

**Enhanced Care Management (ECM)
Eligibility Verification Form**

A. Referral Details

ECM provider name: ☐ CMC ☐ SJCHSA(WPC) ☐ SJHC ☐ GVHC ☐ Serene ☐ Star Nursing
☐ CHC ☐ St. Mary's ☐ PAIR Team ☐ EA Family Services

ECM referral received from: ☐ HPSJ Pursuit List ☐ CCS ☐ VMRC ☐ School ☐ CBO

B. Member Information

Member Name: _____ DOB: _____

HPSJ Member ID: _____ Contact #: _____

Current Address: _____

Caregiver _____

Caregiver #: _____

Additional info: _____

C. ECM Population of Focus (Select At least One)

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| <p>Adults without dependent Children and Youth experiencing homelessness</p> | <p>Adults who are:</p> <p>Lacking a fixed, regular, and adequate nighttime residence.</p> <p><input type="checkbox"/> Having a primary residence that is a public or private place not designed for or ordinarily use as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground.</p> <p><input type="checkbox"/> Will imminently lose housing in next 30 days.</p> <p><input type="checkbox"/> Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing)</p> <p><input type="checkbox"/> Exiting an institution into homelessness (regardless of length of stay in the institution)</p> <p><input type="checkbox"/> Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence.</p> <p>AND</p> <p><input type="checkbox"/> Have at least one complex physical, behavioral, or developmental need, with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost</p> |
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| <p>Families or Children & Youth experiencing homelessness</p> | <p>Families or Children & Youth who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack a fixed, regular, and adequate nighttime residence. <input type="checkbox"/> Have a primary residence that is a public or private place not designed for or ordinarily use as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. <input type="checkbox"/> Will imminently lose housing in next 30 days. <input type="checkbox"/> Live in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing) <input type="checkbox"/> Are exiting an institution into homelessness (regardless of length of stay in the institution) <input type="checkbox"/> Are fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence. <input type="checkbox"/> Have a primary residence that is a public or private place not designed for or ordinarily use as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. <p>Children, youth, and families do not need to meet the additional "Complex physical, behavioral, or developmental need" criteria.</p> |
| <p>Adults At risk for avoidable hospital or ED utilization</p> | <p>Must meet one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Five or more ER visits in a six-month period <input type="checkbox"/> Three or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period |

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| <p>Children & Youth at risk for avoidable hospital or ED utilization</p> | <p>Must meet one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Three or more ER visits in a Twelve-month period <input type="checkbox"/> Two or more unplanned hospital and/or short-term skilled nursing facility stays in a Twelve-month period |
| <p>Adults with serious Mental Health and/or SUD needs</p> | <p>Adults who meet the eligibility criteria for participation in, or obtaining services through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialty Mental Health Services (SMHS) delivered by Mental health plans (MHPs) <input type="checkbox"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Drug Medi-Cal (DMC) program <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiencing at least one complex social factor influencing their health <p style="text-align: center;">AND</p> <p>Meet one or more of the following criteria:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are at high risk for institutionalization, overdose, and/or suicide. <input type="checkbox"/> Use crisis services, EDs, urgent care, or inpatient stays as the primary source of care. <input type="checkbox"/> Experienced two or more ED visits or two or more hospitalizations due to serious mental health/SUD in the past 12 months. <input type="checkbox"/> Are pregnant or postpartum (12 months from delivery). |

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| <p>Children and Youth with Serious Mental Health and/or SUD Needs</p> | <p>Children and Youth who meet the eligibility criteria for participation in, or obtaining services through:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Specialty Mental Health Services (SMHS) delivered by Mental health Plans (MHPs) <input type="checkbox"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS) <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <input type="checkbox"/> The Drug Medi-Cal (DMC) program |
| <p>Adults Living in the Community and at Risk for LTC Institutionalization</p> | <p>Adults who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are living in the community who meet the SNF Level of Care (LOC) criteria, who require lower- acuity skilled nursing <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are actively experiencing at least one complex social or environmental factor influencing their health <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are able to reside continuously in the community with wraparound supports <p>Exclusions: Adults living in the community who are at risk of institutionalization into Intermediate Care Facilities (ICF) and subacute care facilities are excluded from this Population of Focus.</p> |
| <p>Adult Nursing facility Residents transitioning to the Community</p> | <p>Adult nursing facility residents who:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are interested in moving out of the institution. <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are likely candidates to do so successfully <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> <input type="checkbox"/> Are able to reside continuously in the community. <p>Exclusions: Individuals residing in ICF's, and subacute care facilities are excluded from this Population of Focus.</p> |

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| <p>Children and youth Enrolled in CCS or CCS WCM with Additional needs Beyond the CCS Condition</p> | <p>Children and youth who:</p> <p><input type="checkbox"/> Are enrolled in CCS OR CCS WCM.</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Are experiencing at least one complex social factor influencing their health.</p> |
| <p>Children and Youth Involved in Child Welfare</p> | <p>Children and youth who meet one or more of the following conditions:</p> <p><input type="checkbox"/> Are under age 21 and are currently receiving foster care in California.</p> <p><input type="checkbox"/> Are under age 21 and previously received foster care in California or another state within the last 12 months.</p> <p><input type="checkbox"/> Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state.</p> <p><input type="checkbox"/> Are under age 18 and are eligible for and/or in California's Adoption Assistance Program.</p> <p><input type="checkbox"/> Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months.</p> |
| <p>Adults: Pregnancy & Postpartum</p> | <p>Adults who:</p> <p><input type="checkbox"/> Are pregnant OR are postpartum (through 12 months period)</p> <p style="text-align: center;">AND</p> <p><input type="checkbox"/> Qualify for eligibility in any other adult ECM Population of Focus.</p> |

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| Youth: Pregnancy & Postpartum | <p>Youth who:</p> <p><input type="checkbox"/> Are pregnant OR are postpartum (through 12 months period)</p> <p>AND</p> <p><input type="checkbox"/> Qualify for eligibility in any other youth ECM Population of Focus.</p> |
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Enhanced Care Management (ECM) Eligibility Verification Form

Discontinuation

- i. **Send closure letter and summary** to the member, PCP, and HPSJ
- ii. For unable to reach (UTR): **Send UTR letter** to the member
- iii. **Member eligibility termination** – end ECM services

Graduation

- iv. **Member Transition to HPSJ CM Services** (attached documented reason and care plan)
- v. **Send closure letter and summary** to the member, PCP, and HPSJ

Attach this form to the HPSJ Authorization Request with any supporting documents.

EVF form submitted by: _____

Contact #: _____ Fax #: _____

Signature: _____ Date: _____