Santa Clara Family Health Plan™

Enhanced Care Management (ECM) Referral Form - Adults

Email: ECM@scfhp.com
Fax: **1-408-874-1469**

Please return completed referral form and **required** supporting documentation via SECURE email to **ECM@scfhp.com** or fax to **1-408-874-1469**. Allow up to five (5) business days for a *routine referral* and three (3) business days for an *expedited referral* to be reviewed once received.
Questions? Please email **ECM@scfhp.com**

Eligibility for ECM: To receive ECM, Medi-Cal members must meet eligibility criteria for at least one of the Populations of Focus (POF) described later in the ECM Referral Form. Members can be eligible for more than one POF, so please review and complete information for all POFs.

Patient/Member Information	
Date of Referral:	Type of Referral: ☐ Routine ☐ Expedited
Member's Managed Care Plan:	Member's PCP:
Member's Medi-Cal CIN:	
First Name:	Last Name:
DOB:	Phone:
Email:	Preferred Language:
Member Residential Address:	
Best Contact Method for Member/Caregiver: ☐ Phone ☐ Email	Best Contact Time for Member/Caregiver:
Guardian/Caregiver Information (if applicable)	
Name:	
Phone:	
Email:	
Referral Source Information	
Referring Organization Name:	
Referring Organization National Provider Identifier (NPI):	
Referring Individual Name:	Referring Individual Title:
Referring Individual Phone:	Referring Individual Email:
Referring Individual Relationship to Member	☐ Medical Provider ☐ Social Services Provider ☐ Other
Is referring agency a SCFHP ECM Provider?	☐ Yes ☐ No
Community Partners (Non-ECM Providers) ONLY. Does the Member have a preferred ECM Provider?	☐ Yes ☐ No

ECM Providers ONLY. Does the referring organization recommend assigning the member to their ECM organization?	☐ Yes ☐ No
ECM Provider with Presumptive Authorization ONLY. Does the Member have an ECM Benefit Start Date?	☐ Yes ☐ No
Additional Comments (Optional):	

Eligibility Criteria

To qualify for ECM, the member must be enrolled in Medi-Cal and meet the requirements below:

1. Member is **not** enrolled in a program or service included in the following ECM exclusions:

- Multipurpose Senior Services Program (MSSP)
- Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
- Home and Community-Based Alternatives (HCBA) Waiver
- HIV/AIDS Waiver
- Hospice
- Self-Determination Program for Individuals with I/DD
- Dual Eligible Special Needs Plan (D-SNP)
- Assisted Living Waiver (ALW)
- Program for All-Inclusive Care for the Elderly (PACE)
- California Community Transitions (CCT)

2. Please review each indicator and indicate yes to all those that apply across each Population of Focus. **Please leave blank all elements that do not apply, to the extent of your knowledge**. Please use the free text area to note any areas where further MCP review may be warranted. For additional guidance on the ECM POF definitions, please refer to the ECM Policy Guide.

☐ **Adults Experiencing Homelessness (Individuals only)**

☐ **OR Adults Experiencing Homelessness (Families)**

Must meet all of the following criteria:

☐ Member is experiencing Homelessness. *Select all that apply:*

- ☐ 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 next 30 days
- ☐ Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence

☐ **AND** Member has at least:

- ☐ 1 complex physical need for which the Member would benefit from care coordination
- ☐ 1 complex behavioral health need for which the Member would benefit from care coordination
- ☐ 1 complex developmental heath need for which the Member would benefit from care coordination
- ☐ Member has pregnancy or postpartum (12 months from delivery)

☐ **Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization**

Must meet at least one of the following criteria:

- ☐ Over the last 6 months, the Member has had five (5) or more emergency room visits that could have been avoided with appropriate care
- ☐ **OR** Over the last 6 months, the Member has had three (3) or more unplanned hospital and/or short-term skilled nursing facility stays that could have been avoided with appropriate care

☐ **Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs**

Must meet all of the following criteria:

- ☐ Member meets eligibility criteria for, and/or is obtaining services through:
  - ☐ Specialty Mental Health Services (SMHS) delivered by MHPs: Significant impairment (distress, disability, or dysfunction in social, occupational, or other important activities) OR A reasonable probability of significant deterioration in an important area of life functioning.
  - ☐ Drug Medi-Cal Organization Delivery System (DMCODS): Have at least one diagnosis for Substance-Related and Addictive Disorder with the exception of Tobacco-related disorders and non-substance-related disorders.
  - ☐ Drug Medi-Cal (DMC) Program: Have at least one diagnosis for Substance-Related and Addictive Disorder with the exception of Tobacco-related disorders and non-substance-related disorders.
- ☐ **AND** Member is actively experiencing at least one complex social factor influencing their health, which may include, but is not limited to: 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 ACEs based on screening; former foster youth; or history of recent contacts with law enforcement related to mental health or substance use symptoms
- ☐ **AND** Member meets one or more of the following criteria:
  - ☐ High risk for institutionalization, overdose and/or suicide
  - ☐ Use crisis services, emergency rooms, urgent care or inpatient stays as the primary source of care
  - ☐ 2+ ER visits due to serious mental health or SUD in the past 12 months
  - ☐ 2+ hospitalizations due to serious mental or SUD in the past 12 months
  - ☐ Pregnant or post-partum (up to12 months from delivery)

☐ **Adults Transitioning from Incarceration within the past 12 months**

Must meet all of the following criteria:

- ☐ Member is transitioning from a correctional facility (e.g. prison, jail, or youth correctional facility), or transitioned from correctional facility within the past 12 months.
- ☐ **AND** Member has a diagnosis of:
  - ☐ Mental illness
  - ☐ Substance Use Disorder (SUD)
  - ☐ Chronic Condition/Significant Non-Chronic Clinical Condition
  - ☐ Intellectual or Developmental Disability (I/DD)
  - ☐ Traumatic Brain Injury (TBI)
  - ☐ HIV/AIDS
  - ☐ Pregnant or Postpartum (up to 12 months from delivery)

☐ **Adults living in the community who are at risk for LTC Institutionalization**

Must meet all of the following criteria:

☐ Member meets at least one of the following criteria:

- ☐ Living in the community and meets Skilled Nursing Facility (SNF) Level of Care criteria
- ☐ 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/injury.

☐ **AND** Member is 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, 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** Member is able to reside continuously in the community with wraparound supports.

☐ **Adult Nursing Facility Residents Transitioning to the Community**

Must meet all of the following criteria:

☐ Member is a nursing facility resident who is interested in moving out of the institution

☐ **AND** Member is a likely candidate to move out of the institution successfully

☐ **AND** Member is able to reside continuously in the community

☐ **Adult-Birth Equity Population of Focus**

Must meet all of the following criteria:

☐ Member is pregnant or postpartum (through a 12-month period)

☐ **AND** Member is subject to racial and ethnic disparities as defined by California Public Health data on maternal morbidity and mortality, please select one of the following:

- ☐ African American
- ☐ American Indian
- ☐ Alaskan/Native American
- ☐ Pacific Islander
- ☐ Hispanic
- ☐ Filipino
- ☐ Chinese
- ☐ Samoan
- ☐ Hawaiian
- ☐ Guamanian
- ☐ Vietnamese
- ☐ Other

Supporting Documents

The following supporting documents are **required** to be submitted with each referral. Check all that apply and attach to this referral form.

☐ Recent Chart Notes ☐ Care Plan ☐ ECM Nursing Facility Transition Assessment ☐ Other

Referrer's Signature:	Date Referral Sent: