



Enhanced Care Management (ECM) Referral Form

• 4665 Business Center Drive, Fairfield, CA •
• Care Coordination Phone: (800) 809-1350 • Fax: (530) 351-9040 •

Referral Source Contact Information

Today's Date:	Referral Contact Phone Number:	Referral Fax Number:
Referral Source: (Name and Agency)		
Referral Source Address:		

Member Referral Information

Member Name: (Last, First)	Member Date of Birth:	Member CIN#:	
Member Phone Number:	Member Address or Location:	County:	Language:
Member Enrolled in Other Programs: (List Programs)			

Population of Focus: (Check All Applicable)

- | | |
|--|--|
| Adult - Homelessness | Children/Youth - Homelessness |
| Adult - Individuals At Risk for Avoidable Hospital or Emergency Department (ED) Utilization | Children/Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization |
| Adult - Serious Mental Health (SMH) and/or Substance Use Disorder (SUD) | Children/Youth - Serious Mental Health (SMH and/or Substance Use Disorder (SUD) |
| Adult - Nursing Facility Resident; Transition to Community | Children/Youth enrolled in California Children's Services (CCS or Whole Child Model (WCM) |
| Adult - LTC Eligible; At Risk for Institutionalization | Children/Youth Involved in Child Welfare |
| Adult - Pregnancy/Postpartum (Birth Equity) | Children/Youth - Pregnancy/Postpartum (Birth Equity) |
| Adult - Transitioning from a correctional facility within the past 12 months | Children/Youth - Transitioning from a correctional facility within the past 12 months |

Additional Information



Enhanced Care Management (ECM) Population of Focus Guide

Check All That Apply (Applicable Age Group Listed in Section)

Homelessness: Adult and Children/Youth

At risk of or experiencing homelessness

Examples: Lacking an adequate nighttime residence; primary residence is a public or private place not designed for habitation, living in a shelter, etc.

Experiencing complex physical, behavioral or developmental health needs with inability to successfully self-manage their health care and other services

Serious Mental Health (SMH) and/or Substance Use Disorder (SUD): Adult and Children/Youth

Member meets the eligibility criteria for participation in, or is obtaining services through the County Specialty Mental Health Services; services are provided to individuals who have mental illness or emotional problems a regular doctor cannot treat and affect their ability to perform daily activities. *Examples: Mental Health, Medication Support, Crisis Intervention, Residential Treatment, Psychiatric Health Services, etc.*

Member meets the eligibility criteria for participation in, or is obtaining services through the Drug Medi-Cal (DMC) or DMC Organized Delivery System; defined by DHCS as receiving a diagnosis for SUD and addictive disorders from the Diagnostic and Statistical Manual of Mental Disorders (DSM) and meets the medical necessity for services based on the American Society of Addiction Medicine (ASAM)

At least one complex social factor influencing health

Examples: lack of access to food, lack of access to stable housing, inability to work or engage in the community, high measure ((four or more) of ACEs based on screening, etc

Experiencing any of the following:

- High risk for institutionalization, overdose or suicide;
- Sole source of care are crisis services, emergency department (ED), etc.
- Two or more ED visits or hospitalizations due to SMI/SUD in the past twelve months;
- Are pregnant or post-partum, up to twelve months after delivery

Enhanced Care Management (ECM) Population of Focus Guide

Check All That Apply (Applicable Age Group Listed in Section)

Individuals At Risk for Avoidable Hospital or Emergency Department (ED) Utilization: Adult

- 5 or more repeated ED visits in a six month period that could have been avoided with appropriate outpatient care or improved treatment
- 3 or more unplanned hospital or short-term skilled nursing facility (SNF) stays in a six month period that could have been avoided with appropriate outpatient care or improved treatment
- Any unplanned ED or inpatient stays in the last 6 months for members who have medical, psychiatric or SUD-related conditions that require intensive coordination or members who have significant functional limitations or adverse social determinants of health that impede navigating their health care and other services

Individuals At Risk for Avoidable Hospital or Emergency Department (ED) Utilization: Children/Youth

- Three or more ED visits in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;
- Two or more unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence

LTC Eligible; At Risk for Institutionalization: Adult

- Adults living in the community who meet the Skilled Nursing Facility (SNF) Level of Care criteria; **OR** Require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury;
- Actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring),
- Able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns).

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Check All That Apply (Applicable Age Group Listed in Section)

Nursing Facility Resident; Transition to Community: Adult

Nursing facility residents who are:

- Interested in moving out of the institution;
- Are likely candidates to do so successfully;
- Able to reside continuously in the community.

Individuals with Intellectual or Developmental Disability (I/DD): Adult and Children/Youth

Have a diagnosed Intellectual or Developmental Disability and Qualifies for eligibility in any other adult ECM Populations of Focus

Children/Youth involved in Child Welfare: Children/Youth

Are under age 21 and are currently receiving foster care in California

Are under age 21 and previously received foster care in California or another state within the last 12 months

Have aged out of foster care up to age 26

Are under age 18 and are eligible for and/or in California's Adoption Assistance Program 5. Are under 18 and are currently receiving or have received services from California's Family Maintenance Program within the last 12 months

Pregnancy/Postpartum (Birth Equity): Adult and Children/Youth

Are pregnant OR are postpartum (through 12 months period)

Subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality

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Check All That Apply (Applicable Age Group Listed in Section)

Children/Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model: Children/Youth

Enrolled in CCS/CCS Whole Child Model

Are experiencing at least one complex social factor influencing their health.

Examples: lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four or more) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms

Check All That Apply (Applicable Age Group Listed in Section)

Individuals Transitioning From Incarceration : Adult and Children/Youth

Individuals who are transitioning from incarceration or transitioned from incarceration/
County Youth Correctional Facility within the past 12 months **AND**

Have at least one of the following conditions:

- *Mental illness*
- *SUD*
- *Intellectual or developmental disability (I/DD)*
- *Traumatic brain injury*
- *HIV/AIDS*
- *Pregnant or postpartum*
- *Chronic condition/significant clinical condition*
Please specify conditions