February Success Stories

Titanium HEALTHCARE

Highlighting some of the great work Titanium Healthcare Lead Care Managers, Care Coordinators, and Housing Navigators achieved in February 2024 for California Enhanced Care Management and Community Supports.

"Rain, Sleet, or Snow"

LCM/CC/HN/RES/Nurse: Jessica

Conditions: Cerebral Palsy

Situation: My 46-year-old member has ongoing physical therapy and other healthcare appointments but does not own a car and depends on public transportation for commuting.

Outcome: I've arranged transportation with the health group for her various upcoming appointments, especially considering the rainy weather we've been having I've made sure they are round-trips.

Health Plan: Community Health Group

"Seeking Answers"

LCM/CC/HN/RES/Nurse: Kathleen

Conditions: Autism, hand tremors

Situation: My 5-year-old member's mother believes he has undiagnosed autism and is struggling to find a doctor who will give them a proper diagnosis. She says the PCP has refused to refer them to a specialist and felt uncomfortable with that PCP because he was rude at times. I sent her a list of providers through their insurance who would possibly be able to help. After calling them she felt discouraged as she was told time and time again that her child is not qualified to obtain a diagnosis.

Outcome: Though having no luck, my member's mother was thankful that I provided the list of possible providers. She found a new program who she thought would help in getting a diagnosis and told me she feels more confident having me along for the ride to help her after having been told "no" so many times.

Health Plan: Community Health Group

"Tackling Trouble"

LCM/CC/HN/RES/Nurse: Elizabeth

Conditions: Asthma, History of Bronchitis, Behavioral issues

Situation: My 6-year-old member's mom is concerned about her having behavioral issues and being on the Autism spectrum therefore, she would like to schedule an appointment with my member's PCP. She was also interested in obtaining resources for free books.

Outcome: I contacted her PCP to confirm she was a patient there and scheduled an appointment on her behalf in which the mother can request a behavioral specialist referral. Additionally, I provided her mom with information on how to obtain a library card at a local LA County library and offered to help complete the application if she needed help.

Health Plan: LA Care

"Navigating Networks"

LCM/CC/HN/RES/Nurse: Karla

Conditions: Diabetes Type II

Situation: My 37-year-old member had been reassigned to Blue Shield from Aetna, also getting a new PCP in the process. She requested her old PCP back as she felt comfortable with them and didn't want a new one.

Outcome: I called the old PCP to make sure they accept Blue Shield Promise and got my member scheduled back with her old PCP!

Health Plan: Blue Shield Promise

Continued over

"Let Food be Thy Medicine"

LCM/CC/HN/RES/Nurse: Megan

Conditions: Diabetes, Hearing loss, Vision Loss, High Cholesterol, Fibromyalgia, Decreased Cognitive Function, Chronic Fatigue Syndrome, Restless Leg Syndrome, GERD, IBS, Depression, Anxiety, PTSD, Ectopic Pregnancies, Hx of miscarriage, Uterine fibroids, Insomnia, Chronic Fatigue Syndrome, "Fibro-fog", RSV (01/2024), History of SUD

Situation: My member is a 58-year-old female whose primary medical concerns are her fibromyalgia and insomnia. Additionally, my member is not well-managed in her diabetes. She is unsure of her last A1C% and, while she has a home glucometer, does not follow her provider's suggestions on frequency of checking her blood sugar levels. I referred her to Medically Tailored Meals (MTM) to provide my member "meals as medicine" and decrease decision fatigue in meal planning.

Outcome: My submission of MTM referral was approved and her meal deliveries have started. She reported satisfaction with my service and the meals, also that they've helped decrease a few of her symptoms as she has fatigue and is unable to stand to cook for longer periods of time.

Health Plan: LA Care

"Enrolled in Change"

LCM/CC/HN/RES/Nurse: Dania

Conditions: Homeless, Liver Cirrhosis

Situation: I completed a Comp Assessment and CMP with my 32-year-old member and obtained proof of homelessness to proceed with enrolling him in Community Supports—he was approved for CS housing services. Then I began tackling his other issues, chief of which was his inability to be at appointments on time due to lack of transportation.

Outcome: I offered him Anthem transportation services and he agreed. He was able to use them to get to an appointment and expressed his appreciation.

Health Plan: Anthem

"Creating Confidence"

LCM/CC/HN/RES/Nurse: Vanessa

Conditions: Asthma, Bronchitis, Hypertension, High Cholesterol, Chronic Kidney Disease, Cancer/On Right Kidney/Stage 3 (out 2017), IBS, Anemia related to Menstrual Cycle, Coronary Artery Disease

Situation: My 49-year-old member is frequently going to the emergency room and was not able to check her blood pressure at home due to an arm cuff being broken. She states she has asked her PCP for a new one which would not give her.

Outcome: I called her PCP and requested a new blood pressure monitor, explaining that hers had broken. A referral was sent to the doctor for approval and I told my member she would be getting a call.
Less than a month later she received the new blood pressure monitor and is now able to check her blood pressure daily, feeling much more confident in her treatment plan.

Health Plan: Anthem CA

"Long Haul Care"

LCM/CC/HN/RES/Nurse: Dana

Conditions: Hypertension, Seizures, IBS, Diverticulitis, Anxiety, Depression, PTSD, Substance Use Disorder (sober 12 years), Chronic Liver Disease, Tinnitus, Coronary artery disease, Diabetes, Diverticulitis, COVID-19 (long Covid still present), Myalgic Encephalomyelitis/Chronic Fatigue Syndrome.

Situation: My member is a 58-year-old female and informed me that she needs transportation to the Long Covid Clinic, having no other way to get to her appointment. She attends the clinic because she reports recurring symptoms that are affecting her quality of life.

Outcome: I assured her that I would call on her behalf and obtain transportation through LA Care. I scheduled the transportation, forwarding the confirmation number, pick-up time, and other info to my member.

Health Plan: LA Care

Continued over

“Nourishing Success”

LCM/CC/HN/RES/Nurse: Yesenia

Conditions: Chronic Liver Disease, Hypertension, Diabetic Type II, Psychotic Disorder, Depression, Anxiety, COPD, Asthma

Situation: My 57-year-old member has been experiencing high blood pressure and uncontrolled diabetes and was recently hospitalized due to suffering a stroke. She stated she was also experiencing food insecurity due to her SNAP benefits being terminated so I submitted a referral to a Medically Tailored Meals program.

Outcome: She was contacted by the program and qualified for the services and received her first meal delivery this month.

Health Plan: Health Net California

Around-the-Clock Care”

LCM/CC/HN/RES/Nurse: Christopher

Conditions: Quadriplegic, Diabetes

Situation: My 54-year-old member is formerly justice involved and needed more IHSS hours to expand his coverage.

Outcome: I attended a PCP visit with him and his IHSS caregiver. His PCP took into account the experiences and our observation, writing a letter to the IHSS caseworker to max out his hours. The PCP also completed the IHSS application for additional hours and for Adult Protective Services for him to obtain around-the-clock care in the home.

Health Plan: Inland Empire Health Plan

“Persistence Pays Off”

LCM/CC/HN/RES/Nurse: Sandra

Conditions: Arthritis, Hypertension, Asthma, Left hand/wrist Carpal Tunnel pain, Depression, Anxiety.

Situation: My 47-year-old member was scheduled to have left hand/wrist surgery on December 5, 2023, due to carpal tunnel pain but the surgery was canceled due to the orthopedic clinic not having medical clearance and exams that were requested by the orthopedic surgeon. She asked me to assist her in getting a new surgery appointment so I contacted the orthopedic nurse and requested the missing exams and documentation. She needed medical clearance, chest X-Rays, and labs to schedule the surgery with the hospital so I contacted her PCP nurse and scheduled the necessary pre-surgery exams and labs. She had a telehealth visit two days later, and was cleared for surgery, and the PCP nurse faxed all the documentation and exams to the orthopedic surgery department.

Outcome: I followed up with the orthopedic surgery nurse and all documentation and exams were received, and she was scheduled for surgery on 2/19/2024. The surgery was successful, and she’s now recuperating, and will have a follow up on 3/5/2024 with the orthopedic specialist to have her soft-cast removed and replaced with a hard-cast. She was thankful that she was finally able to have her surgery due to the pain she was experiencing.

Health Plan: Health Net

“Authorizing Healing”

LCM/CC/HN/RES/Nurse: Lizette

Conditions: Hypertension, Diabetes, Chronic Kidney Disease, Coronary Artery Disease, Major Depression Disorder, Spine surgery.

Situation: My 62-year-old member was in Mexico last month due to a passing in his family. He disclosed several authorizations but was unable to schedule as he did not know when he would be back. He contacted me this month stating he was back and sent me pictures of his authorizations. I told him I would assist him with scheduling the appointments.

Outcome: I assisted him with contacting his specialists to schedule the appointments including an MRI and follow-up appointment—he thanked me for my help.

Health Plan: LA Care

Continued over

"Family Ties"

LCM/CC/HN/RES/Nurse: Stephanie

Conditions: Asthma, HPV, COPD

Situation: My 41-year-old member is experiencing food insecurity and financial instability that has brought her to be very concerned about her ability to cover the cost of living for her and her four children. My member is currently living with her retired parents who are financially supporting her but understands she cannot continue to be supported by her parents. She's eager, but is unsure on how she can get aid from the government until she is able to obtain employment.

Outcome: I turned to creating a CalFresh application and was encouraged to apply for CalWORKs. After speaking with member's previous LCM, I assisted her in outreaching DPSS to get updated on the progress of CalFresh application and CalWORKs application status. Upon speaking to a DPSS representative on a joined call, we were informed that a new application needed to be submitted with more information which I am helping her gather the necessary info/documents for.

Health Plan: LA Care

"A Cousin's Compassion"

LCM/CC/HN/RES/Nurse: Giovani

Conditions: Hypertension, Anxiety, Edema/Cellulitis, Diabetes Type II, Chronic Kidney Disease, Dialysis (temporary until kidney transplant)

Situation: My 47-year-old member has been under my care for a little over a year and I've been able to see his transition from Chronic Kidney Disease and being placed on dialysis and is now currently waiting for a kidney transplant donor. He is diligent and hopeful with his health and believes that his cousin will be the perfect match for donation. Also, in spite of this there is an issue in regards to their housing situation; they have recently undergone the foreclosure of their mortgage and are at risk of being homeless in the near future.

Outcome: I have been able to help him sign up for the Community Supports program and got them situated with Medically Tailored Meals through LA Care.

Health Plan: LA Care

"Senior Sanctuary"

LCM/CC/HN/RES/Nurse: Sandra

Conditions: Type 2 Diabetes, Hypertension, Major Depression Disorder, Arthritis, High Cholesterol.

Situation: My 61-year-old member has been waiting for the opportunity to move from her apartment to a residential or senior home for over a year. She and her husband have been struggling to pay the increasing rent and are not sure if they can make ends meet in the future.

Outcome: I connected her with a variety of programs and housing applications, one of them being Telacu Senior Housing. I assisted her with the application about a year ago and knew the process would take some time. In our recent monthly check-in she informed me that she had received a letter asking her and her husband if they were still interested in housing because there was an opening. She called me excited and stated she went to the office in person to turn in the paperwork needed to continue the process. We're waiting for the next steps and are hopeful that she is close to getting her new home. I will continue to support her and will follow up on the following steps needed.

Health Plan: LA Care

"Progress in Motion"

LCM/CC/HN/RES/Nurse: Maria

Conditions: Chronic congestive heart failure, Chronic kidney disease, Coronary artery disease, Diabetes and Hypertension

Situation: My 62-year-old member expressed concerns with needing physical therapy to learn how to use his new prosthetic leg (right leg) because he only recently got it and his lack of coordination with it affects his daily life.

Outcome: I assisted him with scheduling an appointment with his PCP to request a referral to obtain physical therapy. I followed up on this referral and a few weeks later we learned it had been approved. I moved forward and scheduled an appointment for him for 3/7/24.

Health Plan: LA Care

Continued over

"Oxygen Advantage"

LCM/CC/HN/RES/Nurse: Robin

Conditions: Hypertension, COPD, Pneumonia, Depression, Rheumatoid Arthritis Spinal Stenosis.

Situation: My 60-year-old member was not answering the phone so I conducted a re-engagement visit with him at his house. He said he lost his phone in the emergency room after his oxygen machine caught on fire after it was malfunctioning for a while. He also told me he was having a hard time standing up and walking to the bathroom when he needed to.

Outcome: I called his social worker from the apartment complex and informed the social worker that my member needed a new phone and that the oxygen machine was malfunctioning and he needed a new one. The social worker told me that she had just placed an order with Western Medical for new regulator tubes and masks that would be arriving on Monday with a new phone. I then called my member's PCP office to ask for a referral for an electric wheelchair for him in his home, managing to schedule an appointment for 2/29. I gave the receptionist my member's new number. I also contacted IHSS and re-applied for him to get a new caseworker. My member informed me that his oxygen supplies came and was very happy with my service.

Health Plan: LA Care

"Renewing Care"

LCM/CC/HN/RES/Nurse: Nancy

Conditions: Asthma, COPD, Hypertension

Situation: My 62-year-old member had trouble with Calfresh application and also had Medi-cal renewal issues.

Outcome: I met her in-person and assisted with the Calfresh application process, also confirming the required documentation for her Medi-cal renewal.

Health Plan: LA Care

"A Pleasant Surprise"

LCM/CC/HN/RES/Nurse: Ana

Conditions: Anemia, Pulmonary Fibrosis Post COVID, Hypertension, Anxiety, Heart Problems, Asthma, COPD

Situation: My 65-year-old member wanted to see if she qualified for Medicare. She had received some mail in regards to Medicare and wanted me to help her sort through it so I did an in person visit and assessed that they were advertisements for changing member's Medicare. We called Medicare to see about eligibility and were redirected to social security.

Outcome: After calling Social Security, it was assessed that not only did she qualify for Medicare but she also qualified for SSI and early retirement. She was thrilled about this news because she has had to rent out rooms in her house to make ends meet. She will have secure income again and keep her health plan!

Health Plan: LA Care

"Dream Team"

LCM/CC/HN/RES/Nurse: Kevin

Conditions: High Cholesterol, Chronic Kidney Disease, Chronic congestive heart failure, Coronary artery disease, Hypertension, Lymphedema

Situation: My 46-year-old member attends dialysis treatment multiple times a week and has various chronic conditions with multiple providers in her care team. Her monthly schedule consists of multiple follow-ups and visits to the dialysis center. Last year, she had multiple unexpected visits to the Emergency Department which added to more visits and more follow-ups.

Outcome: During our meeting, we also identified the things that had changed. She shared that she is now more consistent with her follow-ups and that she feels more organized and supported. She can keep track of her appointments with our support and has reliable transportation to all her medical appointments. She's also received our support in times when food insecurity and housing concerns have also made an impact on her health. She said she's currently feeling well-motivated to improve her overall health.

Health Plan: LA Care

Continued over

"Ostomy Odyssey"

LCM/CC/HN/RES/Nurse: Ana

Conditions: Chronic Kidney disease, Acute Kidney Injury, Proctitis and Colitis, fistulas, rectal prolapse, diverticulitis. Type II Diabetes, Hypertension, High Cholesterol, Edema (legs and ankles), Anxiety, Depression.

Situation: My member is a 69-year-old female who has been homeless for the last few years and is currently renting A room. She has very minimal contact with family and if she does, it's probably once a year. She has no one to help her out on a daily basis. When I reached out to her after being connected with her she told me she is stressed out and that she no longer has coverage for her ostomy care supplies due to changes in her insurance. She also noted how frustrating it was to take off her ostomy bag, rinse and wash it, and reapply it—mainly having to deal with feces.

Outcome: I reached out to her health insurance and PCP to figure out what was going on as far as a new ostomy bag supplier that was covered. I was told by Medicare that insurance only covers some suppliers and they didn't supply a list for other suppliers in her area so I started searching for suppliers covered by medicare Part B. I was contacted back by her PCP's medical assistant and was given a list of local suppliers to reach out to after the referral went through. My member also reached out to 180 Medical who supplies ostomy care—I also talked to them and had them send samples to my member to test out before ordering more.

Health Plan: Central Coast Alliance for Health

"Grant Granted"

LCM/CC/HN/RES/Nurse: Dulce

Conditions: Risk of homelessness

Situation: My member is a 41-year-old woman who was in the position of becoming homeless. She's had difficulties in the past finding a home within her income range and her lease expired back on 12/31/2023, but she was able to receive a 30-day extension under the condition she'd be out before the end of 30 days.

Outcome: We kept up with bi-weekly appointments so I could stay up to date with all of the changes. I also kept up with the Merced Community Action Agency (MCAA) for any changes. During one follow-up appointment, I learned that she has been approved for a $5000 grant! She couldn't stop thanking me for being alongside her the whole time, saying she would not have found the MCAA without me. She also invited me to tour the new places she was looking at. On 2/7/23 we viewed a possible location and after my member hugged me and thanked me again and a few seconds later, she made the deal with the landlord. She now has a two-bedroom home where she can live with her son, set to move on 03/01/2024.

Health Plan: Central California Alliance for Health

"Pediatrics and Podiatry"

LCM/CC/HN/RES/Nurse: Karla

Situation: My 6-year-old member's mother told me her feet are in pain frequently and has frequent stomach aches. She's also concerned about her frequently taking Ibuprofen for the pain and her PCP has not been able to give her a diagnosis. Her mother also states she feels like my member's PCP is not listening to her concerns and like her daughter is not getting the treatment she needs.

Outcome: I provided a list of pediatricians in her area so that they can establish care with a different PCP they feel more comfortable with. After her mother chose a new PCP I assisted her in setting an appointment to meet and establish care.

Health Plan: Contra Costa Health Plan

"Walker Woes Washed Away"

LCM/CC/HN/RES/Nurse: Mayra

Conditions: Asthma, Type II Diabetes, Hypertension, Congestive heart failure, Major Depression Disorder, Bone Disease, Arthritis, Chronic Kidney Disease, Bipolar disorder, COPD

Situation: My 62-year-old member needed transportation to her PCP appointment. She was told by the city bus that she wouldn't be able to bring her walker and was upset because she had been riding that bus for a long time. This was easier for her than scheduling transportation.

Outcome: I provided her with scheduling transportation and also talked to her about calling me to schedule transportation when needed—she expressed her gratitude and told me she would call me.

Health Plan: Anthem

Continued over

"Speedy Support"

LCM/CC/HN/RES/Nurse: Nyovi

Conditions: Asthma, Allergies, undiagnosed respiratory issues

Situation: My 19-month-old member's parent is struggling with obtaining more timely appointments for her chronic condition of asthma and other undiagnosed allergy/respiratory issues. Per my member's parent, she was having a very hard time getting an earlier appointment after missing one at a very busy respiratory and allergy clinic. She was having a hard time communicating with the receptionist and they got into a brief argument over appointment times. My member's parent was very upset and felt personally targeted by the receptionist since the appointment was rescheduled until July 24th, when her daughter needed an appointment much sooner.

Outcome: I first comforted my member's mother and let her know that I would communicate with the clinic directly and be her representative to ensure that member gets a sooner appointment. Ultimately, I was able to get the appointment rescheduled to April 4th,15 weeks earlier, keeping in mind that the clinic was almost fully booked until June/July of this year. The mother was very grateful that I was able to communicate with clinic staff and emphasized the importance of her daughter receiving services as soon as they became available. I also offered to step in as the representative for scheduling future appointments, they said they would let me know in the future if they needed any more help.

Health Plan: Central Coast Alliance for Health

"A Timely Exit"

LCM/CC/HN/RES/Nurse: Gabby

Conditions: Chronic Congestive Heart Failure, Diabetes, Hypertension, Asthma, Anxiety, Depression, PTSD, Ankle leg swelling(left leg), Hemoptysis, Hyperthyroidism

Situation: My 62-year-old member was taken to the ER via ambulance for shortness of breath and chest pains. He was then admitted to monitor his blood sugar levels and cholesterol. He'd been in the hospital for 3 days and informed me he was going to be released the following day, but did not know at what time. He mentioned he did not have a ride to take him home from the hospital and his family might not be able to pick him up when he is discharged. I informed him his health plan can provide transportation to take him home when he is discharged but would need to know the time that would be.

Outcome: Once he knew the time of his discharge (2 hours later), he called me. I was able to contact his health plan and schedule a ride to take him home and he arrived home successfully and safely!

Health Plan: LA Care

"Supporting Mental Wellness"

LCM/CC/HN/RES/Nurse: Rebecca

Conditions: Liver disease, Anxiety, Panic Disorder, Hypertension, Myocarditis, Alcohol Abuse, Coronary Artery Disease, PTSD, Depression

Situation: My 34-year-old member received instructions from her psychiatrist's office, but she did not understand them and asked for my help.

Outcome: After a few calls, I was able to reach the psychiatrist's office and they asked me to help find her a new therapist because she was still on a wait list for the one she was originally scheduled to see. They also recommended her to be in an intensive outpatient program (IOP) for her alcohol abuse. I called the department of mental health services and was told to call her health plan for an IOP, but was also told that they could go ahead and start searching for a new therapist for her without her being present on the call and that she would receive a call within 3 days to make an appointment.

Health Plan: LA Care

Continued over

"In-Person Support"

LCM/CC/HN/RES/Nurse: Luz

Conditions: Chronic Kidney Disease, Chronic Liver Disease, Fatty liver, Sleep Apnea, Osteoporosis, Cyst in right ovary, Hypertension, Anxiety, Asthma, Arthritis/ Chronic pain, Circulation problems, Pre-diabetic, Eye cataract, Tooth implant, Osteoarthritis

Situation: My 78-year-old member requested my assistance with attending her Orthopedic appointment as additional support. She has knee pain and will receive gel injections on both knees. She wanted me to be there for translation services and support. During the appointment I translated for Dr. Harris and my member. Dr. Harris stated he will be following up with my member in 3 months to see if the gel injection helped; the medication lasts for 6 months. Dr. Harris stated she continues to have pain, he will be injecting her with a cortisone injection and if not, he will order the next gel injection for the following 6 months. My member wanted to know what caused her knee pain and Dr. Harris explained that she has Osteoarthritis. In the process of her receiving the gel injections, the doctor and I distracted her by not letting her focus on the pain of injections. She also had X-Rays done on her knee.

Outcome: She waited until she felt comfortable walking, but stated she had more pain in her left knee from the injection so she held onto me for support, asking me to get her home safely. I informed her that I wouldn't be able to take her into her vehicle, but that I could meet her at her home once she is picked up by her LA Care transportation. I met her at her home and made sure she was able to enter her home safely. She thanked me for all my help that day.

Health Plan: LA Care

"A Breath of Relief"

LCM/CC/HN/RES/Nurse: David

Conditions: Asthma

Situation: My 8-year-old member's mother asked me if I could assist her in obtaining a nebulizer for her daughter, stating that she suffers from Asthma attacks once or twice per week.

Outcome: I called Apria Healthcare, the medical equipment provider, to find out if they received the authorization for the nebulizer. The representative indicated that the authorization has been approved for the nebulizer and that they will give my member a call in a few days. The representative indicated my member's mother can pick up the medical equipment or get it delivered. I informed my member's mother that she will be receiving a call from Apria Healthcare and she expressed her thanks and satisfaction with the program.

Health Plan: LA Care

"Tricky Transport Solved"

LCM/CC/HN/RES/Nurse: Esmeralda

Conditions: Diabetes, Hypertension, Bipolar Depression, Anxiety, Hearing loss, High Cholesterol, Major Depressive Disorder, Diabetic Neuropathy, Chronic Congestive Heart Failure, Asthma, Physical Disability

Situation: My 56-year-old member is wheelchair bound and was facing barriers with transportation to medical appointments. He would schedule transportation with LA Care but would be informed last minute they could not find a driver to meet his level of care. He also tried utilizing Access Transportation services but was being dropped off last and it affected his schedule for eating and taking insulin. He started putting off appointments if they were far away or did not know how to get there on the Metro.

Outcome: I found out on the LA Care website that he needed to apply for Non-emergency Medical Transportation so I called LA Care to verify the services and eligibility. I was able to obtain the NEMT Physician Form and faxed it to my member's PCP. His PCP filled it out and faxed it to LA Care right away. My member is now approved for NEMT through LA Care and able to schedule an appointment he had pending that was far away for treatment for his legs.

Health Plan: LA Care

Continued over

“Care Continuity”

LCM/CC/HN/RES/Nurse: Karina

Conditions: Diabetes, Thyroid, High Cholesterol, Hypertension, Coronary Artery Disease

Situation: My 55-year-old member informed me that her diabetes specialist had canceled her appointment in January because her insurance was switched to Optum. My member stated she was unaware of the change and never received a call or letter in the mail and that she wanted to continue seeing the specialist and asking me to inquire about the case. She also stated she wanted me to request a podiatrist authorization for her in the future because she struggled to communicate with the receptionist because they did not speak Spanish.

Outcome: I met my member in-person to assist her at her home and called the diabetes specialist. The representative informed me that my member’s insurance had been changed back to LA Care so I was able to assist her in scheduling a new appointment in March. I encouraged her to then ask the doctor for a podiatrist authorization and I’ll follow up with her to make sure she gets it.

Health Plan: LA Care

“3 Generations of Care”

LCM/CC/HN/RES/Nurse: Marie

Conditions: 35 weeks pregnant, Severe Anxiety, PTSD, Asthma, Kidney Stones

Situation: My 21-year-old member lives with her mom in Soledad and since being pregnant, her mom is my member’s sole caretaker and provider. She has been in and out of the ER throughout pregnancy due to kidney stones and nausea and vomiting. They utilize public transportation to get to and from each appointment and hospital visits/stays and were not aware of transportation provided by the health plan.

Outcome: I meet with her twice a month and from my last follow up in person, I was able to educate them about the health plan benefits. I’ve since helped her and mom to schedule transportation, which has been a huge help now that she’s 35 weeks pregnant and traveling to and from different providers even when it’s raining.

Health Plan: Health Net

“Rebuilding Trust”

LCM/CC/HN/RES/Nurse: Eric

Conditions: Chronic Pain, Ankle Swelling, High Cholesterol, Hypertension, Chronic UTI’s, Major Depressive Disorder, Anxiety, PTSD, Hearing Loss (left ear)

Situation: When my 49-year-old member was initially enrolled into the ECM Program, they expressed that they would often reschedule or cancel appointments. They had several physical and mental health concerns that needed to be addressed, such as a physical annual exam and pap smear but would not be able to follow through with providers. They informed me that they were hesitant about the ECM Program because they were previously assigned to LCMs that would not follow through with what they discussed. I expressed that I would support them as best as they could and would have scheduled appointments to close the loop.

Outcome: I scheduled appointments with my member to follow up on items discussed in previous meetings, they expressed their appreciation for that and that they’ve regained confidence in the ECM program. Since working with my member, they’ve begun to attend appointments as scheduled. They’ve been able to obtain a referral for neurology to address forgetfulness, connect with a mental health provider, complete a pap smear, and be approved to receive a hysterectomy. During the most recent meeting with my member, they expressed how they are surprised, yet proud of themselves for following through with what they set out to do because in the past this was not the case.

Health Plan: LA Care

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