Enhanced Care Management (ECM) Benefit Member Eligibility Checklists/Referral Forms

ECM is a Medi-Cal benefit that provides comprehensive care management services to Medi-Cal members with complex health and/or social needs. The goal is 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 provided 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 a member of 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***).

There are 3 steps to the ECM screening and referral process:

1. First, **complete the *Populations of Focus Screening Checklist*** to confirm member eligibility in one or more Populations of Focus.

2. Next**, complete the *Exclusionary Screening Checklist*** to confirm eligibility and identify duplicative programs for which the member must choose and potential programs that the member can be enrolled in while also in ECM, which will require coordination of services.

3. If you **determine the member to be eligible** for the ECM benefit based on both screening checklists, complete and submit all three forms (1. *Population of Focus Checklist*, 2. *Exclusionary Checklist*, 3. *Referral Form*) to the member's Health Plan for review. To expedite the review and approval process, please also submit applicable supporting documentation as evidence of the member meeting ECM criteria.

Use this form to refer a member whom you assess as ECM-eligible. Please confirm the member's Health Plan and submit this completed form via the designated method below:
- The Health Net* provider portal at provider.healthnetcalifornia.com
- Fax: 800-743-1655

Health Net will assess the submitted member's eligibility and respond with next steps or request more information within one week.

Step 1: Enhanced Care Management Program Populations of Focus Screening Checklist

Complete this Populations of Focus Screening Checklist to determine member eligibility as qualifying under one or more of the Populations of Focus.

ECM Population of Focus

POF 1.0: Adults Experiencing Homelessness

Adult **without** dependent children/youth living with them who:

☐ Individual is age 21 or older; *AND*

    ☐ 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.

POF 1.1: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness

☐ Adult **with** dependent children/youth living with them. Individual**,** age 21 and older, is 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;

    OR

☐ Unaccompanied children/youth experiencing homelessness (under age 21) 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).

POF 2.0: Adults at Risk for Avoidable Hospital or ED Utilization

Adult who meets **one or more** of the following conditions in the last **6-months**:

☐ Individual is age 21 or older; ***AND***

☐ **5 or more emergency** room visits; ***AND/OR***
☐ **3 or more** unplanned **hospital** admissions ***AND/OR*** 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.

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

Children/youth who meet the following conditions in the last **12-months**:

☐ Individual is under age 21; ***AND***
☐ **3 or more emergency** room visits; ***AND/OR***
☐ **2 or more** unplanned **hospital** admissions ***AND/OR*** 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.

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

☐ Individual is age 21 or older; ***AND***

Meets the eligibility criteria for participation in or obtaining services through:

☐ Specialty Mental Health Services (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 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 (4 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***

Meets one or more of the following **additional criteria**:

- High risk for institutionalization, overdose and/or suicide

- Uses 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)

POF 3.1: Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
(please note in Conditions Table* below)

☐ Individual is under age 21; *AND*

Meets the eligibility criteria for participation in or obtaining services through:

☐ Specialty Mental Health Services (SMHS) delivered by Mental Health Plans *AND/OR*

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

POF 4.0: Adults Transitioning from Incarceration within the **past 12 months**

☐ Individual is age 21 or older; *AND*

☐ Is transitioning from a correctional setting or transitioned from a correctional setting within the **last 12-months; *AND***

☐ Has at least one complex physical, behavioral, or developmental health need of the following conditions (Please note specifics in Conditions Table*)
- Mental illness
- Substance Use Disorder (SUD)
- Chronic Condition/Significant Clinical Condition
- Intellectual or Developmental Disability (I/DD)
- Traumatic Brain Injury
- HIV/AIDS
- Pregnant or Postpartum

POF 4.1: Children/Youth Transitioning from Youth Correctional Facility within the **past 12 months**

☐ Individual is under age 21; *AND*

☐ Is transitioning from a youth correctional setting or transitioned from a youth correctional setting within the **last 12-months**

POF 5.0: Adults Living in the Community who are at Risk for LTC Institutionalization
(Supporting documents are required to be submitted with the referral for this population of focus)

☐ Individual is age 21 or older; *AND*

☐ 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

POF 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)

☐ Individual is age 21 or older; *AND*

☐ 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

POF 7.0: Children/Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs beyond the CCS Condition

☐ Child/Youth is under age 21; **AND**

☐ 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

POF 8.0: Children/Youth Involved in Child Welfare

☐ Child/Youth is under age 21 and are **currently receiving foster care** in California; **OR**

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

☐ 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; **OR**

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

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

POF 9.0: Adults with Intellectual or Developmental Disabilities (I/DD)

☐ Individuals is age 21 or older; **AND**

☐ Individual has a diagnosis of I/DD; **AND**

☐ Individual qualifies for eligibility in another adult ECM Population of Focus (POF 1.0, 2.0, 3.0, 4.0, 5.0, 6.0)

For Individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one adult Population of Focus above and specify diagnosed I/DD in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

POF 9.1: Children/Youth with Intellectual or Developmental Disabilities (I/DD)

☐ Child/Youth is under age 21; **AND**

☐ Individual has a diagnosis of I/DD; **AND**

☐ Individual qualifies for eligibility in another Children/Youth ECM Population of Focus (POF 1.1, 2.1, 3.1, 4.1, 7.0, 8.0)

For Individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one Children/Youth Population of Focus above and specify diagnosed I/DD in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

POF 10.0: Adults Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

☐ Individual is age 21 or older; **AND**

☐ Individual is pregnant or postpartum through 12 months period; **AND**

☐ Individual qualifies for eligibility in another adult ECM Population of Focus (POF 1.0, 2.0, 3.0, 4.0, 5.0, 6.0)

For Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, identify at least one adult Population of Focus above and specify pregnant or postpartum (through 12 months period) in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

POF 10.1: Children/Youth Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

☐ Individual is under age 21; **AND**

☐ Individual is pregnant or postpartum through 12 months period; **AND**

☐ Individual qualifies for eligibility in another Children/Youth ECM Population of Focus (POF 1.1, 2.1, 3.1, 4.1, 7.0, 8.0)

For Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, identify at least one Children/Youth Population of Focus above and specify pregnant or postpartum (through 12 months period) in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

*Conditions Table (for reference only – chronic conditions are not required for all Populations of Focus)

Complex physical, behavioral health and developmental conditions *(check all that apply)*	
Physical health	
☐ Diabetes (insulin-dependent) poorly controlled	☐ Chronic obstructive pulmonary disease (COPD)
☐ History of stroke or heart attack	☐ Dementia requiring assistance with IADLs
☐ Chronic liver disease	☐ Traumatic brain injury (TBI)
☐ Chronic kidney disease	☐ Hypertension (poorly controlled)
☐ Coronary artery disease	☐ Congestive heart failure (CHF)
☐ Other, please note:	
Behavioral health	
☐ Psychotic disorders, including schizophrenia	☐ Substance use disorder, please specify:
☐ Bipolar disorder	☐ Other, please note:
☐ Major depressive disorder	
Developmental	
☐ Intellectual/developmental disability	☐ Other, please note:

Summary of ECM Eligibility

Member's eligible Population(s) of Focus (check all that apply)	
☐	1. Individuals experiencing **homelessness.**
☐	2. **High utilizers** with frequent hospital or ER admissions.
☐	3. Individuals transitioning from **incarceration.**
☐	4. Individuals with **SMI/SUD** and other health needs.

Step 2: Exclusionary Screening Checklist

The Department of Health Care Services (DHCS) examined existing programs that include elements of care management and/or care coordination to determine approaches to program coordination and the prevention of non-duplication with Enhanced Care Management (ECM) services. DHCS developed three approaches to ECM eligibility **(Absolute, Duplicative, and Wrap).**

Both screening checklists and the *ECM Program Member Referral Form* can be used as resources and references to support the enrollment and engagement process

Exclusionary Screening Checklist

Absolute exclusion criteria

Medi-Cal beneficiaries enrolled in the programs below are excluded from ECM.

☐ Hospice

If box is checked, STOP. Member **does not** meet eligibility criteria.

If box is not checked, move on to next question.

☐ D-SNP members who have both Medi-Cal and Medicare and assigned with the same Managed Care Plan (MCP)

If box is checked, **STOP.** Member **does not** meet eligibility criteria.

If box is not checked, move on to next question.

☐ Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)

If box is checked, STOP. Member **does not** meet eligibility criteria. If box is not checked, move on to next question.

☐ Program for All Inclusive Care for the Elderly (PACE)

If box is checked, STOP. Member **does not** meet eligibility criteria. If box is not checked, move on to next question.

☐ Family Mosaic Project Services (FMPS)

If box is checked, STOP. Member **does not** meet eligibility criteria. If box is not checked, move on to next question.

Duplicative programs – either ECM or other program

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. However, members are encouraged to choose the program that best meets their needs.

Member is currently enrolled in one of the following **1915 Waiver Programs:**

☐ Multipurpose Senior Services Program (MSSP)
☐ Assisted Living Waiver (ALW)
☐ Home and Community-Based Alternatives (HCBA) Waiver
☐ HIV/AIDS Waiver
☐ HCBS Waiver for Individuals with Developmental Disabilities (I/DD)
☐ Self-Determination Program for Individuals with Developmental Disabilities (I/DD)

If a **box is checked, STOP.** Member has a choice to continue in their existing 1915 Waiver program or switch to Health Homes. Please consult with the 1915 Waiver program if possible.
If no box is checked, move on to next question.

Member is currently enrolled in one of the following programs **(Medi-Cal managed care benefit)**:

☐ Basic Case Management
☐ Complex Case Management

If a **box is checked, STOP.** Member has a choice to continue in their existing case management program or switch to ECM. Please consult with the case management program, if possible.
If no box is checked, move on to next question.

Member is currently enrolled in one of the following **other programs:**

☐ California Community Transitions (CCT)
☐ Money Follows the Person (MFTP)

If a **box is checked, STOP.** Member has a choice to continue in their existing CCT or MFTP program or switch to ECM. Please consult with the CCT or MFTP program if possible.
If no box is checked, move on to next question.

ECM as a "Wrap" – can be in both

Health Net members can be enrolled in **both** ECM and other programs. ECM enhances and/or coordinates across the case/care management available in the other programs. The Health Plan must ensure non-duplication of services between ECM and the other programs. These programs are considered to be complementary to ECM.

The below programs are not exclusionary for ECM and can be used for reference and coordination purposes.

Member is currently enrolled in one of the following programs **(carve-out services)**:

☐ California Children's Services (CCS)
☐ County-based Targeted Case Management (TCM)
☐ Specialty Mental Health (SMHS) TCM
☐ SMHS Intensive Care Coordination for Children (ICC)
☐ Drug Medi-Cal Organized Delivery Systems (DMC-ODS)

Member is currently enrolled in one of the following programs **(Medi-Cal managed care benefit)**:

☐ CCS Whole Child Model
☐ Community Based Adult Services (CBAS)

Member is currently receiving coverage under a **Dually Eligible for Medicare and Medicaid** managed care plan.
Note: Dually eligible members can receive ECM if they meet ECM Populations of Focus criteria.

☐ Dual Eligible Special Needs Plans (D-SNPs)
☐ D-SNP Look-alike Plans
☐ Other Medicare Advantage Plans
☐ Medicare Fee-for-Service (FFS)

Member is currently enrolled in one of these **other programs:**

☐ AIDS Healthcare Foundation Plans
☐ Adult Full Service Partnership (FSP)

Note: It is recommended that ECM Providers coordinate with FSP programs to ensure non-duplication of services.

Step 3: Enhanced Care Management Program Member Referral Form

Complete the Referral Form if you **determined the member to be eligible** for the ECM benefit based on both *Population of Focus Checklist* and *Exclusionary Checklist* above.

*Follow form submission instructions outlined in Page 1

Asterisk(*) identifies required information field on this ECM Referral Form.

REFERRAL SOURCE INFORMATION	
Internal referring department* (select one): ☐ CM ☐ UM ☐ BH ☐ MLTSS ☐ Other: _____	
External referral by* (select one): ☐ Hospital ☐ PPG ☐ PCP ☐ Clinic ☐ Other: _____	
Referring individual name:*	
Referring organization name:*	
Referrer phone number:*	( )
Referrer email address:*	
Has the member expressed interest in opting into ECM?	☐ Yes, I have already discussed the program with the member. Comments: ☐ No, I would like to validate ECM eligibility prior to discussing ECM with the member.

MEMBER INFORMATION	
Member name:*	
Member Medi-Cal client ID number (CIN):*	Member date of birth:*
Member address:	
Member primary phone number:* ( )	Best time to contact:
Member preferred language:*	
Caregiver name:	Caregiver's alternate phone number: ( )

MEMBER'S ECM ELIGIBILITY - Check all that Apply	
☐	Adults without dependent Children & Youth who are experiencing **Homelessness**
☐	Adults **At Risk for Avoidable Hospital or ED Utilization**
☐	Adults with **Serious Mental Health and/or SUD Needs**
☐	Adults Transitioning from **Incarceration**
☐	Adults Living in the Community and **At Risk for LTC Institutionalization**
☐	**Nursing Facility Residents** Transitioning to the Community
☐	Individuals with **Intellectual or Developmental Disabilities (I/DD)** • Must also qualify for eligibility in any **other adult ECM Population of Focus**
☐	**Pregnant and Postpartum Individuals** At Risk for Adverse Perinatal Outcomes • Must also qualify for eligibility in any **other adult ECM Population of Focus**
☐	**Continuity of Care (COC)**

	• Only applies to members transitioning from ECM with another CA Medi-Cal health plan

Exclusionary criteria (please complete and refer to ECM *Exclusionary Screening Checklist*)
ALL boxes must be checked for member eligibility for ECM*

☐	Member is **not enrolled in programs** that would exclude the member from eligibility for ECM
☐	Member is enrolled in a duplicate program and is **opting** for **ECM instead of** the other program
☐	**N/A or** member is enrolled in a program that allows them to **concurrently** receive ECM services. **Please note program(s):**

ADDITIONAL COMMENTS (include additional social determinants of health considerations, such as food, housing, employment insecurity, history of ACES/trauma, history of recent contacts with law enforcement, former foster youth)