

# CalAIM Enhanced Care Management & CenCal Health Case Management Referral Form



Member must be eligible with CenCal Health

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

## MEMBER INFORMATION

Referral Date:  Last Name:  First Name:

Medi-Cal # CIN: (9 digits/letter)  Date of Birth:  Age:

Preferred Language:  English  Spanish  Other:

Address:

City:  State:  Zip code:

Phone Number:

Member's Primary Contact:  Relationship:

Member's Primary Contact Phone Number:

Primary Care Physician:  Is Member/Caregiver Aware of Referral:  Yes  No

## REFERRAL INFORMATION

Completed by:  Title:

Referral Source Name (Agency/Facility):

Phone Number:  Fax Number:

Email:

### If submitting for ECM Services:

Are you an ECM provider?  YES  NO

If yes, do you wish to be assigned to this Member?  YES  NO

Step: 2

**Member must be eligible with CenCal Health**

**STEP 2: Please complete the appropriate case management section for the program you are referring to: Enhanced Care Management **OR** CenCal Health Case Management (see page 6)**

**Enhanced Care Management Services**

**Eligibility Criteria ECM**  
(select all that apply for Members age 21 and older)

<b>Individuals &amp; Families Experiencing Homelessness</b>	<b>Adults At Risk for Avoidable Hospital and Emergency Department (ED) Utilization</b>	<b>Adults with Severe Mental Health and/or Substance Use Disorder (SUD) needs</b>
<ul style="list-style-type: none"> <li><input type="radio"/> Homelessness → <b>OR</b></li> <li><input type="radio"/> At Risk of homelessness (next 30 days) → <b>AND</b> at least one of the following:</li> <li><input type="radio"/> Complex Physical, → <b>OR</b></li> <li><input type="radio"/> Complex Behavioral, → <b>OR</b></li> <li><input type="radio"/> Complex Developmental Disorder → <b>OR</b></li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> 5 or more ED visits in 6 months → <b>AND/OR</b></li> <li><input type="radio"/> 3 or more unplanned Hospital <b>AND/OR</b> Short-Term Skilled Nursing stays in a 6 month period → <b>OR</b></li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<p>Meet the eligibility criteria for participation in or obtaining services through:</p> <ul style="list-style-type: none"> <li><input type="radio"/> The county Specialty Mental Health (SMH) System (<b>AND/OR</b>)</li> <li><input type="radio"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS)/The Drug Medi-Cal (DMC) program. → <b>AND</b></li> </ul> <p><b>Experiencing at least one Complex Social Factor:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Food</li> <li><input type="radio"/> Lack of access to stable housing</li> <li><input type="radio"/> Inability to work or engage in the community</li> <li><input type="radio"/> History of Adverse</li> <li><input type="radio"/> Childhood Experiences (ACEs) Former foster youth</li> <li><input type="radio"/> History of recent contacts with law enforcement related to SMI/SUD use symptoms or associated behaviors → <b>AND</b> <u>one</u> of the following:</li> <li><input type="radio"/> High Risk for Institutionalization, overdose and/or suicide</li> <li><input type="radio"/> Use of crisis services, ED, Urgent Care or Inpatient Stay as sole source of care 2 or more ED OR 2 Hospitalizations due to SMI or SUD in past 12 months</li> <li><input type="radio"/> Are pregnant or postpartum (12 months from delivery) → <b>OR</b></li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>

**Enhanced Care Management Services**

**Eligibility Criteria ECM**  
(select all that apply for Members age 21 and older)

<b>Adults Transitioning from Incarceration</b>	<b>Adults Living in the Community at Risk for Long Term Care Institutionalization (LTC)</b>	<b>Adult Nursing Facility Residents Transitioning to the Community</b>	<b>Adults with an I/DD</b>
<p><b>Adults who:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months;</li> </ul> <p><b>→AND</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Have at least one of the following conditions:                             <ul style="list-style-type: none"> <li>(i) Mental illness;</li> <li>(ii) SUD;</li> <li>(iii) Chronic Condition/ Significant Non-Chronic Clinical Condition;</li> <li>(iv) Intellectual or Developmental Disability</li> <li>(I/DD);</li> <li>(v) Traumatic Brain Injury (TBI);</li> <li>(vi) HIV/AIDS;</li> <li>(vii) Pregnant or Postpartum</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Adults living in the community who met the Skilled Nursing Facility Nursing Facility (SNF) Level of Care criteria</li> </ul> <p><b>→OR</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 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 or injury</li> </ul> <p><b>→AND</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Are 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)</li> </ul> <p><b>→AND</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> 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)</li> </ul> <p><b>→ OR</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<p><b>Nursing facility residents who are:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Interested in moving out of the institution;</li> <li><input type="radio"/> Are likely candidates to do so successfully;</li> </ul> <p><b>→ AND</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Able to reside continuously in the community</li> </ul> <p><b>→ OR</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<p><b>Adults who:</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Have a diagnosed I/DD;</li> </ul> <p><b>→ AND</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Qualify for eligibility in any other children and youth ECM Population of Focus</li> </ul> <p><i>Note: Both boxes need to be checked in order to qualify</i></p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>

<b>Enhanced Care Management Services</b>			
<b>Select all that apply Adult and Youth</b>	<b>Eligibility Criteria ECM</b> (select all that apply for Members <u>age 20 and Younger</u> )		
<p><b>Birth Equity Population of Focus (Adults and Youth)</b></p> <p>Adults and Youth who:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Are pregnant <b>OR</b> are postpartum (through 12 months period);</li> <li style="padding-left: 20px;"><b>→ AND</b></li> <li><input type="radio"/> Qualify for eligibility in any other adult or youth ECM Population of Focus;</li> <li><input type="radio"/> Identify as Black, American Indian, Alaska Native and Pacific Islander. Who are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.</li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<p><b>Homeless Families or Unaccompanied Children/ Youth Experiencing Homelessness</b></p> <p>Children, Youth, and Families who:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Are experiencing homelessness, as defined above in (a) under the modifier HHS 42 CFR Section 1103 “Homeless” definition:</li> <li style="padding-left: 20px;"><b>→ OR</b></li> <li><input type="radio"/> Sharing the housing of other persons (i.e., couch surfing) due to loss of housing, economic, hardship, or 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).</li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<p><b>Children and Youth at Risk for Avoidable Hospital or ED Utilization</b></p> <p>Children and Youth At Risk for Avoidable Hospital or ED Utilization</p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Three or more</b> ED visits in a <b>12-month</b> period that could have been avoided with appropriate outpatient care or improved treatment adherence,</li> <li><input type="radio"/> <b>Two or more</b> unplanned hospital and/or short-term SNF stays in a <b>12-month</b> period that could have been avoided with appropriate outpatient care or improved treatment adherence.</li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<p><b>Children and Youth with Serious Mental Health and/ or SUD Needs</b></p> <p>Children and youth who:</p> <p>Meet the eligibility criteria for participation in, or obtaining services through one or more of:</p> <ul style="list-style-type: none"> <li><input type="radio"/> (i) SMHS delivered by MHPs</li> <li><input type="radio"/> (ii) The DMC-ODS or the DMC program.</li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>

**Enhanced Care Management Services**

**Eligibility Criteria ECM**  
(select all that apply for Members age 20 and Younger)

<b>Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition</b>	<b>Children and Youth Transitioning from Incarceration</b>	<b>Children and Youth Involved in Child Welfare</b>	<b>Children and Youth with an I/DD</b>
<p>Children and youth who:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Are enrolled in CCS OR CCS WCM;</li> </ul> <p><b>→ AND</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Are experiencing at least one complex social factor influencing their health. Examples include (but not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four or more) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms</li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<ul style="list-style-type: none"> <li><input type="radio"/> Children and Youth Transitioning from a Youth Correctional Facility Children and youth who are transitioning from a youth correctional facility</li> </ul> <p><b>→ OR</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Transitioned from being in a youth correctional facility within the past 12 months.</li> </ul>	<p>Children and youth who meet one or more of the following conditions:</p> <ul style="list-style-type: none"> <li><input type="radio"/> 1. Are under age 21 and are currently receiving foster care in California;</li> <li><input type="radio"/> 2. Are under age 21 and previously received foster care in California or another state within the last 12 months;</li> <li><input type="radio"/> 3. Have 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;</li> <li><input type="radio"/> 4. Are under age 18 and are eligible for and/or California’s Adoption Assistance Program.</li> <li><input type="radio"/> 5. Are under age 18 and are currently receiving or have received services from California’s Family Maintenance program within the last 12 months</li> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>	<p>Children and youth who:</p> <ul style="list-style-type: none"> <li><input type="radio"/> Have a diagnosed I/DD;</li> </ul> <p><b>→ AND</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> Qualify for eligibility in any other children and youth ECM Population of Focus</li> </ul> <p><i>Note: Both boxes need to be checked in order to qualify</i></p> <ul style="list-style-type: none"> <li><input type="radio"/> <b>Does not meet all the above criteria but benefits from ECM: <u>please explain (p. 6)</u></b></li> </ul>

### CenCal Health Case Management Services

#### Eligibility Criteria for CCHCM (referrals can be made for all ages, select all referral reasons that apply)

- Care Transition Services** (SNF to Community or Community to SNF)
- Disease Management** (acute/chronic illness)
- 2 or less unplanned Hospital/SNF admissions in 6 months**
- 2 - 4 ED visits in 6 months**
- Fragile conditions and/ or cognitive changes** requiring assistance with ADL/IADLs and respite services (CBAS, IHSS)
- Psychosocial Needs** and linkage to community resources such as food, housing, transportation, vocational
- Care Coordination** (catastrophic, rehabilitation, transplant, eating disorders)
- Behavioral Health** (medical care impacted by untreated Behavioral Health needs)

#### Comments/Additional Pertinent Information

#### Step: 3

#### Submission

**Please fax or email the completed referral form with supporting documentation to the appropriate department**

CenCal Health Departments	Phone Number	Fax Number
<b>ECM Enhanced Care Management</b> ECMCSReferrals@CenCalHealth.org	(805) 562-1698	(805) 681-3038
<b>CenCal Health Case Management</b>	(805) 562-1082 (option 2)	(805) 681-8260

Contact CenCal Health's Member Services Department for benefit questions at (877) 814-1861