CALAIM ENHANCED CARE MANAGEMENT (ECM) REFERRAL STANDARDS AND FORM TEMPLATES

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DHCS

CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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1. INTRODUCTION

Purpose of this Guidance

Launched in 2022, ECM is a statewide Medi-Cal benefit that offers eligible Members comprehensive care through coordinated management of community-based, interdisciplinary, high touch, and person-centered services. All MCPs must offer ECM to those who qualify for it.

The purpose of this guidance is to standardize and streamline ECM referrals made to MCPs from providers, community-based organizations, and other entities. Having conducted extensive stakeholder feedback on early implementation of ECM across the state, resulting in a published "[Action Plan](#)" in 2023, DHCS is committed to standardizing ECM design and work flows in key areas in order to reduce administrative burden, promote better community awareness of ECM, and improve ECM access and uptake across the state.[1]

In alignment with DHCS Action Plan commitments and these referral standards, the agency is also releasing updated requirements for MCPs to expand the use of presumptive authorization with select ECM Providers to further streamline the initiation of ECM for some Members. To support ECM Providers with presumptive authorization arrangements, the ECM Referral Standards below include a section for ECM Providers to include an "**ECM Benefit Start Date**" to notify the MCP when the ECM Provider delivers the first billable service to the Member. DHCS is including "ECM Benefit Start Date" to facilitate MCPs in determining the start of the plan's ECM authorization window.

Additionally, DHCS is releasing Closed Loop Referral requirements in fall 2024 for ECM and Community Supports that bolster MCP support and tracking of referrals to both services. Information collected by MCPs through community-based referrals using these ECM Referral Standards will be the basis for key information to support MCPs in meeting CLR tracking requirements.

The primary audience for this guidance is Medi-Cal Managed Care Plans (MCPs). MCPs are required to operationalize this guidance in full by January 1, 2025. MCPs are required to engage with their ECM Provider networks on how the new referral standards and form will be put into practice locally. In addition, ECM Providers, counties and other referring entities are encouraged to review this guidance independently and

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[1] DHCS published a draft of this guidance in April 2024 and received robust feedback from several organizations spanning MCPs, providers, counties and others.

may direct any questions to DHCS at [CalAIMECMILOS@dhcs.ca.gov](mailto:)mailto:.

These ECM Referral Standards build on – and supersede - previous [ECM Data Sharing Guidance](#) for ECM referrals ("Potential ECM Member Referral File"), which will be eliminated.

ECM Referral Routes

To receive ECM, Medi-Cal Members must meet DHCS eligibility criteria for at least one of the ECM Populations of Focus laid out in the [ECM Policy Guide](#). This guidance does not change DHCS' ECM eligibility criteria, which are already standard across the state.

MCPs have responsibility for identifying Members for ECM and Members may be identified for ECM in multiple ways, including community referrals, self- and family referrals, and by MCPs using available Member data. Early data from plans shows that member engagement in ECM is more successful when initiated through community-generated referrals compared to data mining. **DHCS strongly encourages referrals to ECM from the community, especially when they originate from entities that already have a trusted relationship with Members.**

Settings for pre-existing trusted relationships include clinical settings such as treating primary care and specialty care clinics, hospitals, and county-based Behavioral Health; non-clinical settings such as housing agencies, schools; and other entities providing care and case management, such as Regional Centers and California Children's Services (CCS). Whether clinical or non-clinical, an organization referring a Member into ECM may be **EITHER:**

> » **An ECM Provider:** An organization that has decided to contract with the MCP as an ECM Provider and will be well-positioned to serve as the Member's ECM Provider (e.g. PCP, CCS Provider); **or**

> » **A Community Partner (Non-ECM Provider):** An organization that knows the Member, but is **not** under contract with the MCP as an ECM Provider and will **not** go on to serve the Member as the ECM Provider (e.g. an Emergency Department, a child's school).

Both of the above ECM referral scenarios are encouraged, and both are covered by this guidance. While this guidance establishes DHCS standards for referrals to ECM, please note that DHCS does not directly accept referrals to ECM. All referrals must be directed to MCPs.

Members and their families may also self-refer for ECM. Members and families should not use the referral standards/forms laid out in this guidance. A call or other

communication to the MCP is adequate to initiate the referral. Instructions for Members and families on how to sign up for ECM are required to be posted on MCP websites.

Guidance Components

This guidance defines statewide DHCS standards for initial referrals into ECM, through a set of **ECM Referral Standards** and **ECM Referral Form Template**, defined as follows:

» The **ECM Referral Standards** define the information that MCPs are expected to collect from referring entities for individuals being electronically referred to an MCP for ECM. As is the case in the previously-released Member Information File (MIF) and associated standards, these standards are intended to be used whenever and however ECM referrals are transmitted in machine-readable file formats. DHCS expects that many MCPs will embed the referral standards into their existing provider portals, but may also offer other electronic referral pathways.

» The **ECM Referral Form Template** is an application of the ECM Referral Standards for use by referring entities when the information cannot be transmitted in a machine-readable format. DHCS strongly encourages MCPs to develop referral pathways in machine readable formats to the greatest extent possible, migrating away from PDF over time. However, DHCS has also heard feedback that different formats are necessary at this time to ensure participation by a wide range of referring entities. Thus, the ECM Referral Form Template specifies the content to be used in a PDF format. For example, a local afterschool program may wish to refer a child to ECM but may not have access to the plan portal or HIE and thus would fill out a PDF or print and fill in a hard copy of the form. DHCS encourages MCPs to distribute referral forms widely and to think creatively about establishing new pathways to ECM from the community, such as from schools and faith-based organizations.

This guidance establishes that:

» MCPs must have at least one pathway by which referrals to ECM are received from providers and other community entities in a machine-readable format, including the opportunity for batch referrals in a machine-readable format. MCPs are encouraged to develop their electronic ECM referral solutions and prioritize their implementation over time across different referring entities.

» **MCPs may not impose additional requirements <u>for reviewing a Member's eligibility for ECM </u>beyond what is included in these ECM Referral**

Standards. MCPs may not require additional documentation (e.g., ICD-10 codes, supplemental checklists, Treatment Authorization Request (TAR) forms) from referring partners or ECM Providers beyond the information provided in the ECM referral file or form. Once a Member is authorized for ECM, MCPs can request further information for the purposes of care coordination as necessary.

» MCPs are welcome and encouraged to collaborate with other MCPs on shared/co-branded referral forms and IT solutions adhering to this guidance. DHCS is encouraged that many MCPs have already published common ECM referral forms. MCPs may continue with this strategy, providing the content is updated to meet this guidance.

» As part of the existing requirement that MCPs must clearly explain via their websites how to access ECM, **MCPs must make their ECM referral form and process, modified to align with this guidance, available for download and print** to ensure broad opportunity for ECM referrals.

» If an MCP receives a referral for its Member via an incorrect process (e.g. using the wrong MCP's form) it must still process the referral, working with the referring individual and/or Member, as appropriate. Similarly, if an MCP receives a referral for a Member who is not enrolled with the MCP, the MCP must either route the referral to the correct MCP (if known) or follow up with the referring individual to re-route the referral.

Batch Referrals

"Batch" referrals are referrals of multiple individuals at the same time. DHCS has heard stakeholder feedback that "batching" is an efficient way for higher-volume providers (such as counties) to refer individuals to plans for ECM eligibility consideration.

DHCS encourages, but does not require, MCPs and providers to develop batch referral arrangements aligned with the content of this guidance. Batch referrals should allow for a referring entity to electronically transmit information on multiple individuals to the MCP in a single file or exchange. DHCS encourages MCPs to use batch referrals across multiple POFs, where appropriate, but such an approach may be especially advantageous for the Justice-Involved POF as identified by local correctional facilities. At this time, DHCS is not issuing separate statewide templates or standards for batch referrals.

Compliance and Authorization

This guidance does not change existing requirements regarding authorization

timelines. MCPs must ensure that authorization decisions for ECM occur as soon as possible, within five working days for routine authorizations and within 72 hours for expedited requests, in accordance with [APL 21-011](#) and the [ECM Policy Guide](#). Expedited referral requests apply to instances where a provider indicates or the MCP determines that a routine authorization timeframe "may seriously jeopardize the member's life or health or ability to attain, maintain, or regain maximum function."

This guidance also does not change existing requirements regarding authorization approval or appeals. If MCP does not authorize ECM, MCP must ensure the Member and the requesting individual or entity (as applicable) who requested ECM on a Member's behalf are informed of the Member's right to appeal and the appeals process by way of the Notice of Action (NOA) process, in accordance with [APL 21-011](#) and the [ECM Policy Guide](#).

This guidance does not apply to re-authorizations. At the point of re-authorization, the MCP should have all or most of the information included in the standards/form through the Return Transmission File (RTF) and other sources of information.

Throughout the data transmission processes discussed in this guidance, MCPs and ECM Providers receiving, storing, using, or transmitting personal identifiable information (PII) and protected health information (PHI) must have processes for using, storing, and sharing data in accordance with federal and state laws, and agency data privacy and security standards, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part II, the Confidentiality of Medical Information Act (CMIA), Federal Interoperability Requirements, the California Data Exchange Framework (DxF) Data Sharing Agreement, and state law. MCPs must have alternative, legally compliant submission processes in place for when standard secure transmission protocols are not available and must provide ECM Providers with contact information for staff who can provide timely and responsive technical support.

Next Steps and Further Information

To the extent that DHCS makes updates to ECM eligibility requirements or other policies, DHCS will update these ECM Referral Standards accordingly. Updates will be published as needed and posted on DHCS' ECM and Community Supports [webpage](#), where stakeholders can also find other resources. MCPs and other stakeholders may direct their questions to DHCS using the following email address: EnhancedCareManagement@dhcs.ca.gov.

2. ECM REFERRAL STANDARDS

MCPs are required to request the following information from entities referring Members for ECM. The content, including the specific wording and sequencing of data elements, must be preserved, and the MCP must include <u>all</u> elements in the tables below for referring individuals to complete.[2] As long as these requirements are met, MCPs are encouraged to incorporate the standards into an operational process/data exchange workflow that best supports a smooth user experience for the referring individual.

Standardized language to be provided to referring individuals:

Enhanced Care Management (ECM) is a statewide Medi-Cal benefit available to eligible Members with complex needs. The purpose of this ECM Referral is to collect key information about the Member, so that their MCP can confirm if the Member is eligible for ECM. If the Member is eligible for ECM, their MCP will assign the Member to an ECM Provider who supports the Member's specific Population(s) of Focus.

To receive ECM, Medi-Cal Members must meet DHCS eligibility criteria for at least one of the Populations of Focus (POF) described in the ECM Referral Form. Members can be eligible for more than one POF, so please review and complete information for all applicable POFs for a Member's age group.

ECM referrals should be submitted to the Member's Managed Care Plan by [MCP may include Plan-specific instructions here. MCP should include contact information for the member to ask additional questions].

Please note, per DHCS policy, the MCP **may not** require any additional documentation (i.e. Supplemental checklists, ICD-10 codes, Treatment Authorization Request forms, etc.) to authorize ECM.

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[2] MCPs should default to Medi-Cal Managed Care Encounter Data Reporting standards, available here, if elements are not otherwise defined in this guidance.

Table 1: Medi-Cal Member Information

Elements	Requirement[3]
Date of Referral	**Required**
Type of Referral[4]	**Required**
Member's Managed Care Plan	**Required**
Member First Name	**Required**
Member Last Name	**Required**
Member Medi-Cal Client Index Number (CIN)	Optional
Managed Care Plan Member ID Number	Optional
Member Date of Birth (MM/DD/YYYY)	**Required**
Member Primary Phone Number[5]	**Required**
Member Preferred Language[6]	Optional
Member Primary Care Provider Name	Optional
Member Residential Address[7]	Optional
Member Residential City	Optional
Member Residential Zip Code	Optional
Member Email	Optional

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[3] "Required" indicates that the MCP must require the referrer to complete the element; "optional" indicates that the MCP should make the element optional for the referrer, given that some elements are not always available or known.

[4] Referral type options: Routine; or Expedited (MCPs must ensure that authorization or a decision not to authorize ECM occurs within five working days for routine authorizations and within 72 hours for expedited requests).

[5] Numbers only, no dashes, character limit of ten. If number not available to the referring individual may report "0000000000".

[6] This will be limited by the Medi-Cal 834 acceptable values, available here.

[7] Referring individual may complete the data element as "No fixed current address" if the Member is identified as not having stable housing. If the Member does not have stable housing the referring individual may complete the data element as "Frequently visited location."

Elements	Requirement[3]
Best Contact Method for Member/Caregiver[8]	Optional
Best Contact Time for Member/Caregiver	Optional
Parent/Guardian/Caregiver Name, if applicable	Optional
Parent/Guardian/Caregiver Phone Number, if applicable	Optional
Parent/Guardian/Caregiver Email, if applicable	Optional

Table 2: Referral Source Information

Elements	Requirement
Referring Organization Name	**Required**
Referring Organization National Provider Identifier (NPI)	Optional
Referring Individual Name	**Required**
Referring Individual Title	Optional
Referring Individual Phone Number[5]	**Required**
Referring Individual Email Address	**Required**
Referring Individual Relationship to Member[9]	**Required**
If the referring organization is a Community Partner (non-ECM Provider), does the Member have a preferred ECM Provider?[10]	Optional
If the referring organization is an ECM Provider, does the referring organization recommend that the Member be assigned to it as	Optional

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[8] Contact method options include phone or email.

[9] Answer options: (1) Medical provider; (2) Social services provider; (3) Other. Referring individual should be directed to add additional detail or recommendations in Additional Information section (Table 6).

[10] For Community Partners (Non-ECM Providers) Only. Answer options to be included: (1) Yes, this Member has a preferred ECM Provider. (2) No, this Member does not have a preferred ECM Provider. Referring individual should be directed to add additional detail or recommendations in Additional Information section (Table 6).

Elements	Requirement
their ECM Provider?[11]	
If the referring organization is an ECM Provider that is eligible for presumptive authorization, Does the Member have an ECM Benefit Start Date?[12] ECM Benefit Start Date is the date when billable ECM services were first provided to the Member. This does not include outreach services.	Optional

MCPs are required to present the following content to referring entities to guide the identification of ECM eligibility by POF(s). MCPs must include all elements in the tables below for referrers to complete. Referring individuals are instructed to leave blank all elements that do not apply, which means that null answers should be interpreted as "not ascertained." The "POF Eligibility Indicator" for each POF provides the logic by which a Member can qualify for ECM via each POF, according to the DHCS ECM Policy Guide.

Tables 3A-3G: Adult Member ECM Eligibility (age 21 or older)

Standardized language to be provided to referring individuals: If the Member being referred is an adult, 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*.

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[11] For ECM Providers Only: Answer options to be included: (1) Yes, our organization should be this Member's ECM Provider; (2) No, this Member should be assigned to a different ECM Provider based on their needs. (3) No, this Member wants an alternative preferred ECM Provider. Referring individuals should be directed to add additional detail or recommendations in the Additional Information section (Table 6).

[12] Answer options: (1) Yes, this Member has an ECM Benefit Start Date. MCP must include an area to list an ECM Benefit Start Date (MM/DD/YYYY). (2)No, this Member does not have an ECM Benefit Start Date

Table 3A: Adults Experiencing Homelessness[13]

POF Eligibility Indicator: If A = yes and B = yes, Member is eligible.

Element	Yes or Blank
A. Member is experiencing Homelessness (unhoused, in a shelter, losing housing in the next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence).	
B. Member has at least one complex physical, behavioral, or developmental health need (includes pregnancy or post-partum, 12 months from delivery), for which the Member would benefit from care coordination.	

Table 3B: Adults at Risk for Avoidable Hospital or ED Utilization

POF Indicator: [At least one of A, B, or C] = yes, Member is eligible.

Element	Yes or Blank
A. Over the last six months, the Member has had 5 or more emergency room visits that could have been avoided with appropriate care.	
B. Over the last six months, the Member has had 3 or more unplanned hospital and/or short-term skilled nursing facility stays that could have been avoided with appropriate care.	
C. [MCP-specific criteria approved by DHCS, if different from A and B].[14]	

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[13] MCPs should include the following direction to referring individuals: To refer a homeless family to ECM, please use the Children/Youth section.

[14] As reflected in the ECM Policy Guide, MCPs may design their own criteria for eligibility for this POF in addition to A and B. If the MCP has its own criteria please reflect them in option C. If the MCP does not have MCP-specific criteria, only include options A and B.

Table 3C: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs

POF Eligibility Indicator: [At least one factor in A] <u>and</u> B <u>and</u> [at least one factor in C] = yes, Member is eligible.

Element	Yes or Blank
A. Member meets eligibility criteria for, <u>and/or</u> is obtaining services through:	
A1. 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.[15]	
A2. Drug Medi-Cal Organization Delivery System (DMC-ODS): Have at least one diagnosis for Substance-Related and Addictive Disorder with the exception of Tobacco-related disorders and non-substance-related disorders.[16]	
A3. 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.[17]	
B. Member is actively experiencing <u>at least one</u> 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.	
C. Member meets <u>one</u> or more of the following criteria:	
C1. High risk for institutionalization, overdose, and/or suicide	

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[15] Eligibility criteria available here: BHIN 21-073

[16] Eligibility criteria available here: BHIN 24-001

[17] Eligibility criteria available here: BHIN 21-071

C2. Use crisis services, ERs, Urgent Care, or inpatient stays as the primary source of care	
C3. 2+ ER visits due to serious mental health or SUD in the past 12 months	
C4. 2+ hospitalizations due to serious mental or SUD in the past 12 months	
C5. Pregnant or post-partum (up to 12 months from delivery)	

Table 3D: Adults Transitioning from Incarceration within the past 12 months

Note: The standards should be used for Members referred for the ECM Justice Involved POF from the community. For correctional facilities referring Members from pre-release care management, please refer to the DHCS JI Policy Guide for details on making a referral through the MCP's Justice Involved Liaison.

POF Eligibility Indicator: If A = yes and [at least one factor in B] = yes, Member is eligible.

Element	Yes or Blank
A. 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.	
B. Member has a diagnosis of:	
B1. Mental Illness	
B2. Substance Use Disorder (SUD)	
B3. Chronic Condition/Significant Non-Chronic Clinical Condition	
B4. Intellectual or Developmental Disability (I/DD)	
B5. Traumatic Brain Injury	
B6. HIV/AIDS	
B7. Pregnant or Postpartum (up to 12 months from delivery)	

Table 3E: Adults living in the community who are at risk for LTC Institutionalization

POF Eligibility Indicator: If [At least one factor in A] <u>and</u> B <u>and</u> C = yes, Member is eligible.

Element	Yes or Blank
A. Member meets at least one of the following criteria:	
A1. Living in the community and meets Skilled Nursing Facility (SNF) Level of Care criteria[18]	
A2. 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.	
B. 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)	
C. Member is able to reside continuously in the community with wraparound supports.	

Table 3F: Adult Nursing Facility Residents Transitioning to the Community

POF Indicator: A <u>and</u> B <u>and</u> C = yes, Member is eligible.

Element	Yes or Blank
A. Member is a nursing facility resident who is interested in moving out of the institution	
B. Member is a likely candidate to move out of the institution successfully	

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[18] Eligibility criteria available here (MCP must provide a link): 22-CCR-51335

Element	Yes or Blank
C. Member is able to reside continuously in the community.	

Table 3G: Adult Birth Equity

POF Indicator: A <u>and</u> B = yes, Member is eligible.

Element	Yes or Blank
A. Member is pregnant or postpartum (through 12 months period)	
B. Member is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality. As of 2024, Black, American Indian or Alaska Native, and Pacific Islander Members meet this criteria (referring individuals should prioritize Member self-identification).	

Tables 4A-4G: Children/Youth Member ECM Eligibility (Members under 21, Homeless Families, Members under 26 that have aged out of Foster Care)

Standardized language to be provided to referring individuals: If the Member being referred is a child, youth, or family (homelessness), please review each indicator and indicate yes to all those that apply across the child/youth Populations 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*.

For Table 4A: If you are referring a child/youth who is experiencing homelessness, and their family members or caretakers are also experiencing homelessness and have coverage through Medi-Cal Managed Care, please consider referring all family members/caregivers for ECM services. MCPs are encouraged to work with ECM Providers to serve a family unit together when referred for experiencing homelessness.

Table 4A: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness

POF Indicator: A or B = yes, Member/family is eligible.

Element	Yes or Blank
A. Child/youth or family with Members under 21 years of age, who is experiencing homelessness (unhoused, in a shelter, losing housing in the next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence)	
B. Child/youth or family is sharing the housing of other persons (i.e. couch surfing) due to loss of housing, economic hardship, or a similar reason; or is living in a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations; is living in emergency or transitional shelter; or is abandoned in hospital (in the hospital without a safe place to be discharged to)	

Table 4B: Children and Youth At Risk for Avoidable Hospital or ED Utilization

POF Indicator: [At least one of] A, B, or C = yes, Member is eligible.

Element	Yes or Blank
A. Child/youth has 3 or more emergency room visits that could have been avoided with appropriate care within the last 12 months	
B. Child/youth has 2 or more unplanned hospital and/or short-term skilled nursing facility stays that could have been avoided with appropriate care, within the last 12 months	
C. [MCP-specific criteria approved by DHCS, if different from A and B][14].	

Table 4C: Children and Youth with Serious Mental Health and/or SUD Needs

POF Eligibility Indicator: [At least one factor in A] = yes, Member is eligible.

Element	Yes or Blank
A. Member meets eligibility criteria for, and/or is obtaining services through:	
A1. Specialty Mental Health Services (SMHS) delivered by MHPs: Members under age 21 qualify to receive all medically necessary SMHS services.[19]	
A2. Drug Medi-Cal Organization Delivery System (DMC-ODS): Members under age 21 qualify to receive all medically necessary DMC-ODS services.[20]	

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[19] Eligibility criteria available here: BHIN 21-073. A child or youth who screens positive for four or more ACES in their primary care practice and meets the access criteria for SMHS services, but has not been linked to care and does not have the family or social support needed to further evaluate/address their needs, qualifies under A1 here – see ECM Policy Guide.

[20] Eligibility criteria available here: 24-001

Element	Yes or Blank
A3. Drug Medi-Cal (DMC) Program: Covered services provided under DMC shall include all medically necessary SUD services for individuals under 21 years of age. [21]	

Table 4D: Children/Youth Transitioning from a Youth Correctional Facility

POF Eligibility Indicator: A, only

Element	Yes or Blank
A. Member is transitioning/transitioned from a youth correctional setting within the last 12 months	

Table 4E: Children/Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model with Additional Needs Beyond the CCS Condition

POF Eligibility Indicator: A and B = yes, Member is eligible.

Element	Yes or Blank
A. Member is enrolled in CCS or CCS WCM	
B. Member is experiencing at least one complex social factor influencing their health. Examples include (but are not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four or more) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health, former foster youth, and/or substance use symptoms.	

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[21] Eligibility criteria available here: 21-071

Table 4F: Children/Youth Involved in Child Welfare

POF Indicator: [At least one of A through E] = yes, Member is eligible.

Element	Yes or No
A. Member is under age 21 and is currently receiving foster care in California	
B. Member is under age 21 and previously received foster care in California or another state within the last 12 months	
C. Member 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	
D. Member is under age 18 and eligible for and/or in California's Adoption Assistance Program	
E. Member is under age 18 and is currently receiving or has received services from California's Family Maintenance program within the last 12 months	

Table 4G: Children/Youth Birth Equity

POF Indicator: A and B = yes, Member is eligible.

Element	Yes or No
A. Member is pregnant or postpartum (up to 12 months from delivery)	
B. Member is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality. As of 2024, Black, American Indian or Alaska Native, and Pacific Islander Members meet this criteria(referring individuals should prioritize Member self-identification).	

Table 5: Enrollment in Other Programs or Services (Applies to Members of all ages)[22]

Some programs in which a Member may already be enrolled may need coordination with ECM. Additionally, there are certain programs and services that DHCS has determined are duplicative of ECM, or otherwise exclude entry into ECM. These programs and services are listed in the [ECM Policy Guide](#). MCPs must use the below standardized fields to give referring individuals the opportunity to identify other programs and services the Member is engaged with that may impact the Member's eligibility for ECM. In cases where a Member is currently engaged in services that duplicate ECM, but ECM may be a better fit based on the Member's evolving needs, MCPs should develop procedures to work with Members and referring individuals to determine the Member's preferences for ECM enrollment.

Referring individuals are not responsible for providing information about the Member's engagement in other programs and services beyond what they already know. MCPs should not require ECM Providers to complete supplemental documentation or checklists related to program overlaps prior to ECM authorization. Completing Table 5 is optional and should be based on the Member information available to the referring individual.

Standardized language to be provided to referring individuals:

Please use the **optional** table below to indicate other programs and services that the Member is receiving under Medi-Cal. Some Medi-Cal services may require coordination with ECM. Because other Medi-Cal services may offer support similar to ECM, Members may be excluded from receiving ECM and these similar services at the same time. The Managed Care Plan will review the information below and make a determination on the Member's eligibility for ECM. The Managed Care Plan is responsible for determining eligibility for ECM, not the referring individual.

If there are any other care management or coordination program(s) in which the Member is enrolled, to the extent known to the referring individual, that would require coordination with ECM (such as California Children's Services, Targeted Case Management within Specialty Mental Health Services, etc.) please share additional information in Table 6.

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[22] There are some services and benefits that Members cannot receive while also enrolling in Enhanced Care Management. The referring individual should discuss Table 5 with the Member or review Member records to confirm the Member is receiving these benefits or services. MCP will make final decision on eligibility based on information within this section.

Please leave blank all elements that do not apply to the extent of your knowledge.

Table 5. Member Enrollment in Other Medi-Cal Programs or Services

Program or Service	Yes, No, Unsure
A. Dual Eligible Special Needs Plan (D-SNP)	
B. Hospice	
C. Fully Integrated Special Needs Plan (FIDE-SNP)	
D. Program for All Inclusive Care for the Elderly (PACE)	
E. Multipurpose Senior Services Program (MSSP)	
F. Assisted Living Waiver (ALW)	
G. Self-Determination Program for Individuals for Individuals with I/DD	
H. Home and Community-Based Alternatives (HCBA) Waiver	
I. California Community Transitions (CCT)	
J. HIV/AIDS Waiver	

Table 6: Additional Information Table

MCPs must include a free text area for the referring individual to provide any additional information or context relevant to the referral. This area is optional for the referring individual to complete.

Standardized language to be provided to referring individuals: Please use this section to provide additional comments, as needed. This section is optional.

3. TRANSMISSION METHODS

MCPs must have multiple transmission methods, including at least one electronic method, available for referring entities to submit ECM referrals. Detailed instructions are required on the MCP's referral solution for how to access available transmission methods. The suggested transmission methods are as follows:

» Provider web-based portals

» Secure fax

» Secure email (if no other option is available)

4. FILE RECEIPT

MCPs must establish processes to:

» Acknowledge receipt of ECM Referral.

» Notify the referring individual if there are errors in the file that must be resolved before submission.

5. ECM REFERRAL FORM TEMPLATES OVERVIEW

MCPs must use the following template for their ECM Referral Form (Defined in section 1 above) if the form is in a PDF or hard copy format.

Standardized language to be provided to referring individuals:

Overview: Enhanced Care Management (ECM) is a statewide Medi-Cal benefit available to eligible Members with complex needs. The purpose of this ECM Referral is to collect key information about the Member, so that their MCP can confirm if the Member is eligible for ECM.   If the Member is eligible for ECM, their MCP will assign the Member to an ECM Provider who supports the Member's specific Population(s) of Focus.

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

Submitting the ECM Referral Form to the Member's Managed Care Plan (MCP): ECM referrals should be submitted to the Member's Managed Care Plan by [MCP may include Plan-specific instructions here. MCP should include contact information for the member to ask additional questions].

Please note, per DHCS policy, the MCP may not require any additional documentation (i.e. Supplemental checklists, ICD-10 codes, Treatment Authorization Request forms, etc.) to authorize ECM.

6. APPENDIX I: ECM REFERRAL FORM TEMPLATE - ADULT

Please complete sections 1-6. If there is a required section that you are unable to complete, please contact the Member's Managed Care Plan [MCP TO ADD INSTRUCTIONS] for additional support prior to submission.

1. MEMBER INFORMATION *Asterisk (*) indicates required information.*	
Date of Referral*	
Type of Referral*	☐ Routine ☐ Expedited
Member's Managed Care Plan*	
Member First Name*	
Member Last Name*	
Member Medi-Cal Client Index Number (CIN)	
Managed Care Plan Member ID Number	
Member Date of Birth (MM/DD/YYYY)*	
Member Primary Phone Number*	
Member Preferred Language	
Member Primary Care Provider Name	
Member Residential Address	☐ Please check here for: No fixed current address. If available, please list frequently visited location for the Member.
Member Residential City	
Member Residential Zip Code	
Member Email	
Best Contact Method for	☐ Phone

1. MEMBER INFORMATION *Asterisk (*) indicates required information.*	
Member/Caregiver, if applicable	☐ Email
Best Contact Time for Member/Caregiver	
Parent/Guardian/Caregiver Name, if applicable	
Parent/Guardian/Caregiver Phone Number, if applicable	
Parent/Guardian/Caregiver Email, if applicable	

2. REFERRAL SOURCE INFORMATION	
Referring Organization Name*	
Referring Organization National Provider Identifier (NPI)	
Referring Individual Name*	
Referring Individual Title	
Referring Individual Phone Number*	
Referring Individual Email Address*	
Referring Individual Relationship to Member*	☐ Medical Provider ☐ Social Services Provider ☐ Other **Please provide additional detail in Section 5 – Additional Comments.**
COMMUNITY PARTNERS (NON ECM PROVIDERS) ONLY	**Does the Member have a preferred ECM Provider?** Please select one of the following: ☐ Yes, this Member has a preferred ECM Provider Preferred ECM Care Manager _____ Preferred ECM Provider Organization _____

2. REFERRAL SOURCE INFORMATION	
	☐ No, this Member does not have a preferred ECM Provider
ECM PROVIDERS ONLY	**Does the referring organization recommend that the Member be assigned to it as their ECM Provider?** Please select one of the following: ☐ Yes, our organization should be the Member's ECM Provider ☐ No, our organization recommends this Member is assigned to a different ECM Provider based on their needs. **Please provide additional detail in Section 5 – Additional Comments.** ☐ No, this Member wants an alternative preferred ECM Provider Preferred ECM Care Manager _____ Preferred ECM Provider Organization _____
ECM PROVIDERS WITH PRESUMPTIVE AUTHORIZATION ONLY	**Has the Member already started ECM services?** Please select one of the following: ☐ Yes, this Member has already started ECM services ECM Benefit Start Date (MM/DD/YYYY) _____ ☐ No, this Member has not started ECM services *ECM Benefit Start Date is the date when billable ECM services were first provided to the Member. This does not include outreach services.*

3. MEMBER ECM ELIGIBILITY BY POPULATION OF FOCUS

ADULT (AGE 21 OR OLDER) ECM ELIGIBILITY – CHECK THOSE THAT APPLY

If the Member being referred is an adult, please review each indicator and indicate yes to <u>all</u> those that apply across each Population of Focus. **Please leave blank all indicators that do not apply, to the extent of your knowledge.** *Please use Section 5 – Additional Comments 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](#)*.*

If you are uncertain if a Member is eligible for ECM, please contact the Member's MCP [Add contact information]

☐ **HOMELESSNESS: Adults Experiencing Homelessness**

(Note: To refer a homeless family to ECM, please use Children/Youth section)

Please confirm the Member meets both of the following criteria:

☐ Member is experiencing Homelessness (unhoused, in a shelter, losing housing in next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence);

AND

☐ Member has at least one complex physical, behavioral or developmental health need (includes pregnancy or post-partum, 12 months from delivery), for which the Member would benefit from care coordination.

☐ **AVOIDABLE HOSPITAL OR EMERGENCY DEPARTMENT UTILIZATION: Adults at Risk for Avoidable Hospital or ED Utilization**

Please confirm the Member meets at least one of the following criteria:

☐ Over the last six months, the Member has had 5 or more emergency room visits that could have been avoided with appropriate care;

AND/OR

☐ Over the last six months, the Member has 3 or more unplanned hospital and/or short-term skilled nursing facility stays that could have been avoided with appropriate care;

OR

☐ [MCP-specific criteria approved by DHCS, if different from A and B].

Please provide additional detail in Section 5 – Additional Comments.

☐ **SERIOUS MENTAL HEALTH/SUBSTANCE USE: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs**

3. MEMBER ECM ELIGIBILITY BY POPULATION OF FOCUS

Please confirm Member meets all of the following criteria:

☐ Member meets eligibility criteria for, and/or is obtaining services through, at least one of the following:

　☐ 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 (DMC-ODS): 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; 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, ERs, Urgent Care or inpatient stays as the primary source of care

　☐ 2+ ER visits or 2+ hospitalizations due to Serious Mental Illness or SUD in the past 12 months

　☐ Pregnant or post-partum (up to 12 months from delivery)

☐JUSTICE INVOLVED: Adults Transitioning from Incarceration within the past 12 months

Please confirm Member meets both 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

3. MEMBER ECM ELIGIBILITY BY POPULATION OF FOCUS
☐ Member has a diagnosis of <u>at least one</u> of the following conditions: ☐ Mental Illness ☐ Substance Use Disorder (SUD) ☐ Chronic Condition/Significant Non-Chronic Clinical Condition ☐ Intellectual or Developmental Disability (I/DD) ☐ Traumatic Brain Injury ☐ HIV/AIDS ☐ Pregnant or Postpartum (up to 12 months from delivery)
☐**LONG TERM CARE (LTC) INSTITUTIONALIZATION: Adults living in the community who are at risk for LTC Institutionalization**
Please confirm the Member meets <u>all</u> 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.
☐**NURSING RESIDENTS TRANSITIONING TO COMMUNITY: Adult Nursing Facility Residents Transitioning to the Community**
Please confirm the Member meets <u>all</u> of the following criteria: ☐ Member is a nursing facility resident who is interested in moving out of the institution **AND**

3. MEMBER ECM ELIGIBILITY BY POPULATION OF FOCUS

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

AND

☐ Member is able to reside continuously in the community.

☐ **BIRTH EQUITY: Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes**

Please confirm the Member meets all of the following criteria:

☐ Member is pregnant or postpartum (through 12 months period)

AND

☐ Member is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality. As of 2024, Black, American Indian or Alaska Native, and Pacific Islander Members are included in this definition (referring individuals should prioritize Member self-identification).

4. ENROLLMENT IN OTHER PROGRAMS AND SERVICES (OPTIONAL)

Please use the **optional** table below to indicate other programs and services that the Member is receiving under Medi-Cal. Some Medi-Cal services may require coordination with ECM. Because other Medi-Cal services may offer support similar to ECM, Members may be excluded from receiving ECM and these similar services at the same time. The Managed Care Plan will review the information below and make a determination on the Member's eligibility for ECM. The Managed Care Plan is responsible for determining eligibility for ECM, not the referring individual.

If there are any other care management or coordination program(s) in which the Member is enrolled, to the extent known to the referring individual, that would require coordination with ECM (such as California Children's Services, Targeted Case Management within Specialty Mental Health Services, etc.) please share additional information in Section 5 – Additional Comments. **Please leave blank all elements that do not apply to the extent of your knowledge.**

PROGRAMS	
☐ Dual Eligible Special Needs Plan (D-SNP)	☐ Hospice
☐ Fully Integrated Special Needs Plans (FIDE - SNPs)	☐ Program For All Inclusive Care for the Elderly (PACE)
☐ Multipurpose Senior Services Program	☐ Self-Determination Program for

(MSSP)	Individuals for Individuals with I/DD
☐ Assisted Living Waiver (ALW)	☐ California Community Transitions (CCT)
☐ Home and Community-Based Alternatives (HCBA) Waiver	☐ HIV/AIDS Waiver

5. ADDITIONAL COMMENTS:

Please use this section to provide additional comments on Sections 1 4, as needed.	

6. SUBMISSION INFORMATION & NEXT STEPS

By submitting this form, the referring individual attests to the best of their knowledge that the information in the form is correct.

Please submit the completed ECM Referral Form to the Member's MCP via [insert MCP submission method]. After submission, MCPs will make an ECM authorization decision within five business days. If the Member is eligible, an ECM Provider will reach out to the Member to confirm interest in ECM and enroll in services.

7. APPENDIX II: ECM REFERRAL FORM TEMPLATE – CHILD/YOUTH

Please complete sections 1-6. If there is a required section that you are unable to complete, please contact the Member's Managed Care Plan [MCP TO ADD INSTRUCTIONS] for additional support prior to submission.

1. MEMBER INFORMATION *Asterisk (*) indicates required information.*	
Date of Referral*	
Type of Referral*	☐ Routine ☐ Urgent
Member's Managed Care Plan*	
Member First Name*	
Member Last Name*	
Member Medi-Cal Client Index Number (CIN)	
Managed Care Plan Member ID Number	
Member Date of Birth (MM/DD/YYYY)*	
Member Primary Phone Number*	
Member Preferred Language	
Member Primary Care Provider Name	
Member Residential Address	☐ Please check here for: No fixed current address. If available, please list frequently visited location for the Member.
Member Residential City	
Member Residential Zip Code	
Member Email	
Best Contact Method for Member/Caregiver (Phone or Email)	☐ Phone ☐ Email

Best Contact Time for Member/Caregiver	
Parent/Guardian/Caregiver Name, if applicable	
Parent/Guardian/Caregiver Phone, if applicable	
Parent/Guardian/Caregiver Email, if applicable	

2. REFERRAL SOURCE INFORMATION	
Referring Organization Name*	
Referring Organization National Provider Identifier (NPI)	
Referring Individual Name*	
Referring Individual Title	
Referring Individual Phone Number*	
Referring Individual Email Address*	
Referring Individual Relationship to Member*	☐ Medical Provider ☐ Social Services Provider ☐ Other **Please provide additional detail in Section 5 – Additional Comments.**
COMMUNITY PARTNERS (NON ECM PROVIDERS) ONLY	**Does the Member have a preferred ECM Provider?** Please select one of the following: ☐ Yes, this Member has a preferred ECM Provider Preferred ECM Care Manager _____ Preferred ECM Provider Organization _____ ☐ No, this Member does not have a preferred ECM Provider

ECM PROVIDERS ONLY	**Does the referring organization recommend that the Member be assigned to it as their ECM Provider?** Please select one of the following: ☐ Yes, our organization should be the Member's ECM Provider ☐ No, our organization recommends this Member is assigned to a different ECM Provider based on their needs. **Please provide additional detail in Section 5 – Additional Comments.** ☐ No, this Member wants an alternative preferred ECM Provider Preferred ECM Care Manager _____ Preferred ECM Provider Organization _____
ECM PROVIDERS WITH PRESUMPTIVE AUTHORIZATION ONLY	**Does the Member have an ECM Benefit Start Date?** Please select one of the following: ☐ Yes, this Member has an ECM Benefit Start Date ECM Benefit Start Date (MM/DD/YYYY) _____ ☐No, this Member does not have an ECM Benefit Start Date *ECM Benefit Start Date is the date when billable ECM services were first provided to the Member. This does not include outreach services.*

3. MEMBER ECM ELIGIBILITY BY POPULATION OF FOCUS

CHILDREN/YOUTH (UNDER 21) ECM ELIGIBILITY OR HOMELESS FAMILIES– CHECK ALL THAT APPLY

If the Member being referred is a child, youth or family (homelessness), please review each indicator and indicate yes to all those that apply across the child/youth Populations of Focus definitions, to help the MCP determine whether the individual qualifies for ECM and understand the child/youth/family's needs as fully as possible. Please leave blank all indicators that do not apply, to the extent of your knowledge.

If you are referring a child/youth who is experiencing homelessness, and their family members or caretakers are also experiencing homelessness and have coverage through Medi-Cal Managed Care, please consider referring all family members/caregivers for ECM services. MCPs are encouraged to work with ECM Providers to serve a family unit together when referred for experiencing homelessness.

If you are uncertain if a Member is eligible for ECM, please contact the Member's MCP [Add contact information]

☐ HOMELESSNESS: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness

Please confirm the Member meets at least one of the following criteria:

☐ Child/youth or family with Members under 21 years of age, who is experiencing homelessness (unhoused, in a shelter, losing housing in next 30 days, exiting an institution to homelessness, or fleeing interpersonal violence)

AND/OR

☐ Child/youth or family is sharing the housing of other persons (i.e. couch surfing) due to loss of housing, economic hardship, or a similar reason; or is living in a motel, hotel, trailer park, or camping ground due to the lack of alternative adequate accommodations; is living in emergency or transitional shelter; or is abandoned in hospital (in hospital without a safe place to be discharged to)

☐ AVOIDABLE HOSPITAL OR EMERGENCY DEPARTMENT USE: Children and Youth At Risk for Avoidable Hospital or ED Utilization

Please confirm the Member meets at least one of the following criteria in the last 12 months:

☐ Child/youth has 3 or more emergency room visits that could have been avoided with appropriate care within the last 12 months;

AND/OR

☐ Child/youth has 2 or more unplanned hospital and/or short-term skilled nursing facility stays that could have been avoided with appropriate care, within the last 12 months.

OR

☐ [MCP-specific criteria approved by DHCS, if different from A and B]. **Please provide additional detail in Section 5 – Additional Comments.**

☐ **SERIOUS MENTAL HEALTH OR SUBSTANCE USE DISORDER: Children and Youth with Serious Mental Health and/or SUD Needs**

Please confirm the Member meets eligibility criteria for and/or is obtaining services through at least one of the following:

☐ Specialty Mental Health Services (SMHS) delivered by MHPs: Members under age 21 qualify to receive all medically necessary SMHS services.

☐ Drug Medi-Cal Organization Delivery System (DMH-ODS): Members under age 21 qualify to receive all medically necessary DMC-ODS services.

☐ Drug Medi-Cal (DMC) Program: Covered services provided under DMC shall include all medically necessary SUD services for individuals under 21 years of age.

☐ **JUSTICE INVOLVED: Children/Youth Transitioning from a Youth Correctional Facility**

Please confirm the Member meets the following criteria:

☐ Member is transitioning/transitioned from a youth correctional setting within the last 12 months

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☐ **CCS OR CCS WHOLE CHILD MODEL: Children/Youth Enrolled in California Children's Services (CCS)or CCS WCM with Additional Needs Beyond the CCS Condition**

Please confirm the Member meets all of the following criteria:

☐ Member is enrolled in CCS or CCS WCM;

AND

☐ Member is experiencing at least one complex social factor influencing their health. Examples include (but are not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four or more) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health, former foster youth, and/or substance use symptoms.

☐ **FOSTER CARE: Children/Youth Involved in Child Welfare**

Please confirm the Member meets <u>at least one</u> of the following criteria:
☐ Member is under age 21 and is currently receiving foster care in California;
    AND/OR
☐ Member is under age 21 and previously received foster care in California or another state within the last 12 months;
    AND/OR
☐ Member 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
    AND/OR
☐ Member is under age 18 and is eligible for and/or in California's Adoption Assistance Program
    AND/OR
☐ Member is under age 18 and is currently receiving or has received services from California's Family Maintenance program within the last 12 months.

☐ **BIRTH EQUITY: Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes**
Please confirm the Member meets all of the following criteria: ☐ Member is pregnant or postpartum (up to 12 months from delivery)   **AND** ☐ Member is subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality. As of 2024, Black, American Indian or Alaska Native, and Pacific Islander Members are included in this definition (referring individuals should prioritize Member self-identification

4. ENROLLMENT IN OTHER PROGRAMS AND SERVICES

Please use the **optional** table below to indicate other programs and services that the Member is receiving under Medi-Cal. Some Medi-Cal services may require coordination with ECM. Because other Medi-Cal services may offer support similar to ECM, Members may be excluded from receiving ECM and these similar services at the same time. The Managed Care Plan will review the information below and make a determination on the Member's eligibility for ECM. The Managed Care Plan is responsible for determining eligibility for ECM, not the referring individual.

If there are any other care management or coordination program(s) in which the Member is enrolled, to the extent known to the referring individual, that would require coordination with ECM (such as California Children's Services, Targeted Case Management within Specialty Mental Health Services, etc.) please share in Section 5 – Additional Comments. **Please leave blank all elements that do not apply to the extent of your knowledge.**

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

5. ADDITIONAL COMMENTS:

Please use this section to provide additional comments on Sections 1 4, as needed.	

6. SUBMISSION INFORMATION & NEXT STEPS

By submitting this form, the referring individual attests to the best of their knowledge that the information in the form is correct.

Please submit the completed ECM Referral Form to the Member's MCP via [insert MCP submission method]. After submission, MCPs will make an ECM authorization decision within five business days. If the Member is eligible, an ECM Provider will reach out to the Member to confirm interest in ECM and enroll in services.