Enhanced Care Management (ECM) Member Referral Form
Cal-AIM Sacramento

Use this form to refer a member whom you assess as ECM eligible. **Please confirm the patient's health plan and submit this completed ECM referral form to the appropriate health plan via secure email or secure fax.** The health plan will assess the submitted member's eligibility and respond with next steps or request more information within one week

Health Plan	Secure Email Address	Secure Fax Number
Aetna		
Blue Shield Promise Health Plan		
Health Net		
Kaiser Permanente		
Molina Healthcare		

Asterisk (*) identifies required information field on this ECM referral form

Member Information	
Date:*	
Member's Name:*	
Member Date of Birth:*	
Member's Medi-Cal Client Identification #:* *(9 digit number ending with an letter)*	
Member Address:	
Member Primary Phone Number:*	( )
Best time to contact:	
Member's Preferred Language:*	
Caregiver's Name:	
Caregiver's Alternate Phone Number	( )

Referral Source Information

Date:*

Internal referring department* (select one): ☐ Case Management ☐ Utilization Management ☐ Behavioral Health ☐ Managed Long Term Services & Supports (MLTSS) ☐ Other

External referral by* (select one): ☐ Hospital ☐ Preferred Provider Group (PPG) ☐ Primary Care Provider (PCP) ☐ Clinic ☐ Other

Referring Individual Name:*	
Referring Organization Name:*	
Referrer Phone Number:*	( )
Referrer Email Address:*	

Has the member expressed interest in enrolling in ECM?*
☐ Yes ☐ No, I would like to validate ECM eligibility prior to discussing ECM with the member.

Is the member currently being followed by a health plan case manager or part of an external case management program? * ☐ Yes ☐ No ☐ Unknown
If yes, please provide contact information as available:

Is the member experiencing any housing insecurities/homelessness?* ☐ Yes ☐ No
If yes, please explain:

For the purposes of the ECM program DHCS defines homelessness as:

- *An individual or family who lacks adequate nighttime residence*
- *An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation*
- *An individual or family living in a shelter*
- *An individual exiting an institution to homelessness[2]*
- *An individual or family who will imminently lose housing in next 30 days[3]*
- *Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes*
- *Victims fleeing domestic violence*

1. This definition is based on the HUD definition of homelessness with modifications as noted below.
2. If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization.
3. The timeframe for an individual or family who will imminently lose housing has been extended from 14 (HUD definition) to 30 days.

MEDI-CAL ELIGIBILITY:*	Member in Medi-Cal managed care? ☐ Yes ☐ No
	Member in Cal MediConnect? ☐ Yes ☐ No If yes, member is **NOT** eligible for ECM

Populations of Focus*: Please check **all** that apply. For a patient to be eligible for the ECM, they must meet at least one of the following criteria. The individual will be assessed by the Plan to confirm ECM eligibility.
Population of focus definitions below

Individuals & Families Experiencing Homelessness

☐ Yes ☐ No ☐ Unknown

1) Experiencing homeless – based on the HUD definition with modifications
AND
2) Have at least 1 complex physical, behavioral, or developmental health need with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.

(Please see page 4 for additional details as to how DHCS is defining homelessness)

Adults with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)

☐ Yes ☐ No ☐ Unknown

1) Meet the eligibility criteria for program participation or currently receiving services through: Services provided by the County of Sacramento:
   - The County Specialty Mental Health (SMH) System AND/OR
   - The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program

AND
2) are actively experiencing at least one complex social factor influencing their health
AND
3) meet one or more of the following criteria:
   - High risk for institutionalization, overdose and/or suicide;
   - Use crisis services, emergency rooms, urgent care, or inpatient stays as the sole source of care;
   - Two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months;
   - Pregnant and post-partum women (12 months from delivery).

Adults High Utilizers

☐ Yes ☐ No ☐ Unknown

1) 5 or more ER visits within a 6 month period that could have been avoided
AND/OR
2) 3 or more unplanned hospital or short-term skilled nursing facility stays in a 6 month period that could have been avoided

ECM will coordinate all care for the highest-risk Members with complex medical and social needs, including across the physical and behavioral health delivery systems. Many Members who will be eligible for ECM may already be receiving some care management through other programs.

Please select all programs the member is currently participating in, if known:*

1915 c Waivers	Services Carved Out of Managed Care Plans	Duals	Others
☐ Yes *Multipurpose Senior Services Program (MSSP)*	☐ Yes *California Children's Services (CCS)*	☐ Yes *Dual Eligible Special Needs Plans (D-SNPs) [from 2023]*	☐ Yes *AIDS Healthcare Foundation Plans*
☐ Yes *Assisted Living Waiver (ALW)*	☐ Yes *Genetically Handicapped Person's Program (GHPP)*	☐ Yes *D-SNP look-alike plans*	☐ Yes *California Community Transitions (CCT) Money Follows the Person (MFTP)*
☐ Yes *Home and Community Based Alternatives (HCBA) Waiver*	☐ Yes *County-Based Targeted Case Management (TCM)*	☐ Yes *Other Medicare Advantage Plans*	
☐ Yes *HIV/AIDS Waiver*	☐ Yes *Specialty Mental Health (SMHS) TCM*	☐ Yes *Medicare FFS*	☐ Yes *Hospice*
☐ Yes *HCBS Waiver for Individuals with Developmental Disabilities (DD)*	☐ Yes *SMHS Intensive Care Coordination for Children (ICC)*	☐ Yes *Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)*	☐ Yes *Mosaic Family Services*
☐ Yes *Self-Determination Program for Individuals with I/DD*	☐ Yes *Drug Medi-Cal Organized Delivery System (DMC-ODS)*	☐ Yes *Programs for All-Inclusive Care for the Elderly (PACE)*	

Additional comments, if any