



Promise Health Plan



Enhanced Care Management (ECM) Member Referral Form Healthy San Diego CalAIM

Use this form to refer a member whom you assess as ECM eligible. **Please confirm the patient's health plan and submit this completed ECM referral form to the appropriate health plan via secure email or secure fax.** The health plan will assess the submitted member's eligibility and respond with next steps or request more information within one week.

Health Plan	Secure Email Address	Secure Fax Number
Blue Shield Promise Health Plan	ECM@blueshieldca.com	N/A
Community Health Group	N/A	1-800-870-8781
Kaiser Permanente	RegCareCoordCaseMgmt@KP.org	866-551-9619
Molina Healthcare	MHC_ECM@MolinaHealthCare.com	N/A

Asterisk (*) identifies required information field on this ECM referral form

Member Information	
Has the member expressed interest in enrolling in ECM?*	
<input type="checkbox"/> Yes <input type="checkbox"/> No, I would like to validate ECM eligibility prior to discussing ECM with the member.	
Member's Name:*	
Member Date of Birth:*	
Member's Medi-Cal Client Identification #: * (9 digit number ending with an letter)	
Member Address:	
Member Primary Phone Number:*	
Best time to contact:	
Member's Preferred Language:*	
Caregiver's Name:	
Caregiver's Phone Number	

Referral Source Information	
Internal referring department* (select one): <input type="checkbox"/> Case Management <input type="checkbox"/> Utilization Management <input type="checkbox"/> Behavioral Health <input type="checkbox"/> Managed Long-Term Services & Supports (MLTSS) <input type="checkbox"/> Other (please provide a brief description):	
External referral by* (select one): <input type="checkbox"/> Hospital <input type="checkbox"/> Preferred Provider Group (PPG) <input type="checkbox"/> Primary Care Provider (PCP) <input type="checkbox"/> Clinic <input type="checkbox"/> ECM Provider <input type="checkbox"/> Other	
Referring Individual Name:*	
Referring Organization Name:*	
Referrer Phone Number:*	
Referrer Email Address:*	
Is the member currently being followed by a health plan case manager or part of an external case management program? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, please provide contact information as available:	
Member's ECM eligibility	
Check all that apply:*	
<input type="checkbox"/>	Individuals experiencing homelessness
<input type="checkbox"/>	Individuals At-Risk for Avoidable Hospital or Emergency Department (ED) Utilization
<input type="checkbox"/>	Individuals with serious mental illness and/or substance use disorder (SMI/SUD) Needs
<input type="checkbox"/>	Individuals transitioning from incarceration or have transitioned within the last 12 months, and complex physical, behavioral health and developmental conditions
<input type="checkbox"/>	Adults Living in the Community who are at Risk for LTC Institutionalization
<input type="checkbox"/>	Nursing Facility Residents transitioning to the Community
<input type="checkbox"/>	Individuals with Intellectual or Development Disabilities (I/DD)
<input type="checkbox"/>	Pregnant and Postpartum at Risk for Adverse Perinatal Outcomes

<input type="checkbox"/>	Birth Equity
<input type="checkbox"/>	Individuals Transitioning from Incarceration
Inclusionary criteria:* ALL boxes must be checked for member eligibility for ECM*	
<input type="checkbox"/>	Member is not enrolled in programs that would exclude the member from eligibility for ECM (programs considered duplicative of ECM included below)
<input type="checkbox"/>	Member is enrolled in a duplicate program and is opting for ECM instead of the other program
<input type="checkbox"/>	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)	

MEDI-CAL ELIGIBILITY: *	Member in Medi-Cal managed care? <input type="checkbox"/> Yes <input type="checkbox"/> No

Populations of Focus: Please check all that apply. For a patient to be eligible for the ECM, they must meet at least one of the following criteria. The individual will be assessed by the Plan to confirm ECM eligibility.

Population of Focus (PoF) definitions below:

1. Adults 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 1(a), member is eligible

(a) Homeless Families or Unaccompanied Children and Youth Experiencing Homelessness who:

- Are experiencing homelessness, as defined above in (a) under the modified HHS 42 CFR Section 11302 "Homeless" definition; **OR***
- Are 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 are abandoned in hospitals (in hospital without a safe place to be discharged to).*

If ONE box above is checked in this section 1(b), member is eligible

1. *This definition is based on the HUD definition of homelessness with modifications as noted below.*
2. *If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization.*

The timeframe for an individual or family who will imminently lose housing has been extended from 14 (HUD definition) to 30 days.

2. Individuals At Risk for Avoidable Hospital or Emergency Department (ED) Utilization

Yes No Unknown

(b) Adults who meet one or more of the following conditions in the last 6-months:

- 5 or more emergency room visits*
- 3 or more unplanned hospital admissions*
- 3 or more short-term skilled nursing facility stays*

AND *any of the above could have been avoided with appropriate outpatient care or improved treatment adherence*

If **ONE or MORE** of these boxes are checked in this section 2(a), member is eligible

3. Individuals with Serious Mental Health and/or Substance Use Disorder (SUD)

Needs (please note in Conditions Table* below)

- Yes No Unknown

(a) Adults 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 **AND***

If **ONE** of the 2 boxes above is checked in this section 3(a), continue in this section

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**

- 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
 - 2+ ED visits **or** 2+ hospitalizations due to SMI or SUD in the past 12 months
 - Pregnant or post-partum (12 months from delivery)

If BOTH boxes above (complex social factors and additional criteria) are checked in this section 3(a), member is eligible.

4. Individuals Transitioning from Incarceration within the past 12 months

(a) Adults who are transitioning from a correctional setting or transitioned from a correctional setting within the **last 12 months AND**

Have at least one 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

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

- Adults 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 (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), **AND**
- Are able to reside continuously in the community** with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns)

If ALL boxes are checked in this section 5, member is eligible

6. Nursing Facility Residents transitioning to the Community

- Nursing facility residents who are interested in moving out of the institution, **AND**
- Are likely candidates to do so successfully, **AND**
- Are able to reside continuously in the community

7. Individuals with Intellectual or Developmental Disabilities (I/DD)

Yes No Unknown

Adult who:

Qualifies for eligibility in any other adult ECM Population of Focus
(please indicate qualifying ECM PoF: ____)

AND

Have a diagnosed I/DD

Both Boxes must be checked for member to be eligible. Must qualify for eligibility in any other adult ECM Population of Focus.

8. Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes

Yes No Unknown

Adult who:

Qualifies for eligibility in any other adult ECM Population of Focus
(please indicate qualifying ECM PoF: _____)

AND

Are pregnant OR are Postpartum (through 12 months period of a live birth, stillbirth, or later term abortion)

Both Boxes must be checked for member to be eligible. Must qualify for eligibility in any other adult ECM Population of Focus.

9. Birth Equity

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.

10. Individuals Transitioning from Incarceration

Adults who:

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

AND

- Have at least one of the following conditions (See [ECM Policy Guide, Appendix C, p. 117-119](#), for definitions):
 - (i) Mental illness;
 - (ii) SUD;
 - (iii) Chronic Condition/Significant Non-Chronic Clinical Condition;
 - (iv) Intellectual or Developmental Disability (I/DD);
 - (v) Traumatic Brain Injury (TBI);
 - (vi) HIV/AIDS;
 - (vii) Pregnant or Postpartum.

Both Boxes must be checked for member to be eligible.

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. Many Members who will be eligible for ECM may already be receiving some care management through other programs.

Please select all programs the member is currently participating in, if known:*

1915 c Waivers	Services Carved Out of Managed Care Plans	Duals	Others
<input type="checkbox"/> Yes <i>Multipurpose Senior Services Program (MSSP)</i>	<input type="checkbox"/> Yes <i>California Children's Services (CCS)</i>	<input type="checkbox"/> Yes <i>Dual Eligible Special Needs Plans (D-SNPs) [from 2023]</i>	<input type="checkbox"/> Yes <i>AIDS Healthcare Foundation Plans</i>
<input type="checkbox"/> Yes <i>Assisted Living Waiver (ALW)</i>	<input type="checkbox"/> Yes <i>Genetically Handicapped Person's Program (GHPP)</i>	<input type="checkbox"/> Yes <i>D-SNP look-alike plans</i>	<input type="checkbox"/> Yes <i>California Community Transitions (CCT)</i>
<input type="checkbox"/> Yes <i>Home and Community Based Alternatives (HCBA) Waiver</i>	<input type="checkbox"/> Yes <i>County-Based Targeted Case Management (TCM)</i>	<input type="checkbox"/> Yes <i>Other Medicare Advantage Plans</i>	<input type="checkbox"/> Yes <i>Money Follows the Person (MFTP)</i>
<input type="checkbox"/> Yes <i>HIV/AIDS Waiver</i>	<input type="checkbox"/> Yes <i>Specialty Mental Health (SMHS) TCM</i>	<input type="checkbox"/> Yes <i>Medicare FFS</i>	<input type="checkbox"/> Yes <i>Hospice</i>
<input type="checkbox"/> Yes <i>HCBS Waiver for Individuals with Developmental Disabilities (DD)</i>	<input type="checkbox"/> Yes <i>SMHS Intensive Care Coordination for Children (ICC)</i>	<input type="checkbox"/> Yes <i>Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)</i>	<input type="checkbox"/> Yes <i>Mosaic Family Services</i>
<input type="checkbox"/> Yes <i>Self-Determination Program for Individuals with I/DD</i>	<input type="checkbox"/> Yes <i>Drug Medi-Cal Organized Delivery System (DMC-ODS)</i>	<input type="checkbox"/> Yes <i>Programs for All-Inclusive Care for the Elderly (PACE)</i>	

Additional comments, if any: