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_ECMReferrals@molinahealthcare.com** with subject line as follows: "<**Expedited>/<Routine > ECM Referral – QTY <Insert # of Referrals in the request> - Member Initials - <Name of Organization>**".

- 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 **five (5) business** of receipt of the request.
- Please submit **no more than five (5)** referrals in one email. This will ensure that referrals are processed more timely, as multiple ECM team members work on referral processing.
- Expedited referrals:

    - Members who are currently in the hospital and meet PoF criteria; who are in need of urgent care coordination through an ECM Lead Care Manager within 72 hours
    - Members who have a condition that requires outreach and care coordination through an ECM Lead Care Manager within 72 hours

Asterisk (*) indicates required information.

REFERRAL SOURCE INFORMATION

Internal Molina Referring Department*(select one): ☐CM ☐UM ☐BH ☐Call Center ☐Other: _____

External Referral By*(select one): ☐Hospital ☐IPA/MG ☐PCP/Clinic ☐SNF ☐ECM Provider ☐CS Provider ☐County ☐Other: _____

Referral Type*: ☐Expedited (for services needed within 72 hours) ☐Routine (standard 5 business days)

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? *	☐ **Yes,** and I have already discussed the program with the member. ☐ **No,** I will validate ECM eligibility prior to discussing ECM with member.
Member's preference of ECM Provider, if known*:	

MEMBER INFORMATION

Member Name*:			
Member Medi-Cal Client ID (CIN)*:		Member Date of Birth*:	
Member Address: (Or street location **if homeless**)			
Member Primary Phone Number*:		Best Contact Time/Location:	
Member Preferred Language*:			
Alternate Contact Name:		Relationship:	
Phone: Email:		Members Preferred Method of Contact (if known): ☐In Person ☐Telehealth ☐Phone ☐No Preference ☐Other _____	
For Child/Youth members: **Parent/Guardian Consent Obtained*:** ☐ Yes ☐ No		Name of Person Granting Consent (if applicable):	

MEDI-CAL ELIGIBILITY*:
Member enrolled in Medi-Cal Managed Care and currently eligible with Molina? ☐Yes ☐No

Member in California EAE D-SNP? ☐Yes ☐No
if yes selected, member **not eligible** for ECM

Member in Non-EAE D-SNP? ☐Yes ☐No
if yes selected, member **not eligible** for ECM

Member in Marketplace? ☐ Yes ☐ No
if yes selected, member **not eligible** for ECM

If yes for California EAE DSNP or Non-EAE D-SNP member is **NOT** eligible for ECM –refer to our Medicare Case Management team: Case Management Referral Form (molinahealthcare.com)

MEMBER'S ECM ELIGIBILITY – Populations of Focus (PoFs)*: For a member to be eligible for ECM, they must meet **all** of the criteria for at least one of the PoFs below, based on the DHCS ECM Policy Guide

Please review and identify the appropriate PoF(s) based on the definitions below. The submitted information will be assessed by the Molina ECM team to confirm ECM eligibility.

Members may qualify for more than one PoF. Please check all that apply.

PoF 1: Adults Experiencing Homelessness

☐ Yes, Homeless **WITH** families ☐ Yes, Homeless **WITHOUT** families ☐ No

Adults who:

☐ Is 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*
- *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** health need (***please note in Conditions Table below***) 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.

Both boxes must be checked for member to be eligible.

PoF 1.1: Children/Youth Experiencing Homelessness

☐ Yes, Homeless **WITH** families ☐ Yes, Homeless **WITHOUT** families ☐ No

Children, Youth and Families with members under 21 years of age who

☐ Is 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*
- *Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence*

OR

☐ **Sharing the housing of other persons (i.e., couch surfing)** due to loss of housing, economic hardship, or a 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).

One of the three options above must be selected for member to be eligible

PoF 2: Adults at Risk for Avoidable Hospital or ED Utilization

☐ Yes ☐ No ☐ Unknown

Adult (21 years or older) who meets **one or more** of the following conditions in the last **6-months: 5 or**

☐ **more emergency** room visits

AND/OR

☐ **3 or more** unplanned **hospital** admissions **AND/OR** short-term **skilled nursing facility** stays

All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.

At least one of the boxes must be checked for member to be eligible.

PoF 2.1: Children/Youth at Risk for Avoidable Hospital or ED Utilization

☐ Yes ☐ No ☐ Unknown

Children/Youth (under 21) who meet **one or more of** the following conditions in the last **12-months:**

☐ **3 or more emergency** room visits

AND/OR

☐ **2 or more** unplanned **hospital** admissions ***AND/OR*** short-term **skilled nursing facility** stays

All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.

At least one of the boxes must be checked for member to be eligible.

POF 3.0: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs (*Please note in Conditions Table below*)

☐ Yes ☐ No ☐ Unknown

Adults (21 years or older) who meets the eligibility criteria for program participation in or obtaining services through**:**

☐ Specialty Mental Health Services (SMHS) delivered by Mental Health Plans

☐ The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program

If ONE or more of the 2 boxes above are checked, continue below:

☐ Actively experiencing **one** complex social factor influencing their health such as:

- Lack of access to **food**, lack of access to **stable housing**, inability to **work** or **engage in the community**, high measure (Four or more) of Adverse Childhood Experiences (**ACEs**) based on screening, **former foster youth**, history of recent contacts with **law enforcement** related to SMI/SUD symptoms, **and/or (specify**)

AND

☐ Meet **one or more** of the following criteria:

- High risk for institutionalization, overdose and/or suicide
- Use crisis services, ERs, urgent care or inpatient stays as the sole source of care
- 2+ ED visits **or** 2+ hospitalizations due to SMI or SUD in the past 12 months
- Pregnant or post-partum (12 months from delivery)

Both boxes above must be checked for member to be eligible.

PoF 3.1: Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs

☐ Yes ☐ No ☐ Unknown

Children/Youth (under 21) who meet the eligibility criteria for participation in or obtaining services through:

☐ Specialty Mental Health (SMHS) delivered by Mental Health Plans

AND/OR

☐ The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program

At least one of the boxes must be checked for member to be eligible.

PoF 4: Adults Transitioning from Incarceration

☐ Yes ☐ No ☐ Unknown

Adult (21 years and older) who:

☐ Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned from a correctional facility within the past 12 months;

AND

☐ Have at least one of the following conditions

- Mental Illness
- SUD
- Chronic Condition/Significant Non-Chronic Clinical Condition
- Intellectual or Developmental Disability (I/DD)
- Traumatic Brain Injury (TBI)
- HIV/AIDS
- Pregnant or Postpartum

PoF 4.1: Children/Youth Transitioning from a Youth Correctional Facility

☐ Yes ☐ No ☐ Unknown

Children and Youth who:

Are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility within the past 12 months.

PoF 5: Adults Living in the Community who are at Risk for LTC Institutionalization

☐ Yes ☐ No ☐ Unknown

Adult (21 years and older) who meet all **three** following eligibility criteria:

- ☐ Living in the community who meet the **Skilled Nursing Facility (SNF) Level of Care criteria *OR* 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/injury

AND

- ☐ Is actively experiencing **at least one complex social** or **environmental factor** influencing their health

AND

- ☐ **Is able to reside continuously in the community** with wraparound supports

All boxes above must be checked for member to be eligible.

PoF 6: Adult Nursing Facility Residents transitioning to the Community

☐ Yes ☐ No ☐ Unknown

Adult (21 years and older) who meet all **three** following eligibility criteria:

- ☐ Nursing facility resident who is interested in moving out of the institution with length of stay less than 365 calendar days

AND

- ☐ Individual is a likely candidate to move out of the institution successfully

AND

- ☐ Is able to reside continuously in the community

All boxes above must be checked for member to be eligible.

PoF 7: Children/Youth Enrolled in CCS and CCS WCM with Additional Needs beyond the CCS Condition

☐ Yes ☐ No ☐ Unknown

Children/Youth (under age 21) who:

☐ Individual is enrolled in CCS or CCS WCM

AND

☐ Individual is actively experiencing **at least one complex** social factor influencing their health such as food, housing, employment insecurities, history of ACEs/trauma, and history of recent contacts with law enforcement related to SMI/SUD, and/or former foster youth.

Both boxes must be checked for member to be eligible.

PoF 8: Children/Youth Involved in Child Welfare

☐ Yes ☐ No ☐ Unknown

Children/Youth (under age 21) who meet **one or more** of the following criteria**:** Individual is

☐ currently receiving foster care in California

☐ Individual is under age 21 and previously received foster care in California or another state within the last 12 months

☐ Individual is under age 26 and aged out of foster care (having been in foster care on their 18th birthday or later) in California or another state

☐ Individual is under age 18 and are eligible for and/or in California's Adoption Assistance Program

☐ Individual is under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months

At least one of the boxes must be checked for member to be eligible.

PoF 9: Birth Equity Population of Focus (Adults and Youth)

☐ Yes ☐ No ☐ Unknown

Adults and Youth who:

☐ Are pregnant **OR** are postpartum (through 12 months period)

AND

☐ Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

Both boxes must be checked for member to be eligible.

***Conditions Table:**

There may be qualifying conditions not listed in this table. Please list condition(s) in the "Other, please note:" field

Complex Physical, Behavioral Health and Developmental Conditions *(Check all that apply)*	
Physical Health	
☐ Asthma	☐ Dementia requiring assistance with IADLs
☐ Chronic Kidney Disease	☐ Diabetes (Insulin-dependent) poorly controlled
☐ Chronic Liver Disease	☐ History of stroke or heart attack
☐ Chronic Obstructive Pulmonary Disease (COPD)	☐ Hypertension (poorly controlled)
☐ Congestive Heart Failure (CHF)	☐ Traumatic Brain Injury (TBI)
☐ Coronary Artery Disease	☐ Pregnant
☐ Post-partum	☐ Other, please note:

Behavioral Health	
☐ Bipolar disorder	☐ Psychotic disorders, including schizophrenia
☐ Major Depressive Disorder	☐ Substance Use Disorder, please specify:
☐ Other, please note:	
Developmental	
☐ Intellectual/Developmental Disability, please expand:	

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) ☐ Community Health Workers (CHW)

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)

31851FRMMDCAEN
231013