



Enhanced Care Management Member Referral Form

Enhanced Care Management (ECM) is a new Medi-Cal Managed Care (Medi-Cal) benefit that provides intensive, on-the-ground services to Medi-Cal members with the most intense needs. To be eligible, ECM members must: have complex physical and/or behavioral health needs, have limited social functioning, and fit into one or more of the identified ECM populations of focus (see below).*

Members enrolled in ECM will receive in-person care management and care coordination, and services will be provided in the member’s community by contracted community-based organizations.

* Not all populations of focus may be available in every county at this time. See State website for rollout calendar:

<https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions.pdf>.

Referral source information	
Internal referring department (select one): <input type="checkbox"/> CM <input type="checkbox"/> UM <input type="checkbox"/> BH <input type="checkbox"/> MLTSS <input type="checkbox"/> Other	
External referral by (select one): <input type="checkbox"/> Hospital <input type="checkbox"/> PPG <input type="checkbox"/> PCP <input type="checkbox"/> Clinic <input type="checkbox"/> Other	
Referring individual name:	
Referring organization name:	
Referrer phone:	
Referrer email:	

Member information	
Name:	
Member Medi-Cal client ID #:	DOB:
Address:	
Phone:	Best time to contact:
Preferred language:	

Caregiver information	
Name:	Alternate phone, if available:

Case manager information	
Name:	Phone:

<https://providers.anthem.com/ca>

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ECM populations of focus (check all that apply):

Exclusions: receiving hospice or palliative care, enrolled in Multipurpose Senior Services Program (MSSP)

Adults (18 years +):	
<p>High utilizer</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 or more in-patient stays in past 6 months or <input type="checkbox"/> 5 or more emergency department visits in past 6 months or <input type="checkbox"/> 3 or more skilled nursing facility (SNF) stays in past 6 months 	<p>Homeless or at risk of homelessness (including children)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Homeless or <input type="checkbox"/> Chronically homeless or <input type="checkbox"/> At risk of homelessness <input type="checkbox"/> And who have at least one complex physical, behavioral, or developmental health need with inability to successfully self-manage
<p>Severe mental illness (SMI) or substance use disorder (SUD)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Must be eligible for participation in either the County Specialty Mental Health System or the Drug Medi-Cal Organization Delivery System <input type="checkbox"/> And actively experiencing at least one complex social factor influencing their health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, history of ACEs, former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors) <p>And who meet one or more of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> High risk for institutionalization, overdose, and/or suicide <input type="checkbox"/> Use crisis services, emergency rooms, urgent care, or inpatient stays as the sole source of care <input type="checkbox"/> Two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months <input type="checkbox"/> Pregnant and postpartum women, defined as up to 12 months after delivery 	<p>Long-term care transitioning to the community</p> <ul style="list-style-type: none"> <input type="checkbox"/> Currently residing in an SNF with desire to return home (must meet all of the below): SNF stay of ≥ 90 days in duration <ul style="list-style-type: none"> <input type="checkbox"/> Stable housing in the community (or ability to achieve stable housing within 3 months) <input type="checkbox"/> Strong social support/caregiving support (or ability to achieve within 3 months)
<p>Justice involved/transition from incarceration</p> <ul style="list-style-type: none"> <input type="checkbox"/> Release from incarceration in the last 12 months <input type="checkbox"/> Part of pre- or post-booking diversion program <p>And who have at least one of the following conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chronic mental illness <input type="checkbox"/> SUD <input type="checkbox"/> Chronic disease (e.g., hepatitis C, diabetes) <input type="checkbox"/> Intellectual or developmental disability <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> HIV <input type="checkbox"/> Pregnancy 	<p>Long-term care at risk of institutionalization</p> <ul style="list-style-type: none"> <input type="checkbox"/> Community-based adult services (CBAS) eligible plus 3 ER visits in past year or 1 inpatient in past year <input type="checkbox"/> 195 hours IHSS/month; > 120 hour with 3 ER visits or 1 inpatient in past year <input type="checkbox"/> MSSP eligible, but not yet enrolled

Children and youth (up to 21 years or 26 years for foster youth):	
Children and youth with complex health needs <input type="checkbox"/> Homeless <input type="checkbox"/> High utilizer <input type="checkbox"/> SED or identified to be at clinical high risk (CHR) for psychosis or experiencing a first episode of psychosis <input type="checkbox"/> Enrolled in CCS/CCS whole child model (WCM) with additional needs beyond CCS qualifying condition <input type="checkbox"/> Involved in or with a history of involvement in child welfare (including foster care up to 26) <input type="checkbox"/> Incarcerated and transitioning to the community	<input type="checkbox"/> Children and youth with SED

Adult ECM qualifying criteria (check all that apply):

1. Complex physical and behavioral health conditions (check all that apply)	
Physical health	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)
<input type="checkbox"/> History of stroke or heart attack	<input type="checkbox"/> Dementia
<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> Traumatic brain injury (TBI)
<input type="checkbox"/> Chronic kidney disease	<input type="checkbox"/> Hypertension
<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Congestive heart failure (CHF)
<input type="checkbox"/> Asthma	
Behavioral health	
<input type="checkbox"/> Psychotic disorders, including schizophrenia	<input type="checkbox"/> Major depressive disorder
<input type="checkbox"/> Bipolar disorder	
<input type="checkbox"/> SUD	
2. Additional social criteria (check all that apply)	
<input type="checkbox"/> Limited social support/isolated creating poor quality of life	
<input type="checkbox"/> Barriers to self-management/poor treatment adherence	
<input type="checkbox"/> Not suitable for telephonic care management <i>Please explain:</i>	
Additional notes:	