

# Enhanced Care Management (ECM)



## Discontinuation of Services Request (FORM E)

ECM Services may be discontinued as a result of the Member's request or determination by ECM Provider and/or CenCal Health that discontinuation is appropriate (in accordance with the ECM discontinuation criteria listed below). ECM providers must notify CenCal Health upon determination that a member meets the ECM discontinuation criteria. CenCal Health will review the request and notify ECM Provider when to initiate the discontinuation of ECM services. **ECM provider must notify CCH at least 10 days in advance of service discontinuation, to the extent possible.**

### Member and Provider Information

Medi-Cal #:  Member Name:

Authorization Number:  Date of Birth:

Lead Care Manager (LCM) Name:  LCM Phone Number:

**Approval From CCH Required** Date ECM Services are intended to be discontinued:

#### Discontinuation of ECM Informed to:

- Member
- Authorized Representative
- Primary Care Provider
- Unable to make contact (phone/In person)

#### Communication Method:

- Phone
- In Person
- In Writing
- Unable to notify member (Phone/In Person/Writing)

### Discontinuation Criteria for Enrolled Members (select only one)

- The Member has met all care plan goals
- The Member is ready to transition to a lower level of care
- The Member no longer wishes to receive ECM Services
- The ECM Provider has not been able to connect with the Member and/or parent, caregiver, guardian after multiple attempts
- The Member is unresponsive or unwilling to engage
- Member's behavior or environment is unsafe for the ECM Provider
- Enrolled in Hospice Services
- Loss of Medi-Cal coverage
- Deceased
- Member not reauthorized for ECM Services "only select if CCH denied Authorization Request"
- Moved out of Country
- Moved out of the County
- Incarcerated
- Member is participating in a duplicate program
- Switched Health Plans

**Coordination of Care for Discontinuation of ECM Services**

Member referred or connected with another Case Management Agency:  Yes  No

If “yes” provide Agency Name:

If “no” please explain reason why linkage was not completed:

**Detailed Summary**

**Provide detailed summary if supporting documentation is not attached**

(For example: include the number of outreach attempts, dates, warm hand-off efforts, and any other relevant information supporting the member’s continuation for ECM services)

Fax or send via secure link the completed form and supporting documentation (e.g. interaction with member related to discontinuation of ECM Services)

**Secure Link:** <https://gateway.cencalhealth.org/form/ecm>

**CCH Departments:**  
ECM & CS Outside Line

**Phone Number:**  
(805) 562-1698

**Fax Number:**  
(805) 681-3038