Enhanced Care Management (ECM) Referral Form

Members and their families may self-refer to ECM services.

Member Name: _____ **CIN:** _____

Note: Member must be eligible with CalOptima Health.

Step 1: Please fill out all applicable information below and proceed to Steps 2 and 3.

Referral Information

Referral Date: _____ Referred by: _____

Agency or Relationship to Member: _____

Referring Provider National Provider Identifier (NPI) (if applicable): _____

Phone: _____ Fax: _____ Email: _____

Member Information

Member Name: _____ CIN: _____

Member Date of Birth: _____ Primary Care Physician: _____

Member Phone: _____ Member Email: _____

Member's Preferred Language: _____

Member agreed to referral for ECM services: ☐ Yes ☐ No

Step 2: Check all conditions that apply. Please complete all required check boxes and attach any supporting documentation prior to submission.

Step 3: Send the completed referral form and supporting documents to CalOptima Health.

CalOptima Health ECM Health Network Contact Information

Health Network	Customer Service Phone Number (for Members)	Referral Submission	Mailing Address
CalOptima Health Direct and Health Networks	1-888-587-8088	CalAIMReferral@caloptima.org or Fax: 1-714-338-3145	CalOptima Health Attn: LTSS CalAIM P.O. Box 11033 Orange, CA 92856

ADULTS

	Adults 18 Years and Older	Member Eligibility Criteria
☐	**1) Adults Experiencing Homelessness:** *Adults experiencing homelessness (whether they have dependent children/youth living with them or not)*	**Select <u>all</u> that apply to member:** 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; and/or ☐ 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 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 (pregnant or postpartum individuals who are homeless meet this criteria)
☐	**2) Adults at Risk for Avoidable Hospital or Emergency Department Utilization**	**Select <u>all</u> that apply to member:** ☐ 5 or more emergency room (ER) visits in a 6-month period, **or** ☐ 3 or more unplanned hospitalizations and/or short-term skilled nursing facility (SNF) stays in a 6-month period
☐	**3) Adults with Serious Mental Health or Substance Use Disorder (SUD)**	**Select <u>all</u> that apply to member:** Meets the eligibility criteria for participation in or obtaining services through: ☐ Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MHPs) or ☐ The Drug Medi-Cal Organization Delivery System (DMC-ODS) or the Drug Medi-Cal (DMC) program **AND** ☐ Experiencing at least 1 complex social factor influencing their health (for example, lack of access to food, stable housing, inability to work or engage in the community, high measure (4 or more) of adverse childhood experiences (ACEs) based on screening, former

	Adults 18 Years and Older	Member Eligibility Criteria
		foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms) **AND** **Meets 1 or more of the following criteria:** ☐ Is at high risk for institutionalization, overdose, and/or suicide **or** ☐ Use of crisis services, Emergency Departments (EDs), urgent care, or inpatient stays as the primary source of health care **or** ☐ Experienced 2 or more ED visits or 2 or more hospitalizations due to serious mental health or SUD in the past 12 months **or** ☐ Is pregnant or postpartum (12 months from delivery)
☐	**4) Adults Transitioning from Incarceration**	☐ Is transitioning from a correctional facility (for example, prison, jail, or youth correctional facility) or transitioned from a correctional facility within the past 12 months **AND** **Has at least 1 of the following conditions:** ☐ Mental illness ☐ Substance Use Disorder (SUD) ☐ Chronic Condition/Significant Non-Chronic Clinical Condition ☐ Intellectual or Developmental Disability (I/DD) ☐ Traumatic Brain Injury (TBI) ☐ HIV/AIDS ☐ Pregnancy or Postpartum
☐	**5) Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization**	**Select 1 that applies to member:** ☐ Adult living in the community who meets the skilled nursing facility (SNF) level of care criteria **or** ☐ Adult who requires 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 **AND** ☐ 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) **AND** ☐ Able to reside continuously in the community with wraparound supports, (for example, some individuals may not be eligible

	Adults 18 Years and Older	Member Eligibility Criteria
		because they have high acuity needs or conditions that are not suitable for home-based care due to safety or other concerns)
☐	**6) Adult Nursing Facility Residents Transitioning to the Community** *(Intermediate Care Facilities and Subacute Care Facilities are excluded.)*	Is the member currently residing in an Intermediate Care Facility or Subacute Care Facility? ☐ Yes ☐ No **Select <u>all</u> that apply to member:** ☐ Interested in moving out of the institution **AND** ☐ Is likely candidate to do so successfully **AND** ☐ Able to reside continuously in the community
☐	**7) Birth Equity Population of Focus (Adult)**	**Select <u>all</u> that apply to member:** ☐ Member is pregnant or is in postpartum (through 12-month period) **AND** ☐ Is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality (Black, American Indian or Alaska Native, or Pacific Islander members)

CHILDREN AND YOUTH

	Children and Youth	Member Eligibility Criteria
☐	**1) Children and Youth Experiencing Homelessness** *(Homeless families or unaccompanied children and youth experiencing homelessness)*	**Select 1 that applies to children, youth, and families with members under 21 years of age 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 ☐ 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) ☐ Will imminently lose housing in the next 30 days ☐ Are fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic or life-threatening conditions relating to such violence **OR** **Select 1 that applies to member:** ☐ Is sharing the housing of other persons (for example, couch surfing) due to loss of housing, economic hardship or a similar reason ☐ Is living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations ☐ Is living in emergency or transitional shelters; or abandoned in hospitals (in a hospital without a safe place to be discharged to)
☐	**2) Children and Youth at Risk for Avoidable Hospital or Emergency Department Utilization**	**Select all that apply to member:** ☐ 3 or more emergency room (ER) visits in a 12-month period **OR** ☐ 2 or more unplanned hospitalizations and/or short-term skilled nursing facility (SNF) in a 12-month period
☐	**3) Children and Youth with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)**	**Select all that apply to member:** Meets the eligibility criteria for participation in or obtaining services through: ☐ Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MHPs) or ☐ The Drug Medi-Cal Organization Delivery System (DMC-ODS) or the Drug Medi-Cal (DMC) program

☐	**4) Children and Youth Transitioning from a Youth Correctional Facility**	☐ Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth incarceration facility within the past 12 months
☐	**5) Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition**	**Select <u>all</u> that apply to member:** ☐ Enrolled in CCS **or** CCS WCM **AND** ☐ Is experiencing at least one complex social factor influencing their health (for example, lack of access to food, lack of access to stable housing, difficulty accessing transportation, high measure (four or more) of adverse childhood experiences (ACEs) based on screening, history of recent contacts with law enforcement or crisis intervention services related to mental health and/or substance use symptoms)
☐	**6) Child and Youth Involved in Child Welfare**	**Select <u>all</u> that apply to member:** ☐ Is under age 21 and currently receiving foster care in California ☐ Is under age 21 and previously received foster care in California or another state within the last 12 months ☐ Has aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state ☐ Is under age 18 and is eligible for and/or in California's Adoption Assistance Program ☐ Is under age 18 and is currently receiving or has received services from California's Family Maintenance program within the last 12 months
☐	**7) Birth Equity Population of Focus (Youth)**	**Select <u>all</u> that apply to member:** ☐ Member is pregnant or is postpartum (through 12-month period) **AND** ☐ Is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality (Black, American Indian or Alaskan Native, or Pacific Islander members)

<u>FOR ECM PROVIDERS ONLY:</u> Is the member on the Population of Focus engagement list provided by CalOptima Health? ☐ Yes ☐ No

If yes, please indicate all applicable Populations of Focus for which the member is eligible: _____

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