go through financial screening prior to being seen by a provider to determine their coverage options. The person should bring the following documents:
 - a. A current CA driver’s license or government issued ID (such as Matricula Consular ID, passport, or military ID)
 - b. Social Security Card (if they have one)
 - c. Proof of address (such as a utility bill)
 - d. Proof of income
5. Please inform the patient that it will be up to the DHS staff to determine whether a specialty consult is needed. The patient may undergo an additional physical exam.



Health Services
LOS ANGELES COUNTY

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Don Knabe
Fourth District

Michael D. Antonovich
Fifth District

Mitchell H. Katz, M.D.
Director

Hal F. Yee, Jr., M.D., Ph.D.
Chief Medical Officer

313 N. Figueroa Street, Suite 912
Los Angeles, CA 90012

Tel: (213) 240-8101
Fax: (213) 481-0503

www.dhs.lacounty.gov

*To ensure access to high-quality,
patient-centered, cost-effective
health care to Los Angeles County
residents through direct services at
DHS facilities and through
collaboration with community and
university partners.*



www.dhs.lacounty.gov

March 2, 2015

Dear Medical Director, Chief Medical Officer and Medical Providers,

We have received from your organization, a request for specialty care services at the Los Angeles County Department of Health Services (DHS). Over the past 3 years, DHS has undergone a substantial transformation of its outpatient specialty care delivery processes including the conversion to a web-based eConsult system for all non-urgent, non-emergent outpatient requests for specialty assistance.

At the present time, the eConsult system is only available to DHS providers and DHS – contracted entities (e.g. the My Health LA program). With the transition to electronic modalities of managing specialty care requests, the processing of faxed and mailed specialty care referrals is being discontinued.

We recognize that at times, patients cared for by community providers (who do not have eConsult access), may be identified as having a specialty care need that the provider is unable to meet. In these situations we recommend the following:

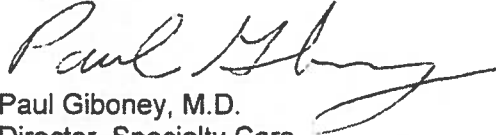
1. All emergent/urgent needs should be addressed in whatever manner the treating provider deems appropriate. This may involve emergency services at the nearest facility.
2. Patients with health insurance should receive specialty care services according to the provider network made available by their insurance coverage.
3. If the patient has no insurance, but the patient's provider is part of a healthcare delivery system that has the ability to care for uninsured patients, this is an option that should be considered.
4. If the patient is uninsured and desires an evaluation at a DHS facility, the patient can be seen at one of our urgent cares located at the DHS facilities (listed on the third page of this notice) with their specialty care request (form on the fourth page of this notice). It will be up to the DHS staff to determine whether a specialty consult is needed. Requests by Mail/Fax/Phone will not be accepted. If needed, DHS staff will work with the patient to assist with their specialty work-up.
 - a. Please fill out the clinical referral request sheet attached to this letter for the patient to bring to one of the urgent care sites listed on page 3.
 - b. Please inform the patient that they will go through financial screening prior to being seen by a provider to determine their coverage options. The person should bring the following documents: a current California Driver's License or government issued ID (such as a Matricula Consular ID, passport, or military ID), Social Security Card (if they have one), proof of address and proof of income.

DHS anticipates that some community providers may wish to attain access to the eConsult system. While not currently available, we are looking into creating a mechanism by which qualified providers could obtain access to the eConsult system for an annual charge.

Medical Director
Chief Medical Officer
Medical Providers
March 2, 2015
Page 2

We are grateful for the opportunity to serve the patients in our community and are dedicated to doing so in the most effective way possible, using the resources made available to us.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul Giboney". The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Paul Giboney, M.D.
Director, Specialty Care
Los Angeles County Department of Health Services

cc: Hal Yee, MD, PhD
Tangerine Brigham
Christina R. Ghaly, MD



Health Services
LOS ANGELES COUNTY

Request to Evaluate for Specialty Care

(Use this form only for uninsured patients)

Please write legibly

Referring Provider: First: _____ Last: _____

Organization Name: _____

Organization
Phone Number: _____ Fax Number: _____

Patient name: First: _____ Middle: _____ Last: _____

Mother's
Maiden
Name:

Last 4 SSN (if
available): _____

Patient Date of Birth: _____

Please indicate specialty and clinical reason(s) for request:

Please list all pertinent labs and /or diagnostic tests and attach results:

Please list all medications:

DHS Reply (will be provided if specialty referral is not initiated):

Clinical services are not guaranteed as a result of this request. They are rendered based on medical necessity and are at the sole discretion of Los Angeles County Department of Health Service's staff

List of DHS Facilities with Urgent Care Clinics

LAC+USC Medical Center

1100 N. State Street
2nd Floor Clinic Tower
Los Angeles, CA 90033
8:30 AM – 8:00 PM (Monday – Saturday)
P: (323) 409-1000

Harbor UCLA Medical Center

1000 W. Carson St.
1st Floor, Main Hospital, Room 102
Torrance, CA 90509
8:00 AM – 9:00 PM (Monday, Wednesday, Thursday, Friday); 9:00 AM – 9:00 PM (Tuesday)
8:00 AM – 2:00 PM (Saturday & Sunday) (Holidays – Hours vary)
P: (310) 222-2345

Olive View UCLA Medical Center

14445 Olive View Drive
2nd Floor, Main Hospital, Room 2B128
Sylmar, CA 91342
8:00 AM – 8:30 PM (Monday – Friday); 8:00 AM – 4:30 PM (Saturday & Holidays)
P: (818) 364-1555

High Desert Regional Health Center

335 East Avenue I, 1st Floor
Lancaster, CA 93535
8:00 AM – 12:00 AM (Midnight) (7 days a week)
P: (661) 471-4000

MLK Outpatient Center

1670 W. 120th Street, 1st Floor
Los Angeles, CA 90059
7:30 AM – 11:00 PM (7 days a week)
P: (424) 338-1000

H. Claude Hudson CHC

2829 S. Grand Ave, 1st Floor
Los Angeles, CA
7:30 AM – 12:00 AM (Midnight); 7:30 AM – 8:00 PM (Saturday, Sunday & Holidays)
P: (213) 744-3634

Hubert H. Humphrey CHC

5850 S. Main Street
1st Floor, on Slauson side
Los Angeles, CA 90003
8:00 AM – 11:00 PM (7 days a week)
P: 323-846-4312

Edward C. Roybal CHC

245 S. Fetterly Avenue
1st Floor, Green Line
Los Angeles, CA 90022
8:00 AM – 4:30 PM (Monday – Friday); 8:30 AM – 5:00 PM (Saturday)
P: (323) 980-2731

Long Beach CHC

1333 Chestnut Avenue #205
1st Floor
Long Beach, CA 90813
8:00 AM – 7:30 PM (Monday – Friday); 8:00 AM – 4:30 PM (Saturday)
P: (562) 599-2153

Specialty Care Referrals for *Non-County (Optional)*

“TIP SHEET”

Purpose: To provide CHDP Providers with instructions for referring CHDP children to Specialty Services in the surrounding communities.

Procedure:

1. Identify the nearest Specialist office to the child's residence.
2. Provider completes the Referral Form.
 - a. On referral form make sure to do the following:
 - i. Print clearly. If form is not legible, it will be returned to provider.
 - ii. Ensure that two working phone numbers are listed.
 - iii. Diagnosis must include supporting documentation (such as hemoglobin result for anemia diagnosis; x-ray results for positive PPD, and list of medications)
 - iv. Ensure parent/guardian signs on section II.
3. A separate referral form must be completed for each diagnosis.
4. Make sure parent/guardian is aware of the referral.
5. Advise the parent/guardian that the child may require an additional physical exam.
6. Make a copy of the referral form for the patient's medical record and give the original to the parent/guardian.
7. Write the name and address of the specialist on the envelope.
8. Instruct parent/guardian to bring the envelope to the specialist office on the day of visit.

Referral Form for Non County Specialist (Optional Form)

CHDP Referring Provider:

- Obtain consent for release of information
- Send copy of Non- DHS Referral Form to Treatment Provider
- Retain original form in patient's medical record
- Obtain referral results from Treatment Provider

Treatment Provider:

- Complete and sign form. Retain signed form in patient's medical record.
- If appropriate consent has been obtained, please return a copy to the CHDP Referring Provider and a copy to the local CHDP Program. (see page 2 and local LA County CHDP website)

I. CHDP REFERRING PROVIDER COMPLETES THIS SECTION:

| | | | | | | |
|------------------------------------|----------------------------|-------------------------|----------|------------------------|---------|------------------|
| Patient name (Last) | | (First) | (Middle) | Date of Birth | Sex M/F | Birthplace |
| Address (Street) | | | City | Zip Code | County | Home Number |
| Responsible Person (Name) | | Relationship to patient | | Mother's Maiden Name | | |
| Full Name of Father | | Full Name of Mother | | | | Cell/Work Number |
| Treatment Provider (Name/Facility) | | Address | | | | Telephone Number |
| Patient's Medical Record Number | Date of CHDP Physical Exam | Patient Eligibility: | | | | |
| | | County: | Aid: | Identification Number: | | |

The following suspected condition was identified as needing further evaluation (**each condition requires a separate referral form**). Pertinent laboratory results (e.g., hemoglobin, urinalysis, blood glucose, total cholesterol, lead level, x-ray, results of vision, hearing, weight, height and PPD induration) are indicated below. A copy of the PM 160 is also attached.

After you have seen and examined the patient, please document your findings below and send a copy to the CHDP Referring Provider and to the local CHDP Program. Thank you.

| | | | | |
|---|------------|--------------------------------------|------|----------|
| Referring CHDP Provider Name (please print) | | Address | City | Zip Code |
| Telephone Number | Fax Number | Signature of CHDP Referring Provider | | Date |

II. PARENT/RESPONSIBLE PERSON COMPLETES THIS SECTION:

CONSENT: I have read the release of information disclosure on page 2 and I hereby authorize release of information to:

| | | | |
|---|--|---------------------------------|------|
| <input type="checkbox"/> Local CHDP Program | <input type="checkbox"/> CHDP Referring Provider | Signature of Responsible Person | Date |
|---|--|---------------------------------|------|

III. TREATMENT PROVIDER COMPLETES THIS SECTION:

| | | | |
|---|-------------------|--|--|
| DIAGNOSIS (I.C.D. terminology) | | <input type="checkbox"/> ABNORMALITY CONFIRMED | <input type="checkbox"/> NOT CONFIRMED |
| Findings on initial visit: | | | Date |
| Treatment: | | | |
| Procedures: | | | |
| Referral to (e.g. CCS, Regional Center or another Consultant) | | | Date |
| Return Appointment: | Admitted to: | | |
| PATIENT EXAMINED BY: | Telephone Number: | Physician Signature: | |
| Physician Name (please print) | | | |

RELEASE OF INFORMATION DISCLOSURE

To the responsible person:

When your child or you are referred for diagnosis and/or treatment as a result of a CHDP health assessment, this form will be used to assist in the referral. Certain information regarding the reason for referral will be written on this form.

The original will be kept in your child's or your confidential patient file by the CHDP health assessment provider, and a copy will be sent to the health care provider or agency providing diagnostic and/or treatment services.

The results of the diagnostic and/or treatment services will be recorded on the copy. It will be kept by the diagnostic and/or treatment provider in your child's confidential patient file. With your permission, copies will be distributed as follows:

- A copy will be sent to your local CHDP program to let them know that your child or you received the recommended services. The director or the deputy director of the local CHDP program at your local health department has the responsibility to maintain this copy as a confidential record.
- A copy will be sent to the CHDP health assessment provider (CHDP Referring Provider) to let this provider know that your child or you received the recommended services. This copy will be kept by the CHDP health assessment provider (CHDP Referring Provider) in your child's or your confidential patient file.

What is CCS?

California Children Service (CCS) is a statewide program that coordinates and pays for medical care and therapy services for children under 21 years of age with certain health care needs.

CCS eligibility:

Only certain conditions are covered by CCS. In general, CCS covers medical conditions that are physically disabling or require medical, surgical, or rehabilitative services. There also may be certain criteria that determine if your child's medical condition is eligible. Listed below are categories of medical conditions that may be covered and **some examples** of each:

- Conditions involving the heart (congenital heart disease)
- Neoplasms (cancers, tumors)
- Disorders of the blood (hemophilia, sickle cell anemia)
- Endocrine, nutritional, and metabolic diseases (thyroid problems, PKU, diabetes)
- Disorders of the genito-urinary system (serious chronic kidney problems)
- Disorders of the gastrointestinal system (chronic inflammatory disease, diseases of the liver)
- Serious birth defects (cleft lip/palate, spina bifida)
- Disorders of the sense organs (hearing loss, glaucoma, cataracts)
- Disorders of the nervous system (cerebral palsy, uncontrolled seizures)
- Disorders of the musculoskeletal system and connective tissues (rheumatoid arthritis, muscular dystrophy)
- Severe disorders of the immune system (HIV infection)
- Disabling conditions or poisonings requiring intensive care or rehabilitation (severe head, brain, or spinal cord injuries, severe burns)
- Complications of premature birth requiring an intensive level of care

*For additional information about the CCS program please visit the website at:

<http://publichealth.lacounty.gov/cms/>

CCS REFERRAL PROCESS

1. California Children Services (CCS) referral forms can be retrieved from:
<http://www.dhcs.ca.gov/services/ccs/pages/Providerforms.aspx> or call (800) 288-4584 to obtain forms.
2. Complete all the sections of the Referral Form: NEW REFERRAL CCS/GHPP CLIENT SERVICE AUTHORIZATION REQUEST (SAR) (DHCS 4488) located at: <http://www.dhcs.ca.gov/formsandpubs/forms/Forms/ChildMedSvcForms/dhcs4488.pdf>
3. Be sure to include all medical information such as any tests performed.
4. Fax the **Referral Form** and the **CCS Cover Sheet** to (855) 481-6821. The fax cover sheet can be retrieved at: <http://publichealth.lacounty.gov/cms/docs/CCSCSP.pdf>
5. CCS will conduct an evaluation and determine if the condition meets the criteria for eligibility. A financial screening may be needed.





CHDP EAST/NORTH/SOUTHWEST DENTAL REFFERAL LIST



| Los Angeles County Hospitals | Dental Services |
|---|--|
| <p>LAC + USC Medical Center 2051 Marengo Street Los Angeles, CA 90033 Main Line: 323-409-1000 Dental Clinic: (323) 409-3000 for appointments Clinic Hours: Monday – Friday 8:00am – 4:30pm Location: Room A3C https://dhs.lacounty.gov/wps/portal/dhs/lacusc</p> | <ul style="list-style-type: none"> • Walk-ins only, patients must be at the clinic by 12:45 pm • Extractions/Extreme oral surgery only • All ages. |
| <p>Olive View – UCLA Medical Center 14445 Olive View Drive, Sylmar, CA 91342 (818) 364-1555 https://dhs.lacounty.gov/wps/portal/dhs/oliveview</p> | <ul style="list-style-type: none"> • No dental services |
| <p>Harbor – UCLA Medical Center 1000 W. Carson Street, Torrance, CA 90509 (310) 222-2345 http://www.harbor-ucla.org/</p> | <ul style="list-style-type: none"> • No dental services |
| <p>* Martin Luther King Jr., Multi-Services Ambulatory Care Center Children’s Dental Clinic 1670 E. 120th St. Los Angeles, CA 90059 Dental Clinic: (424) 338-2401 Clinic Hours: Mon- Fri. 8:00am – 4:00pm Location: 4th Floor, Module E http://dhs.lacounty.gov/wps/portal/dhs/MLK</p> | <ul style="list-style-type: none"> • Oral surgery services for all ages. • General Dentist services for children and adults of any age • Accepts Medi-Cal • Cash patients can enroll in Medi-Cal or can pay \$60 for each visit. |

* Martin Luther King Jr., is an Ambulatory Care Center

Denti-Cal: www.denti-cal.ca.gov

(Click on: Find a Medi-Cal Dentist) or call **1-800-322-6384**





CHDP EAST/NORTH/SOUTHWEST DENTAL REFFERAL LIST



| Comprehensive Health Center | Dental Services |
|--|--|
| <p>El Monte Comp. Health Center 10953 Ramona Blvd. El Monte, CA 91731 Main line:(626) 579-8463 Dental Clinic: (626) 579-8391 Clinic Hours: Monday – Friday 7:30am – 4:30pm Location: 2nd Floor room 230</p> | <ul style="list-style-type: none"> • Dental clinic sees children and adults (all ages) • Call to make appointment • Med-Cal Accepted |
| <p>Edward R. Roybal Comp. Health Center 245 South Fetterly Ave. Los Angeles, CA 90022 Main Line: (323) 980-2731 Dental Clinic: (323) 780-2260 Clinic Hours: Monday - Friday 7:30am– 4:00 pm Location: 2nd Floor, Blue Line</p> | <ul style="list-style-type: none"> • Dental Clinic sees Children 3 years & up • Appointments are taken by phone starting 01/15/2016 from 10:00 am – 3:30 pm by calling direct Dental Clinic line (323) 780-2260 • Medi-Cal accepted • Cash patients can enroll in Medi-Cal or can pay \$60 for each visit. Only one procedure will be performed per visit, (ex. cleaning, X-ray, exam) • Patients with no insurance arriving to the dental clinic will be referred to the Registration Department for financial screening and the Medical Office in G1. |
| <p>High Desert Regional Health Center 335 East Avenue I Lancaster, CA 93535 Dental Clinic: (661) 471-4133 Clinic Hours: Monday – Friday 8:00 am – 5:00 pm</p> | <ul style="list-style-type: none"> • Appointments and walk-ins accepted • Accepts Medi-Cal • General dentistry services • Ages 0-17 years |
| <p>Mid Valley Comprehensive Health Center 7515 Van Nuys Blvd. Van Nuys, CA 91405 Main Line: (818) 947-0230 Monday – Thursday: 8:00 am – 3:00 pm Friday – 8:00 am – 4:30 pm</p> | <ul style="list-style-type: none"> • Dentist see: pediatrics and adults • By appointment only • General dentistry, extractions and filling • Accepts: Cash, Medi-Cal, LA Care (if provider is through Ambulatory Care Network) |
| <p>Hubert Humphrey Comp. Health Center 5850 South Main Street Los Angeles, CA 90003 Main Line: (323) 846-4312 Dental Clinic: (323) 846-4082 Clinic Hours: Monday – Friday 7:30am - 4:30pm Located: 2nd Floor</p> | <ul style="list-style-type: none"> • Dental Clinic sees Children 5 years & up • Call to make appointment • Accepts Medi-Cal or can pay \$ 60.00 for each visit • Preventive services: exams, x-rays, fillings and some extractions only. • Next day appointments |
| <p>H. Claude Hudson Comp. Health Center 2829 South Grand Ave. Los Angeles, CA 90007 Main Line: (213) 744-3701 Dental Clinic: (213) 744-3623, & (213) 744-3634 Clinic Hours: Monday – Friday 7:30am – 4:00pm Location: 2nd floor, Room 229</p> | <ul style="list-style-type: none"> • Dentist: Sees children 3 years & up • Calls taken between: 9-11AM and 2-3PM • Appointment are taken on the 1st day of every month. • Accepts Medi-Cal and cash patients can enroll in Medi-Cal or can pay \$60 for each visit. • Preventative services: exams, x-rays, fillings and simple extractions only, no specialty |
| <p>Long Beach Comp. Health Center 1333 Chestnut Ave. Long Beach, CA 90813 Main Line: (562) 599-2153 Dental Clinic: (562) 599-8651 Clinic Hours: Monday – Friday 8:00am-12:00pm and 1:00pm – 4:30pm</p> | <ul style="list-style-type: none"> • General services for same day appointments, walk-in patients • Accepts Medi-Cal • Accepts patients 2 years and over • Parent/guardian can apply for emergency Medi-Cal |

PLEASE NOTE: This information was provided by a representative from each facility, however information is subject to change. Fee for services may occur. For more information call the health center. **Information last updated on 4/27/2016**