



Enhanced Care Management (ECM) Referral Form

Members and their families may self-refer to ECM services.

Member Name: _____ **CIN:** _____

Note: Member must be eligible with CalOptima Health.

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

Referral Information

| | |
|--|-------------------------|
| Referral Date: _____ | Referred by: _____ |
| Agency or Relationship to Member: _____ | |
| Referring Provider National Provider Identifier (NPI) (if applicable): _____ | |
| Phone: _____ | Fax: _____ Email: _____ |

Member Information

| | |
|--|-------------------------------|
| Member Name: _____ | CIN: _____ |
| Member Date of Birth: _____ | Primary Care Physician: _____ |
| Member Phone: _____ | Member Email: _____ |
| Member's Preferred Language: _____ | |
| Member agreed to referral for ECM services: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Step 2: Check all conditions that apply. Please complete all required check boxes and attach any supporting documentation prior to submission.

Step 3: Send the completed referral form and supporting documents to CalOptima Health.

CalOptima Health ECM Health Network Contact Information

| Health Network | Customer Service Phone Number (for Members) | Referral Submission | Mailing Address |
|--|---|---|---|
| CalOptima Health Direct and Health Networks | 1-888-587-8088 | CalAIMReferral@caloptima.org or Fax: 1-714-338-3145 | CalOptima Health Attn: LTSS CalAIM P.O. Box 11033 Orange, CA 92856 |

ADULTS

| | Adults 18 Years and Older | Member Eligibility Criteria |
|--------------------------|--|--|
| <input type="checkbox"/> | <p>1) Adults Experiencing Homelessness: <i>Adults experiencing homelessness (whether they have dependent children/youth living with them or not)</i></p> | <p>Select <u>all</u> that apply to member:</p> <p>Experiencing homelessness, defined as meeting one or more of the following conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lacking a fixed, regular, and adequate nighttime residence <input type="checkbox"/> 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 <input type="checkbox"/> 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) <input type="checkbox"/> Exiting an institution into homelessness (regardless of length of stay in the institution) <input type="checkbox"/> Will imminently lose housing in the next 30 days; and/or <input type="checkbox"/> Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Has at least one complex physical, behavioral, or developmental need, 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 (pregnant or postpartum individuals who are homeless meet this criteria) |
| <input type="checkbox"/> | <p>2) Adults at Risk for Avoidable Hospital or Emergency Department Utilization</p> | <p>Select <u>all</u> that apply to member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 5 or more emergency room (ER) visits in a 6-month period, or <input type="checkbox"/> 3 or more unplanned hospitalizations and/or short-term skilled nursing facility (SNF) stays in a 6-month period |
| <input type="checkbox"/> | <p>3) Adults with Serious Mental Health or Substance Use Disorder (SUD)</p> | <p>Select <u>all</u> that apply to member:</p> <p>Meets the eligibility criteria for participation in or obtaining services through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MHPs) or <input type="checkbox"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS) or the Drug Medi-Cal (DMC) program <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing at least 1 complex social factor influencing their health (for example, lack of access to food, stable housing, inability to work or engage in the community, high measure (4 or more) of adverse childhood experiences (ACEs) based on screening, former |

| | Adults 18 Years and Older | Member Eligibility Criteria |
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| | | <p>foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms)</p> <p style="text-align: center;">AND</p> <p>Meets 1 or more of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is at high risk for institutionalization, overdose, and/or suicide or <input type="checkbox"/> Use of crisis services, Emergency Departments (EDs), urgent care, or inpatient stays as the primary source of health care or <input type="checkbox"/> Experienced 2 or more ED visits <u>or</u> 2 or more hospitalizations due to serious mental health or SUD in the past 12 months or <input type="checkbox"/> Is pregnant or postpartum (12 months from delivery) |
| <input type="checkbox"/> | <p>4) Adults Transitioning from Incarceration</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Is transitioning from a correctional facility (for example, prison, jail, or youth correctional facility) or transitioned from a correctional facility within the past 12 months <p style="text-align: center;"><u>AND</u></p> <p>Has at least 1 of the following conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Mental illness <input type="checkbox"/> Substance Use Disorder (SUD) <input type="checkbox"/> Chronic Condition/Significant Non-Chronic Clinical Condition <input type="checkbox"/> Intellectual or Developmental Disability (I/DD) <input type="checkbox"/> Traumatic Brain Injury (TBI) <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> Pregnancy or Postpartum |
| <input type="checkbox"/> | <p>5) Adults Living in the Community and At Risk for Long-Term Care (LTC) Institutionalization</p> | <p>Select <u>1</u> that applies to member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult living in the community who meets the skilled nursing facility (SNF) level of care criteria or <input type="checkbox"/> Adult who requires 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 <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> 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) <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Able to reside continuously in the community with wraparound supports, (for example, some individuals may not be eligible |

| | Adults 18 Years and Older | Member Eligibility Criteria |
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| | | because they have high acuity needs or conditions that are not suitable for home-based care due to safety or other concerns) |
| <input type="checkbox"/> | 6) Adult Nursing Facility Residents Transitioning to the Community <i>(Intermediate Care Facilities and Subacute Care Facilities are excluded.)</i> | <p>Is the member currently residing in an Intermediate Care Facility or Subacute Care Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Select <u>all</u> that apply to member:</p> <p><input type="checkbox"/> Interested in moving out of the institution</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Is likely candidate to do so successfully</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Able to reside continuously in the community</p> |
| <input type="checkbox"/> | 7) Birth Equity Population of Focus (Adult) | <p>Select <u>all</u> that apply to member:</p> <p><input type="checkbox"/> Member is pregnant or is in postpartum (through 12-month period)</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality (Black, American Indian or Alaska Native, or Pacific Islander members)</p> |

CHILDREN AND YOUTH

| Children and Youth | Member Eligibility Criteria |
|---|--|
| <input type="checkbox"/> 1) Children and Youth Experiencing Homelessness <i>(Homeless families or unaccompanied children and youth experiencing homelessness)</i> | <p>Select <u>1</u> that applies to children, youth, and families with members under 21 years of age who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack a fixed, regular, and adequate nighttime residence <input type="checkbox"/> Have 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 <input type="checkbox"/> Live 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) <input type="checkbox"/> Are exiting an institution into homelessness (regardless of length of stay in the institution) <input type="checkbox"/> Will imminently lose housing in the next 30 days <input type="checkbox"/> Are fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic or life-threatening conditions relating to such violence <p style="text-align: center;">OR</p> <p>Select <u>1</u> that applies to member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Is sharing the housing of other persons (for example, couch surfing) due to loss of housing, economic hardship or a similar reason <input type="checkbox"/> Is living in motels, hotels, trailer parks or camping grounds due to the lack of alternative adequate accommodations <input type="checkbox"/> Is living in emergency or transitional shelters; or abandoned in hospitals (in a hospital without a safe place to be discharged to) |
| <input type="checkbox"/> 2) Children and Youth at Risk for Avoidable Hospital or Emergency Department Utilization | <p>Select <u>all</u> that apply to member:</p> <ul style="list-style-type: none"> <input type="checkbox"/> 3 or more emergency room (ER) visits in a 12-month period <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2 or more unplanned hospitalizations and/or short-term skilled nursing facility (SNF) in a 12-month period |
| <input type="checkbox"/> 3) Children and Youth with Serious Mental Illness (SMI) or Substance Use Disorder (SUD) | <p>Select <u>all</u> that apply to member:</p> <p>Meets the eligibility criteria for participation in or obtaining services through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MHPs) or <input type="checkbox"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS) or the Drug Medi-Cal (DMC) program |

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| <input type="checkbox"/> | 4) Children and Youth Transitioning from a Youth Correctional Facility | <input type="checkbox"/> Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth incarceration facility within the past 12 months |
| <input type="checkbox"/> | 5) Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition | Select <u>all</u> that apply to member: <input type="checkbox"/> Enrolled in CCS or CCS WCM <p style="text-align: center;">AND</p> <input type="checkbox"/> Is experiencing at least one complex social factor influencing their health (for example, lack of access to food, lack of access to stable housing, difficulty accessing transportation, high measure (four or more) of adverse childhood experiences (ACEs) based on screening, history of recent contacts with law enforcement or crisis intervention services related to mental health and/or substance use symptoms) |
| <input type="checkbox"/> | 6) Child and Youth Involved in Child Welfare | Select <u>all</u> that apply to member: <input type="checkbox"/> Is under age 21 and currently receiving foster care in California <input type="checkbox"/> Is under age 21 and previously received foster care in California or another state within the last 12 months <input type="checkbox"/> Has 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 <input type="checkbox"/> Is under age 18 and is eligible for and/or in California’s Adoption Assistance Program <input type="checkbox"/> Is under age 18 and is currently receiving or has received services from California’s Family Maintenance program within the last 12 months |
| <input type="checkbox"/> | 7) Birth Equity Population of Focus (Youth) | Select <u>all</u> that apply to member: <input type="checkbox"/> Member is pregnant or is postpartum (through 12-month period) <p style="text-align: center;">AND</p> <input type="checkbox"/> Is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality (Black, American Indian or Alaskan Native, or Pacific Islander members) |

FOR ECM PROVIDERS ONLY: Is the member on the Population of Focus engagement list provided by CalOptima Health? Yes No

If yes, please indicate all applicable Populations of Focus for which the member is eligible: _____
