

Enhanced Care Management member eligibility checklists/referral forms

California | Medi-Cal Managed Care

Overview

Enhanced Care Management (ECM) is a Medi-Cal Managed Care (Medi-Cal) benefit that provides comprehensive care management services to Medi-Cal members with complex health and/or social needs with the goal to improve the health and social outcomes of the ECM-enrolled member. Members enrolled in ECM will primarily receive in-person care management services that will be offered in the member's community by contracted ECM provider agencies who serve the member's specific population of focus.

To be eligible for ECM, members must qualify as one or more of the identified ECM populations of focus and are not enrolled in duplicative services (as defined in the *ECM Exclusionary Screening Checklist*).

Screening and referral process

There are three steps to the ECM screening and referral process:

1. Complete the *Populations of Focus Screening Checklist* to confirm member eligibility in one or more populations of focus.
2. Complete the *Exclusionary Screening Checklist* as a second step to verify member eligibility.
3. If you determine the member to be eligible for the ECM benefit based on **both screening checklists**, complete and **submit all three forms** to the managed care plan:
 - o To expedite the review and approval process, **submit applicable supporting documentation** as evidence of the member meeting ECM criteria. Send the documents securely through the managed care plan's designated method listed below. The managed care plan will review and verify the member's eligibility and respond within one week.

Submission process

Completed ECM referral forms may be submitted via any of the following methods:

- Managed Care Plan (MCP)/[provider website](#)
- Fax at **877-734-1854**
- Secure email at CalAIMReferrals@anthem.com
- Customer Care Center from Monday to Friday, 7 a.m. to 7 p.m. PT at **800-407-4627 (TTY 711)** or **888-285-7801 (TTY 711)** for members in Los Angeles County; Outside of LA Call **800-407-4627 (TTY 711)**.

Step 1: Complete the Populations of Focus Eligibility Screening Checklist.

Asterisk (*) indicates required information.

ECM Benefit

Populations of Focus Eligibility Screening Checklist

1.0: Adults experiencing homelessness

Adults (21 years or older) without dependent children/youth living with them who:

- Are 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

- Have 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

If both boxes above are checked in this section, member is eligible.

1.1: Homeless families or unaccompanied children/youth experiencing homelessness

- Adults with dependent children/youth living with them.** Individuals, 21 years of age and older, who are part of a family that includes child/youth (under age 21) that is experiencing homelessness, defined as meeting one or more of the following conditions of homelessness;

OR

- Unaccompanied children/youth experiencing homelessness (under age 21)** defined as meeting one or more of the following conditions of homelessness:
- 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 (in other words, 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).

If either box above is checked in this section, member is eligible.

2.0: Adults at risk for avoidable hospital or emergency department utilization

Adults (individuals 21 years of age or older) who meet one or more of the following conditions in a six-month period (look back over 12 months):

- Five or more emergency room visits; **and/or**
- Three or more unplanned hospital admissions; **and/or**
- Three or more short-term skilled nursing facility stays;

AND

- 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.

If one or more of the boxes to both statements above are checked in this section, the member is eligible.

2.1: Children/youth at risk for avoidable hospital or emergency department (ED) utilization

Children/youth (individuals under the age of 21) who meet one or more of the following conditions in the last 12 months:

- Three or more emergency room visits; **and/or**
- Two or more unplanned hospital admissions; **and/or**
- Two or more short-term skilled nursing facility stays;

AND

- 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.

If one or more of the boxes to both statements above are marked in this section, the member is eligible.

3.0: Adults with serious mental health and/or substance use disorder (SUD) needs (note in conditions table* below)

Adults (individuals 21 years or older) 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; **and**

If **one** of the **two** boxes above are marked, 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 **additional criteria**:
- High risk for institutionalization, overdose, and/or suicide
 - Use crisis services, ERs, urgent care, or inpatient stays as the sole source of care
 - Two or more ED visits **or** two or more hospitalizations due to SMI or SUD in the past 12 months
 - Pregnant or post-partum (up to 12 months from delivery)

If **both** boxes above (complex social factors and additional criteria) are marked in this section, the member is eligible.

3.1: Children/youth with serious mental health and/or SUD needs (note in the conditions table* below)

Children/youth (individuals under the age of 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

If **either** box is marked in this section, the member is eligible.

4.0: Adults transitioning from incarceration within the past 12 months

Adults (Individuals 21 years of age or older who meet the following eligibility criteria:

- Who are transitioning from a correctional setting or transitioned from a correctional setting within the **past 12 months, and**
- Have at least one complex physical, behavioral, or developmental health need of the following conditions (Please note specifics in **Conditions table***):
 - Mental health conditions
 - Substance use disorder (SUD)
 - Chronic condition/significant clinical condition
 - Intellectual or developmental disability (I/DD)
 - Traumatic brain injury
 - HIV/AIDS
 - Pregnant or postpartum (up to 12 months from delivery)

If **both** boxes above are checked in this section, the member is eligible.

4.1: Children/youth transitioning from a youth correctional facility within the past 12 months

- Children (Individuals under the age of 21) who meet the following eligibility criteria.

- Who are transitioning from a youth correctional setting or transitioned from a youth correctional setting within the **past 12 months**

If box is checked in this section, the member is eligible.

5.0: Adults living in the community who are at risk for long-term care (LTC) institutionalization (*supporting documents are required to be submitted with the referral for this population of focus)

- Adults (Individuals 21 years of age or older) who meet the 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

- Are actively experiencing **at least one complex social or environmental factor** influencing their health, **and**
- Are able to reside continuously in the community with wraparound supports.

If all boxes are checked in this section, the member is eligible.

6.0: Adult nursing facility residents transitioning to the community (*supporting documents are required to be submitted with the referral for this population of focus)

- Adults (Individuals 21 years of age or older) who meet the following eligibility criteria:
 - Nursing facility residents who are 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

- Are able to reside continuously in the community.

If all boxes above are marked in this section, the member is eligible.

7.0: Children/youth enrolled in California Children's Services (CCS) and CCS whole-child model (WCM) with additional needs beyond the CCS condition

- Children/youth (Individuals under age 21) who meet the following eligibility criteria:
 - Individual is enrolled in CCS and CCS ECM; **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.

If both boxes above are marked in this section, the member is eligible.

8.0: Children/youth involved in child welfare

- Children/youth (Individuals under age 21) who meet the following eligibility criteria:
 - Are **currently receiving foster care** in California; **or**
 - Previously received foster care in California or another state within the **past 12 months; or**

<input type="checkbox"/> Individual is under the age of 26 and aged out of foster care (having been in foster care on their 18 th birthday or later) in California or another state; or <input type="checkbox"/> Individual is under the age of 18 and are eligible for and/or in California’s Adoption Assistance Program; or <input type="checkbox"/> Individual is under the age of 18 and are currently receiving or have received services from California’s Family Maintenance program within the past 12 months
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If **any** of the boxes above are checked in this section, the member is eligible.

9.0: Birth equity adult	
<input type="checkbox"/> Adults (Individuals 21 years of age or older) who meet the following eligibility criteria: <input type="checkbox"/> Individual is pregnant or postpartum through 12 months period;	AND <input type="checkbox"/> Are subject to racial and ethnic disparities as defined by https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx . The racial and ethnic groups experiencing disparities are: Black, American Indian Alaska Native, and Pacific Islander pregnant and postpartum individuals.
<p><i>*No further criteria are required to be met to qualify for this ECM Population of Focus.</i></p> <p>If both boxes above are marked in this section, the member is eligible.</p>	

9.1: Birth equity youth	
<input type="checkbox"/> Children/youth (Individuals under age 21) who meet the following eligibility criteria. <input type="checkbox"/> Individual is pregnant or postpartum through 12 months period;	AND <input type="checkbox"/> Are subject to racial and ethnic disparities.
<p><i>*No further criteria are required to be met to qualify for this ECM Population of Focus.</i></p> <p>If both boxes above are marked in this section, the member is eligible.</p>	

*** Conditions table: For reference only**

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		
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dementia requiring assistance with IADLs	
<input type="checkbox"/> Chronic kidney disease	<input type="checkbox"/> Diabetes (insulin-dependent) poorly controlled	
<input type="checkbox"/> Chronic liver disease	<input type="checkbox"/> History of stroke or heart attack	
<input type="checkbox"/> Chronic obstructive pulmonary disease (COPD)	<input type="checkbox"/> Hypertension (poorly controlled)	
<input type="checkbox"/> Congestive heart failure (CHF)	<input type="checkbox"/> Traumatic brain injury (TBI)	
<input type="checkbox"/> Coronary artery disease	<input type="checkbox"/> Pregnant	
<input type="checkbox"/> Post-partum	<input type="checkbox"/> Other, please note:	

Behavioral health	
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Psychotic disorders, including schizophrenia
<input type="checkbox"/> Major depressive disorder	<input type="checkbox"/> Substance use disorder, please specify:
<input type="checkbox"/> Other, please note:	
Developmental	
<input type="checkbox"/> Intellectual/developmental disability, please note:	

Summary of ECM eligibility for managed care plan reference.

Member's eligible population(s) of focus (POF) (check all that apply)	
<input type="checkbox"/>	POF 1.0: Adults experiencing homelessness
<input type="checkbox"/>	POF 1.1: Homeless families or unaccompanied children/youth experiencing homelessness
<input type="checkbox"/>	POF 2.0: Adults at risk for avoidable hospital or ED utilization
<input type="checkbox"/>	POF 2.1: Children/youth at risk for avoidable hospital or ED utilization
<input type="checkbox"/>	POF 3.0: Adults with serious mental health and/or substance use disorder (SUD) needs
<input type="checkbox"/>	POF 3.1: Children/youth with serious mental health and/or substance use disorder (SUD) needs
<input type="checkbox"/>	POF 4.0: Adults transitioning from incarceration within the past 12 months
<input type="checkbox"/>	POF 4.1: Children/youth transitioning from youth correctional facility within the past 12 months
<input type="checkbox"/>	POF 5.0: Adults living in the community who are at risk for LTC institutionalization
<input type="checkbox"/>	POF 6.0: Adult nursing facility residents transitioning to the community
<input type="checkbox"/>	POF 7.0: Children/youth enrolled in CCS and CCS WCM with additional needs beyond the CCS condition
<input type="checkbox"/>	POF 8.0: Children/youth involved in child welfare
<input type="checkbox"/>	POF 9.0: Birth equity adult
<input type="checkbox"/>	POF 9.1: Birth equity youth

Step 2: Complete Exclusionary Screening Checklist.

DHCS outlined approaches to program coordination and the prevention of non-duplication with ECM services — absolute, duplicative, and wrap.

Complete this *Exclusionary Screening Checklist* as a second step to:

- Confirm eligibility.
- Identify duplicative programs for which the member must choose.
- Identify potential programs that the member can be enrolled in while also in ECM, which will require coordination of services.

ECM Benefit Exclusionary Screening Checklist

Active Medi-Cal Managed Care (Medi-Cal)	
Individual must have active Medi-Cal status and be assigned to a Managed Care Plan (MCP).	
1.	<input type="checkbox"/> Non-active Medi-Cal If box is marked, stop. Member does not meet eligibility criteria. <i>If box is not marked, move on to next question.</i>
2.	<input type="checkbox"/> Fee-for-service Medi-Cal If box is checked, stop. Member does not meet eligibility criteria. <i>If box is not checked, move on to next question.</i>

Absolute exclusion criteria	
Medi-Cal beneficiaries enrolled in the programs below are excluded from ECM.	
1.	<input type="checkbox"/> Hospice If box is checked, stop. Member does not meet eligibility criteria. <i>If box is not checked, move on to next question.</i>
2.	<input type="checkbox"/> D-SNP members who have both Medi-Cal and Medicare (Exclusively Aligned Enrollment (EAE) or non EAE). If box is checked, stop. Member does not meet eligibility criteria. <i>If box is not checked, move on to next question.</i>
3.	<input type="checkbox"/> Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) If box is checked, stop. Member does not meet eligibility criteria. <i>If box is not checked, move on to next question.</i>
4.	<input type="checkbox"/> Program for all inclusive care for the elderly (PACE) If box is checked, stop. Member does not meet eligibility criteria. <i>If box is not checked, move on to next question.</i>
5.	<input type="checkbox"/> Residing in an Intermediate Care Facility (ICF) or subacute care facility If box is checked, stop. Member does not meet eligibility criteria. <i>If box is not checked, move on to next question.</i>

<p>Duplicative programs — either ECM or other programs</p> <p>Members who are enrolled in the below duplicative programs have a choice of continuing enrollment in these programs or enrolling in ECM. The member maintains the right to choose or switch between ECM and other duplicative care management programs. We encourage members to choose the program that best meets their needs.</p>	
1.	<p>Member is currently enrolled in one of the following 1915 Waiver Programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Multipurpose Senior Services Program (MSSP) <input type="checkbox"/> Assisted Living Waiver (ALW) <input type="checkbox"/> Home and Community-Based Alternatives (HCBA) Waiver <input type="checkbox"/> HIV/AIDS Waiver <input type="checkbox"/> HCBS Waiver for Individuals with Developmental Disabilities (DD) <input type="checkbox"/> Self-Determination Program for Individuals for Individuals with I/DD <p>If box is checked, stop. Member has a choice to continue in their existing 1915 waiver program or switch to ECM. Please consult with the 1915 waiver program if possible. If box is not checked, move on to next question.</p>
2.	<p>Member is currently enrolled in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complex case management <p>If box is checked, stop. Member has a choice to continue in their existing Case Management program or switch to ECM. Please consult with Case Management program if possible. If box is not checked, move on to next question.</p>
3.	<p>Member is currently enrolled in one of the following other programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> California Community Transitions (CCT) Money Follows the Person (MFTP) <p>If box is checked, stop. Member has a choice to continue in their existing CCT MFTP program or switch to ECM. Please consult with the CCT program if possible. If box is not checked, move on to next question.</p>

<p>ECM as a wrap — can be in both programs</p> <p>Members can be enrolled in both ECM and the other program. ECM enhances and coordinates across other care/case management programs. These programs are considered to be complementary to ECM.</p> <p>The below programs are not exclusionary for ECM. Knowledge of the member’s wrap programs will require coordination of care activities by the ECM provider.</p>	
1.	<p>Member is currently enrolled in one of the following Non-Managed Care programs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> California Children’s Services (CCS) <input type="checkbox"/> County-based Targeted Case Management (TCM) <input type="checkbox"/> Specialty Mental Health (SMHS) TCM <input type="checkbox"/> SMHS Intensive Care Coordination for Children (ICC) <input type="checkbox"/> Drug Medi-Cal Organized Delivery Systems (DMC-ODS) <input type="checkbox"/> Regional Center services <input type="checkbox"/> AIDS Healthcare Foundation Plans <input type="checkbox"/> Full Service Partnership (FSP) <i>Note: Recommend ECM Providers coordinate with FSP programs to ensure non-duplication of services.</i> <input type="checkbox"/> In-Home Supportive Services (IHSS)

2.	Member is currently enrolled in one of the following Managed Care programs : <input type="checkbox"/> CCS Whole Child Model (CCS WCM) <input type="checkbox"/> Community Based Adult Services (CBAS) <input type="checkbox"/> CalAIM Community Supports (CS)
3.	Member is currently receiving coverage for Members Dually Eligible for Medicare and Medi-Cal : <input type="checkbox"/> D-SNP Look-alike Plans <input type="checkbox"/> Other Medicare Advantage Plans <input type="checkbox"/> Medicare Fee-For-Service (FFS)

Step 3: Complete the Referral Form.

Member Referral Form

Follow form submission instructions outlined on Page 1.

Asterisk (*) indicates required information. Referral source information

Internal referring department: * (select one):

CM UM BH MLTSS Member services Other: _____

External referral by: * (select one):

Hospital PPG PCP Clinic SNF DHS DMH DPH Other: _____

Date of referral:*	
Referring organization name:*	
Referring individual name and title:*	
Referrer phone number:*	
Referrer email address:*	

Rendering provider service location if same organization as referring provider.

Address:	
NPI:	

Corrections facility (*Justice Involved referrals only)

Provider/location:	
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Has the member or parent/guardian (as applicable) expressed interest in opting-into ECM?

Yes, and I have already discussed the program with the member and parent/guardian (as applicable). Member and/or parent/guardian's preference of ECM provider, if known, please specify: _____

No, I will validate ECM eligibility prior to discussing ECM with member

Is the member transitioning their ECM services due to a change in their health plan? (Continuity of Care (COC)) Yes No

Please provide previous ECM provider name:	
Please provide previous Medi-Cal health plan name:	
Please provide last day member worked with previous ECM provider:	

Member information

Member name:*	
Member Medi-Cal Managed Care (Medi-Cal client ID (CIN):*	
Member date of birth:*	
Member address:	
Member primary phone number:*	

Best time to contact:	
Member location:	
Member preferred language:*	
Caregiver name and role/title:	
Caregiver phone/email:	
Parent/guardian, if applicable:	
Parent/guardian phone/email:	

Member's ECM eligibility — check all that apply

<input type="checkbox"/>	POF 1.0: Adults experiencing homelessness
<input type="checkbox"/>	POF 1.1: Homeless families or unaccompanied children/youth experiencing homelessness
<input type="checkbox"/>	POF 2.0: Adults at risk for avoidable hospital or ED utilization
<input type="checkbox"/>	POF 2.1: Children/youth at risk for avoidable hospital or ED utilization
<input type="checkbox"/>	POF 3.0: Adults with serious mental health and/or substance use disorder (SUD) needs
<input type="checkbox"/>	POF 3.1: Children/youth with serious mental health and/or substance use disorder (SUD) needs
<input type="checkbox"/>	POF 4.0: Adults transitioning from incarceration within the past 12 months
<input type="checkbox"/>	POF 4.1: Children/youth transitioning from youth correctional facility within the past 12 months
<input type="checkbox"/>	POF 5.0: Adults living in the community who are at risk for LTC institutionalization
<input type="checkbox"/>	POF 6.0: Adult nursing facility residents transitioning to the community
<input type="checkbox"/>	POF 7.0: Children/youth enrolled in CCS and CCS WCM with additional needs beyond the CCS condition
<input type="checkbox"/>	POF 8.0: Children/youth involved in child welfare
<input type="checkbox"/>	POF 9.0: Birth equity adults
<input type="checkbox"/>	POF 9.1: Birth equity youth
<input type="checkbox"/>	Continuity of Care (COC) Only applies to members transitioning from ECM with another California Medi-Cal health plan

Exclusionary criteria

<input type="checkbox"/>	I attest that the member is not enrolled in programs that exclude the member from ECM eligibility
<input type="checkbox"/>	If member <i>is</i> enrolled in an ECM duplicative program, member is opting for ECM <i>instead of</i> the other program: <ul style="list-style-type: none"> • Other program(s): _____ • Other program(s) disenrollment date: _____
<input type="checkbox"/>	If the member is enrolled in a program that allows them to concurrently receive ECM services (per the Exclusionary Checklist <i>wrap</i> program section), note program(s): _____

Additional comments: (for example, PCP or support person name and contact if applicable)	
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