

# LET US KNOW PROGRAM



A product of AmeriHealth Caritas Louisiana, Inc.

# Member Intervention Request Form

Date: \_\_\_\_\_

## MEMBER INFORMATION

Member name:		Date of birth:
Member ID number:		Phone number:
Preferred language:	Preferred contact method (optional; select all that apply): <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Mail	
Is the member aware of this referral (optional): <input type="checkbox"/> Yes <input type="checkbox"/> No		Parent/guardian name (if applicable):

## PROVIDER INFORMATION

Provider name:	Provider ID number:
Role in the member's care team: <input type="checkbox"/> Primary care provider (PCP) <input type="checkbox"/> Specialist	Office contact name:
Phone number:	Email/fax:
Best time to call back:	Follow-up preference: <input type="checkbox"/> Fax <input type="checkbox"/> Call <input type="checkbox"/> Email

### Please check the identified need or intervention:

- ☐ Assistance locating a specialty provider (e.g., physical health, behavioral health, trauma specific)
  - ☐ Assistance with durable medical equipment (DME) (e.g., wheelchair)
  - ☐ Assistance with translation services and preferred language materials
  - ☐ Bright Start® maternity program referral
  - Estimated date of delivery: \_\_\_\_\_
  - ☐ Care Management referral
  - ☐ Caregiver resources
  - ☐ Coaching and education on health conditions
  - ☐ Crisis follow-up resources (recent suicide attempt or bereavement after a death by suicide)
  - ☐ Education on alternative and proper use of urgent care and emergency services
  - ☐ Education on plan benefits and resources
  - ☐ Frequent emergency room utilization
  - ☐ Identified care gaps
  - ☐ In need of dental provider
  - ☐ Multiple missed appointments or follow-up care
  - ☐ Nonadherence with treatment plan
  - ☐ Pharmacy consult on controlled substances

- ☐ Assistance with scheduling and transportation (e.g., recent discharge or appointments)
  - ☐ Recent exposure to trauma or stressful life events (e.g., natural disaster, bullying, violence, loss of job, or death in the support system)
  - ☐ Risk of prescribed medication nonadherence
  - ☐ Screening for mental health or substance use services
  - ☐ Tobacco cessation
  - ☐ Weight management
  - ☐ Assistance identifying resources for the following social determinants of health (SDOH) and/or health-related social needs (HRSN):
    - ☐ Education and employment
    - ☐ Food and nutrition
    - ☐ Financial (budget/utilities)
    - ☐ Housing resources
    - ☐ Transportation
  - ☐ Treatment plan coaching and education support
  - ☐ Additional comments:

**Please fax this form to the Rapid Response and Outreach Team at 1-833-728-7329.**

For guidance on completing this form, or to inquire about a submission, please call **1-833-435-2733**.

### Internal use only:

Note: Rapid Response and Outreach Team to follow up with provider office staff after outreach to member to report interventions.