

Enhanced Care Management (ECM) Adult Referral Form

ECM Overview

Enhanced Care Management is a Medi-Cal managed care benefit for members with highest risk with complex medical and social needs with the goal to improve health and social outcomes. Members enrolled in ECM will primarily receive in in-person case management by ECM provider who serve member's specific population of focus.

Eligibility

Enhanced Care Management is a Medi-Cal managed care benefit for members with highest risk with complex medical and social needs with the goal to improve health and social outcomes. Members enrolled in ECM will primarily receive in in-person case management by ECM provider who serve member's specific population of focus.

Steps for ECM Screening and Referral Completion

Step 1: Complete the ECM population of focus screening checklist to confirm member eligibility in one or more population of focus.

Step 2: If you determine that member meets the ECM criteria (one or more of the populations of focus), then submit referral form to Health Plan of San Joaquin (HPSJ) via fax at **209-762-4720**.

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Referral Details	
Internal Referral: <input type="checkbox"/> CM <input type="checkbox"/> TOC <input type="checkbox"/> CCRN <input type="checkbox"/> SW <input type="checkbox"/> Other	
External Referral: <input type="checkbox"/> Hospital <input type="checkbox"/> PCP <input type="checkbox"/> CBO <input type="checkbox"/> SNF <input type="checkbox"/> VMRC <input type="checkbox"/> Other	
Referring Person:	Date:
Phone:	Fax:
Referring Organization:	
Is the member transitioning their ECM from another plan? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, complete the following information about previous plan and ECM provider:</i>	
Previous ECM Provider Name:	
Previous Plan Name:	Phone:
Discharge date/last date member worked with previous ECM Provider:	
Additional Information:	
Member Information	
Member Name:	DOB:
Member ID:	Phone:
Current Address:	
Preferred Language:	
Authorized Rep:	Phone:
Parent/Guardian:	Phone:
Additional Information:	
ECM Population of Focus (Check all that apply)	
<input type="checkbox"/> Adults without Dependent Children/Youth living with them who are experiencing homelessness <input type="checkbox"/> Families or Children/Youth experiencing homelessness <input type="checkbox"/> Adults at Risk for avoidable Hospital or ED utilization <input type="checkbox"/> Adults with serious Mental Health and/or SUD needs <input type="checkbox"/> Adults living in the community and at risk for LTC Institutionalized	<input type="checkbox"/> Adult Nursing Facility residents transitioning to the Community <input type="checkbox"/> Adults with Intellectual or Developmental disabilities <input type="checkbox"/> Adults: Pregnancy & Postpartum <input type="checkbox"/> Adults: Birth Equity <input type="checkbox"/> Adults: Transitioning from Incarceration

**Adults without
dependent
Children/Youth
living with
them who are
experiencing
homelessness**

Adults who are:

- ☐ Lacking a fixed, regular, and adequate nighttime residence.
- ☐ Having a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground
- ☐ Will imminently lose housing in next 30 days
- ☐ Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing)
- ☐ Exiting an institution into homelessness (regardless of length of stay in the institution)
- ☐ Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence

AND

- ☐ Have at least one complex physical, behavioral, or developmental 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

**Families or
Children/Youth
experiencing
homelessness**

Families or Children & Youth who:

- ☐ Lack a fixed, regular, and adequate nighttime residence
- ☐ Have a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground
- ☐ Will imminently lose housing in next 30 days
- ☐ Live in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing)
- ☐ Are exiting an institution into homelessness (regardless of length of stay in the institution)
- ☐ Are fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence

**Children, youth, and families do not need to meet the additional
“Complex physical, behavioral, or developmental need” criteria**

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<p>Adults at risk for avoidable hospital or ED utilization</p>	<p>Adults who must meet <u>one</u> of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Five or more ER visits in a six-month period <input type="checkbox"/> Three or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period
<p>Adults with serious Mental Health and/or SUD needs</p>	<p>Adults who meet the eligibility criteria for participation in, or obtaining services through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialty Mental Health Services (SMHS) delivered by mental health plans (MHPs) <input type="checkbox"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS) <p>or</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Drug Medi-Cal (DMC) program <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing at least one complex social factor influencing their health (e.g., 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, former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms) <p>AND</p> <p>Meet one or more of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are at high risk for institutionalization, overdose, and/or suicide <input type="checkbox"/> Use crisis services, EDs, urgent care, or inpatient stays as the primary source of care <input type="checkbox"/> Experienced two or more ED visits or two or more hospitalizations due to serious mental health or SUD in the past 12 months <input type="checkbox"/> Are pregnant or postpartum (12 months from delivery)

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<p>Adults Living in the Community & at Risk for LTC Institutionalization</p>	<p>Adults who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adults who are living in the community who meet the Skilled Nursing Facility (SNF) Level of Care (LOC) criteria <p>or</p> <ul style="list-style-type: none"> <input type="checkbox"/> Require lower acuity skilled nursing (e.g., time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury) <p>AND all of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of Adverse Childhood Experiences (ACEs), former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors) <input type="checkbox"/> Able to reside continuously in the community with wraparound supports (e.g., 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)
<p>Adult Nursing Facility residents transitioning to the community</p>	<p>Adult nursing facility residents who must meet all of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adults nursing facility residents who are interested in moving out of the institution <input type="checkbox"/> Are likely candidates to do so successfully <input type="checkbox"/> Able to reside continuously in the community <p>Exclusion: Individual residing in the ICF (Intermediate Care Facilities for intellectual disabilities – ICF/DD-H (Developmentally disabled – Habilitative) & ICF/DD-N (Nursing) & Sub acute facilities are excluded from this POF</p>
<p>Adults with Intellectual or Developmental Disabilities (I/DD)</p>	<p>Adults who meet the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Intellectual or Developmental Disabilities (I/DD) <p>AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Qualify or meet any other ECM Population of Focus

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<p>Adults: Pregnancy & Postpartum</p>	<p>Adults who:</p> <p><input type="checkbox"/> Are pregnant OR postpartum (through 12 months period)</p> <p>AND</p> <p><input type="checkbox"/> Qualify for eligibility in any other adult ECM Population of Focus</p>
<p>Adults: Birth Equity</p>	<p>Adults who:</p> <p><input type="checkbox"/> Are pregnant OR who are postpartum (through 12 months period)</p> <p>AND</p> <p><input type="checkbox"/> Are subject to racial and ethnic disparities (Black, American Indian, Alaska Native, Pacific Islanders)</p>
<p>Adults: Transitioning from Incarceration</p>	<p>Adults who:</p> <p><input type="checkbox"/> Are transitioning from a correctional facility (e.g. Prison, Jail, or Youth correctional facility) OR transition from correctional facility within the last 12 months</p> <p>AND</p> <p>Have at least one of the following conditions:</p> <p><input type="checkbox"/> Mental illness</p> <p><input type="checkbox"/> Substance use disorder (SUD)</p> <p><input type="checkbox"/> Chronic condition/significant non-chronic clinical condition</p> <p><input type="checkbox"/> Intellectual or developmental disabilities (I/DD)</p> <p><input type="checkbox"/> Traumatic brain injury (TBI)</p> <p><input type="checkbox"/> HIV/AIDS</p> <p><input type="checkbox"/> Pregnant or Postpartum</p>