

## Enhanced Care Management (ECM) Member Referral Form

**Enhanced Care Management (ECM) is a Medi-Cal benefit that provides comprehensive care management services to Medi-Cal members with complex health and/or social needs who meet the eligibility criteria, part of the DHCS CalAIM initiative.**

Members participating in ECM will primarily receive in-person care management services, provided in the member's community, by contracted ECM Provider agencies who serve the member's specific Population of Focus (PoF). 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, while also addressing social determinants of health.

To be eligible for ECM, members must be enrolled in Medi-Cal Managed Care with Molina, meet criteria for one or more of the identified ECM PoFs, and must not be enrolled in exclusionary programs or receiving duplicative services.

Please complete the **ECM Member Referral Form** and submit via secure email to the Molina ECM team: [MHC\\_ECM@molinahealthcare.com](mailto:MHC_ECM@molinahealthcare.com) with "ECM Referral" as the subject line.

- To expedite the review and approval process, *please also submit applicable supporting documentation as evidence of the member meeting ECM criteria.*
- The Molina ECM team will review to verify the member's eligibility and respond within **one week** of receipt of the request.



**Asterisk (\*) indicates required information.**

REFERRAL SOURCE INFORMATION			
Internal Molina Referring Department* (select one): <input type="checkbox"/> CM <input type="checkbox"/> UM <input type="checkbox"/> BH <input type="checkbox"/> Call Center <input type="checkbox"/> Other: _____			
External Referral By* (select one): <input type="checkbox"/> Hospital <input type="checkbox"/> IPA/MG <input type="checkbox"/> PCP/Clinic <input type="checkbox"/> SNF <input type="checkbox"/> ECM Provider <input type="checkbox"/> CS Provider <input type="checkbox"/> County <input type="checkbox"/> Other: _____			
Date of Referral*:			
Referring Organization Name*:			
Referring Individual Name & Title*:			
Referrer Phone Number*:			
Referrer Fax*:			
Referrer Email Address*:			
Has the member expressed interest in opting-into ECM? *		<input type="checkbox"/> Yes, and I have already discussed the program with the member. Member's preference of ECM Provider, if known: _____ <input type="checkbox"/> No, I will validate ECM eligibility prior to discussing ECM with member.	
MEMBER INFORMATION			
Member Name*:			
Member Medi-Cal Client ID(CIN)*:		Member Date of Birth*:	
Member Address:			
Member Primary Phone Number*:		Best Contact Time/Location:	
Member Preferred Language*:			
Alternate Contact Name:		Relationship:	
Phone:		Email:	
MEDI-CAL ELIGIBILITY*:			
Member in Medi-Cal Managed Care and eligible with Molina? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Member in Cal MediConnect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, member is <b>NOT</b> eligible for ECM			
MEMBER'S ECM ELIGIBILITY – Populations of Focus (PoFs)*: Members may qualify for more than one PoF. Please check all that apply.			
<p>For a patient to be eligible for the ECM, they must meet all of the criteria for at least one of the PoFs below. Please review and identify the appropriate PoF(s) based on the definitions below. The submitted information will be assessed by the Plan to confirm ECM eligibility.</p>			

### PoF 1: Adults Experiencing Homelessness

Yes       No       Unknown

**Adult (21 years of age or older) without Dependent Children/Youth Living with them who:**

- Is experiencing homelessness, defined as meeting one or more of the following conditions:
- *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*
  - *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)*
  - *Will imminently lose housing in the next 30 days*
  - *Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence*

**AND**

- Has **at least one** complex **physical, behavioral, or developmental** health need (*please note in Conditions Table below*) 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.

**Both boxes must be checked for member to be eligible.**

### PoF 1.1: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness

Yes       No       Unknown

- Adult WITH Dependent Children/Youth Living with Them.** Individual, 21 years of age and older, is part of a family that includes child/youth (under age 21) that is experiencing homelessness.

**OR**

- Unaccompanied Children/Youth Experiencing Homelessness (under age 21)** defined as meeting one or more of the following conditions:
- *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*
  - *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)*
  - *Will imminently lose housing in the next 30 days*
  - *Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence*

**OR**

**Sharing the housing of other persons (i.e., couch surfing)** due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals (in hospital without a safe place to be discharged to).

*One of the three options above must be selected for member to be eligible.*

**PoF 2: Adults at Risk for Avoidable Hospital or ED Utilization**

Yes       No       Unknown

**Adult (21 years or older)** who meets **one or more** of the following conditions in the last **6-months**:

**5 or more emergency** room visits

**AND/OR**

**3 or more unplanned hospital** admissions **AND/OR** short-term **skilled nursing facility** stays

*All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.*

*At least one of the boxes must be checked for member to be eligible.*

**PoF 2.1: Children/Youth at Risk for Avoidable Hospital or ED Utilization**

Yes       No       Unknown

**Children/Youth (under 21)** who meet **one or more of** the following conditions in the last **12-months**:

**3 or more emergency** room visits

**AND/OR**

**2 or more unplanned hospital** admissions **AND/OR** short-term **skilled nursing facility** stays

*All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.*

*At least one of the boxes must be checked for member to be eligible.*

**POF 3.0: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs**

*(Please note in Conditions Table below)*

Yes       No       Unknown

**Adults (21 years or older)** who meets the eligibility criteria for program participation in or obtaining services through:

Specialty Mental Health Services (SMHS) delivered by Mental Health Plans

The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program

*If **ONE** or more of the 2 boxes above are checked, continue below:*

Actively experiencing **one** complex social factor influencing their health such as:

- Lack of access to **food**, lack of access to **stable housing**, inability to **work** or **engage in the community**, high measure (4 or more) of Adverse Childhood Experiences (**ACEs**) based on screening, **former foster youth**, history of recent contacts with **law enforcement** related to SMI/SUD symptoms, **and/or** (specify) \_\_\_\_\_

**AND**

- Meet **one or more** of the following criteria:
- High risk for institutionalization, overdose and/or suicide
  - Use crisis services, ERs, urgent care or inpatient stays as the sole source of care
  - 2+ ED visits **or** 2+ hospitalizations due to SMI or SUD in the past 12 months
  - Pregnant or post-partum (12 months from delivery)

**Both boxes above must be checked for member to be eligible.**

**PoF 3.1: Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs**

Yes  No  Unknown

**Children/Youth (under 21) who meet the eligibility criteria for participation in or obtaining services through:**

- Specialty Mental Health (SMHS) delivered by Mental Health Plans

**AND/OR**

- The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program

**At least one of the boxes must be checked for member to be eligible.**

**PoF 4: Adults Transitioning from Incarceration within the past 12 months**

Yes  No  Unknown

**Adult (21 years or older) who is transitioning from a correctional setting or transitioned from a correctional setting within the last 12-months who has at least one of the following conditions:**

- Mental illness
- Substance Use Disorder (SUD)
- Chronic Condition/Significant Clinical Condition
- Intellectual or Developmental Disability (I/DD)
- Traumatic Brain Injury
- HIV/AIDS
- Pregnant or Postpartum

**At least one of the boxes must be checked for member to be eligible.**

**PoF 5: Adults Living in the Community who are at Risk for LTC Institutionalization**

Yes  No  Unknown

**Adult (21 years and older) who meet all three following eligibility criteria:**

- Living in the community who meet the **Skilled Nursing Facility (SNF) Level of Care criteria OR who 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/injury

**AND**

- Is actively experiencing **at least one complex social or environmental factor** influencing their health

**AND**

- Is able to **reside continuously in the community** with wraparound supports

**All boxes above must be checked for member to be eligible.**

**PoF 6: Adult Nursing Facility Residents transitioning to the Community**

Yes  No  Unknown

**Adult** (21 years and older) who meet all **three** following eligibility criteria:

Nursing facility resident who is interested in moving out of the institution with length of stay less than 365 calendar days

**AND**

Individual is a likely candidate to move out of the institution successfully

**AND**

Is able to reside continuously in the community

**All boxes above must be checked for member to be eligible.**

**PoF 7: Children/Youth Enrolled in CCS and CCS WCM with Additional Needs beyond the CCS Condition**

Yes       No       Unknown

**Children/Youth** (under age 21) who:

Individual is enrolled in CCS or CCS WCM

**AND**

Individual is actively experiencing **at least one complex** social factor influencing their health such as food, housing, employment insecurities, history of ACEs/trauma, and history of recent contacts with law enforcement related to SMI/SUD, and/or former foster youth.

**Both boxes must be checked for member to be eligible.**

**PoF 8: Children/Youth Involved in Child Welfare**

Yes       No       Unknown

**Children/Youth** (under age 21) who meet **one or more** of the following criteria:

Individual is currently receiving foster care in California

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

Individual is under age 26 and aged out of foster care (having been in foster care on their 18<sup>th</sup> birthday or later) in California or another state

Individual is under age 18 and are eligible for and/or in California’s Adoption Assistance Program

Individual is under age 18 and are currently receiving or have received services from California’s Family Maintenance program within the last 12 months

**At least one of the boxes must be checked for member to be eligible.**

**PoF 9: Adults with Intellectual or Developmental Disabilities (I/DD)**

Yes       No       Unknown

**Adult** (21 years or older) who meet **ALL** the following criteria:

Individual has a diagnosis of I/DD

**AND**

Individual qualifies for eligibility in another **Adult** ECM Population of Focus (PoF)

*For Individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one adult Population of Focus above and specify diagnosed I/DD in **Conditions Table below**. If Population(s) of Focus and Condition are checked, member eligibility will be considered.*

**All boxes above must be checked for member to be eligible.**

**PoF 9.1: Children/Youth with Intellectual or Developmental Disabilities (I/DD)**

Yes       No       Unknown

**Children/Youth** (under age 21) who meet **ALL** the following criteria:

Individual has a diagnosis of I/DD

**AND**

Individual qualifies for eligibility in another adult ECM Population of Focus (excluding Pregnancy, Postpartum population)

**AND**

Individual qualifies for eligibility in another **Children/Youth** ECM Population of Focus (PoF)

*For Individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one adult Population of Focus above and specify diagnosed I/DD in **Conditions Table below**. If Population(s) of Focus and Condition are checked, member eligibility will be considered.*

**All boxes must be checked for member to be eligible.**

**PoF 10: Adults Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes**

Yes       No       Unknown

**Adult** (21 years or older) who meet **ALL** the following criteria:

Individual is 21 years of age or older

**AND**

Individual is pregnant or postpartum through 12 months period

**AND**

Individual qualifies for eligibility in another adult ECM Population of Focus (PoF)

*For Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, identify at least one adult Population of Focus above and specify pregnant or postpartum (through 12 months period) in **Conditions Table below**. If Population(s) of Focus and Condition are checked, member eligibility will be considered.*

**All boxes must be checked for member to be eligible.**

**PoF 10.1: Children/Youth Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes**

Yes       No       Unknown

**Children/Youth** (under age 21) who meet **ALL** the following criteria:

Individual is pregnant or postpartum through 12 months period

**AND**

Individual qualifies for eligibility in another Children/Youth ECM Population of Focus

**Both boxes must be checked for member to be eligible.**

**\*Conditions Table:**

There may be qualifying conditions not listed in this table. Please list condition(s) in the "Other, please note:" field

Complex Physical, Behavioral Health and Developmental Conditions (Check all that apply)	
<b>Physical Health</b>	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dementia requiring assistance with IADLs
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Diabetes (Insulin-dependent) poorly controlled
<input type="checkbox"/> Chronic Liver Disease	<input type="checkbox"/> History of stroke or heart attack
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Hypertension (poorly controlled)
<input type="checkbox"/> Congestive Heart Failure (CHF)	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Post-partum	<input type="checkbox"/> Other, please note:
<b>Behavioral Health</b>	
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Psychotic disorders, including schizophrenia
<input type="checkbox"/> Major Depressive Disorder	<input type="checkbox"/> Substance Use Disorder, please specify:
<input type="checkbox"/> Other, please note:	
<b>Developmental</b>	
<input type="checkbox"/> Intellectual/Developmental Disability, please note:	

EXCLUSIONARY CRITERIA (BOTH boxes must be checked for ECM member eligibility) *:	
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<input type="checkbox"/>	Member is <b>not enrolled in programs</b> that exclude the member from ECM eligibility. <ul style="list-style-type: none"> <li>Member cannot participate in ECM if they are receiving Hospice Services.</li> </ul>
<input type="checkbox"/>	Member is not enrolled in an ECM Duplicative Program or is enrolled and is <b>opting for ECM instead of</b> the other program. Members must choose <b>either ECM or one of the following Medi-Cal funded programs</b> below. Please indicate the other Program(s): <ul style="list-style-type: none"> <li><input type="checkbox"/> 1915(c) Waiver Programs: Home and Community Based (HCBS), HIV/AIDS, Assisted Living Waiver (ALW), Developmentally Disabled (DD), Multipurpose Senior Services Program (MSSP)</li> <li><input type="checkbox"/> Complex Case Management (through Molina CM)</li> <li><input type="checkbox"/> Basic Care Management (through their PCP)</li> <li><input type="checkbox"/> California Community Transitions (CCT) Money Follows the Person (MFTP)</li> </ul>
If the member is enrolled in a Program that allows them to <b>concurrently receive ECM services</b> (per the Exclusionary Checklist "wrap" program section), please indicate the program below: <ul style="list-style-type: none"> <li><input type="checkbox"/> California Children's Services (CCS)</li> <li><input type="checkbox"/> Genetically Handicapped Person's Program (GHPP)</li> <li><input type="checkbox"/> County-based Targeted Case Management (TCM), including Specialty Mental Health (SMHS) TCM</li> <li><input type="checkbox"/> SMHS Intensive Care Coordination for Children (ICC)</li> <li><input type="checkbox"/> Specialty Mental Health and Drug Medi-Cal Organized Delivery Systems (DMC-ODS)</li> <li><input type="checkbox"/> Community Based Adult Services (CBAS)</li> </ul>	

<b>ADDITIONAL COMMENTS:</b> (i.e., PCP or support person name and contact if applicable)	
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