Enhanced Care Management (ECM)
Program Forms Outline and Description

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Name	Purpose	When to Submit to CCH
(FORM A) **ECM Authorization Information and Checklist**	A quick reference sheet on authorization submission requirements and helpful reminders	Submission <u>not</u> required
(FORM B) **CM Exclusionary/Duplicate Program Screening Checklist**	To identify member enrollment in (exclusionary/duplicative services). **To be completed during the outreach/intake process.**	**Required:** Submit during **Initial ECM service authorization request** through the **Provider Portal**
(FORM C) **ECM Comprehensive Assessment**	To engage, evaluate and utilize to develop a care plan for necessary services in areas of physical health, mental health, SUD, LTSS, Oral Health, Palliative Care, Social Supports and SDOH. **To be completed during the outreach/intake process.**	**Required:** Submit during **Initial ECM service authorization request** through the **Provider Portal**
(FORM D) **ECM Care Management Plan**	To develop a comprehensive, individualized, person-centered care plan, based on the needs and desires of the Member.	**Required:** Submit via *fax or secure link* upon completion or <u>no later</u> than **60 days** from approved ECM Service Authorization and with all <u>Reauthorization</u> requests.
(FORM E) **ECM Discontinuation of Services Request**	Document reason for discontinuation of ECM Services, confirm member is linked with appropriate support systems and inform CenCal Health regarding the **"intended discontinuation date".**	**Required:** Submit via *fax or secure link*, **PRIOR** to member being discontinued from ECM services.
(FORM F) **ECM Supporting Documentation Request**	Used by CenCal to request "required" missing documentation	**Required:** Submit by due date on form via *fax or secure link.*
(FORM G) **ECM Data Sharing Quick Reference Guide**	Information on Data/Reporting requirements	**Required:** Submit as instructed on reference guide
CalAIM Enhanced (ECM) and CenCal Health Case Management Referral	Refer members to ECM program or CenCal Health Case Management.	To refer members to ECM who meet the ECM Populations of Focus Eligibility or can benefit from ECM.