

## 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?  Yes  No

Member in Cal MediConnect?  Yes  No If yes, member is **NOT** eligible for ECM

**MEMBER'S ECM ELIGIBILITY – Populations of Focus (PoFs)\*:** Members may qualify for more than one PoF. Please check all that apply.

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.

<input type="checkbox"/>	<p><b>Individuals Experiencing Homelessness</b>  <i>Counties: Riverside, San Bernardino, Sacramento, Imperial, San Diego and Los Angeles</i></p> <p style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><b>1) <u>Adults and their families</u> who are <b>experiencing homelessness*</b> AND</b></p>
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2) Have **at least one** 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.

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

- An individual or family who lacks fixed, regular and adequate nighttime residence
- An individual or family with 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
- An individual or family 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
- An individual exiting an institution to homelessness<sup>2</sup>
- An individual or family who will imminently lose housing in next 30 days<sup>3</sup>
- Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes
- Victims fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such 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.

**Individuals at Risk for Avoidable Hospital or ED Utilization**

Counties: Riverside, San Bernardino, Sacramento, Imperial, San Diego and Los Angeles

Yes       No       Unknown

**Adults** who meet one or more of the following conditions:

- 1) **5 or more ER visits** within a 6-month period that could have been avoided with appropriate outpatient care or improved treatment adherence **AND/OR**
- 2) **3 or more unplanned hospital** and/or short-term **skilled nursing** facility stays in a 6-month period that could have been avoided with appropriate outpatient care or improved treatment adherence

**Individuals Transitioning from Incarceration**

Counties: Los Angeles, Riverside, San Diego and Sacramento

Yes       No       Unknown

- 1) **Adults transitioning from incarceration** or have transitioned within the **last 12 months AND**
- 2) Have at least **one of the following conditions**:
  - Mental illness
  - Substance Use Disorder (SUD)
  - Chronic condition/Significant clinical condition (e.g., hepatitis C, diabetes)
  - Intellectual or developmental disability
  - Traumatic brain injury

	<input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pregnancy or postpartum
<input type="checkbox"/>	<p><b>Individuals with Serious Mental Health and/or SUD Needs</b>  <i>Counties: Riverside, San Bernardino, Sacramento, Imperial, San Diego and Los Angeles</i></p> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Unknown         </p> <p><b>Adults who:</b></p> <p>1) Meet the eligibility criteria for program participation in or obtaining services through:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MCHPs); <b>AND/OR</b></li> <li><input type="checkbox"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS) <b>OR</b></li> <li><input type="checkbox"/> The Drug Medi-Cal (DMC) Program</li> </ul> <p><b>AND</b></p> <p>2) Are actively experiencing at least <b>one complex social factor influencing their health</b> (please check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack of access to food</li> <li><input type="checkbox"/> Lack of access to stable housing</li> <li><input type="checkbox"/> Inability to work or engage in the community</li> <li><input type="checkbox"/> High measure (four or more) of Adverse Childhood Experiences (ACES) based on screening</li> <li><input type="checkbox"/> History of recent contacts with law enforcement related to mental health and/or substance use symptoms</li> <li><input type="checkbox"/> Former foster youth</li> <li><input type="checkbox"/> Other – please describe: <a href="#">Click or tap here to enter text.</a></li> </ul> <p><b>AND</b></p> <p>3) Meet <b>one or more</b> of the following criteria:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> High risk for institutionalization, overdose and/or suicide</li> <li><input type="checkbox"/> Use crisis services, EDs, urgent care or inpatient stays as the sole source of care</li> <li><input type="checkbox"/> 2+ ED visits or 2+ hospitalizations due to SMI or SUD in the past 12 months</li> <li><input type="checkbox"/> Pregnant and post-partum (12 months from delivery)</li> </ul>
<input type="checkbox"/>	<p><b>Adults Living in the Community and At Risk for LTC Institutionalization</b>  <i>Counties: Riverside, San Bernardino, Sacramento, Imperial, San Diego, and Los Angeles</i></p> <p style="text-align: center;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No      <input type="checkbox"/> Unknown         </p> <p>1) <b>Adults who:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are living in the community who meet the Skilled Nursing Facility (SNF) Level of Care (LOC) criteria) <b>OR</b></li> <li><input type="checkbox"/> 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</li> </ul> <p><b>AND</b></p> <p>2) Are actively experiencing at least <b>one complex social or environmental factor influencing their health</b> (please check all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Needing assistance with activities of daily living (ADLs)</li> <li><input type="checkbox"/> Access to stable housing</li> <li><input type="checkbox"/> Communication difficulties</li> <li><input type="checkbox"/> Access to food</li> <li><input type="checkbox"/> Living alone</li> <li><input type="checkbox"/> Need for conservatorship or guided decision-making</li> <li><input type="checkbox"/> Poor or inadequate caregiving which may appear as a lack of safety monitoring</li> </ul>

	<input type="checkbox"/> Other – please describe: <a href="#">Click or tap here to enter text.</a> <b>AND</b> 3) Are 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.
<input type="checkbox"/>	<b>Adult Nursing Facility Residents Transitioning to the Community</b> <i>Counties: Riverside, San Bernardino, Sacramento, Imperial, San Diego, and Los Angeles</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 1) <b>Adult nursing facility resident who:</b> <ol style="list-style-type: none"> <li>Are interested in moving out of the institution <b>AND</b></li> <li>Are likely candidates to do so successfully <b>AND</b></li> <li>Are able to reside continuously in the community</li> </ol> <p><b>*For the purposes of the ECM program:</b></p> <ul style="list-style-type: none"> <li><i>Members transitioning to the community may need to return to the hospital or SNF intermittently for short admissions (potentially due to changes in medical conditions or other acute episodes). They should not be precluded from being considered able to reside continuously in the community.</i></li> </ul> <p><i>Individuals residing in Intermediate Care Facilities (ICF) and subacute care facilities are excluded from this Population of Focus.</i></p>
<input type="checkbox"/>	<b>Individuals with Intellectual or Developmental Disabilities (I/DD)</b> <i>Counties: Riverside, San Bernardino, Sacramento, Imperial, San Diego, and Los Angeles</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 2) <b>Adult who:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Qualify for eligibility in any other adult ECM Population of Focus</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Have a diagnose I/DD</li> </ul> <p><i>Both Boxes must be checked for member to be eligible. Must qualify for eligibility in any other adult ECM Population of Focus.</i></p>
<input type="checkbox"/>	<b>Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes</b> <i>Counties: Riverside, San Bernardino, Sacramento, Imperial, San Diego, and Los Angeles</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 1) <b>Adult who:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Qualify for eligibility in any other adult ECM Population of Focus</li> </ul> <b>AND</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are pregnant OR are Postpartum (through 12 months period of a live birth, stillbirth, or later term abortion)</li> </ul> <p><i>Both Boxes must be checked for member to be eligible. Must qualify for eligibility in any other adult ECM Population of Focus.</i></p>

**EXCLUSIONARY CRITERIA (BOTH boxes must be checked for ECM member eligibility) \*:**

- Member is **not enrolled in programs** that exclude the member from ECM eligibility.
- Member cannot participate in ECM if they are receiving Hospice Services.
- Member is not enrolled in an ECM Duplicative Program or is enrolled and is **opting for ECM instead of** the other program.
- Members must choose **either ECM or one of the following Medi-Cal funded programs** below. Please indicate the other Program(s):
- 1915(c) Waiver Programs: Home and Community Based (HCBS), HIV/AIDS, Assisted Living Waiver (ALW), Developmentally Disabled (DD), Multipurpose Senior Services Program (MSSP)
  - Complex Case Management (through Molina CM)
  - Basic Care Management (through their PCP)
  - California Community Transitions (CCT) Money Follows the Person (MFTP)

If the member is enrolled in a Program that allows them to **concurrently receive ECM services** (per the Exclusionary Checklist “wrap” program section), please indicate the program below:

- California Children's Services (CCS)
- Genetically Handicapped Person's Program (GHPP)
- County-based Targeted Case Management (TCM), including Specialty Mental Health (SMHS) TCM
- SMHS Intensive Care Coordination for Children (ICC)
- Specialty Mental Health and Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
- Community Based Adult Services (CBAS)

**ADDITIONAL COMMENTS:**  
 (i.e., PCP or support person name and contact if applicable)