

# Enhanced Care Management (ECM) Child/Youth Referral Form

## ECM Overview

Enhanced Care Management is a Medi-Cal managed care benefit for members with highest risk with complex medical and social needs with the goal to improve health and social outcomes. Members enrolled in ECM will primarily receive in-person case management by ECM provider who serve member's specific population of focus.

## Eligibility

Enhanced Care Management is a Medi-Cal managed care benefit for members with highest risk with complex medical and social needs with the goal to improve health and social outcomes. Members enrolled in ECM will primarily receive in-person case management by ECM provider who serve member's specific population of focus.

## Steps for ECM Screening and Referral Completion

**Step 1:** Complete the ECM population of focus screening checklist to confirm member eligibility in one or more population of focus.

**Step 2:** If you determine that member meets the ECM criteria (one or more of the populations of focus), then submit referral form to Health Plan of San Joaquin (HPSJ) via fax at **209-762-4720**.

**Enhanced Care Management (ECM)  
Child/Youth Referral Form**



**Referral Details**

<b>Internal Referral:</b> <input type="checkbox"/> CM <input type="checkbox"/> TOC <input type="checkbox"/> CCRN <input type="checkbox"/> SW <input type="checkbox"/> Other	
<b>External Referral:</b> <input type="checkbox"/> Hospital <input type="checkbox"/> PCP <input type="checkbox"/> CBO <input type="checkbox"/> SNF <input type="checkbox"/> CCS <input type="checkbox"/> School <input type="checkbox"/> VMRC <input type="checkbox"/> Other	
<b>Referring Person:</b>	<b>Date:</b>
<b>Phone:</b>	<b>Fax:</b>
<b>Referring Organization:</b>	
<b>Is the member transitioning their ECM from another plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>*If yes, complete the following information about previous plan and ECM provider:</i>	
<b>Previous ECM Provider Name:</b>	
<b>Previous Plan Name:</b>	<b>Phone:</b>
<b>Discharge date/last date member worked with previous ECM Provider:</b>	
<b>Additional Information:</b>	

**Member Information**

<b>Member Name:</b>	<b>DOB:</b>
<b>Member ID:</b>	<b>Phone:</b>
<b>Current Address:</b>	
<b>Preferred Language:</b>	
<b>Authorized Rep:</b>	<b>Phone:</b>
<b>Parent/Guardian:</b>	<b>Phone:</b>
<b>Additional Information:</b>	

**ECM Population of Focus (Check all that apply)**

<input type="checkbox"/> Families or Children/Youth experiencing homelessness	<input type="checkbox"/> Children/Youth involved in Child Welfare
<input type="checkbox"/> Children/Youth at Risk for avoidable Hospital or ED utilization	<input type="checkbox"/> Children/Youth with Intellectual or Developmental disabilities (I/DD)
<input type="checkbox"/> Children/Youth with Serious Mental Health and/or SUD needs	<input type="checkbox"/> Youth: Pregnancy & Postpartum
<input type="checkbox"/> Children/Youth enrolled in CCS or CCS WCM with additional needs	<input type="checkbox"/> Youth: Birth Equity
	<input type="checkbox"/> Children/Youth transitioning from a Youth Correctional Facility

<p><b>Families or Children/Youth experiencing homelessness</b></p>	<p><b>Families or Children &amp; Youth who:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lack a fixed, regular, and adequate nighttime residence, sharing the housing with other persons (couch surfing)</li> <li><input type="checkbox"/> Have 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</li> <li><input type="checkbox"/> Will imminently lose housing in next 30 days</li> <li><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)</li> <li><input type="checkbox"/> Are exiting an institution into homelessness (regardless of length of stay in the institution)</li> <li><input type="checkbox"/> Are fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence</li> </ul>
<p><b>Children/Youth at risk for avoidable hospital or ED utilization</b></p>	<p><b>Children &amp; Youth who meet one or more of the following conditions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Three or more ED visits in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence</li> <li><input type="checkbox"/> Two or more unplanned hospital and/or short-term SNF stays in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence</li> </ul>
<p><b>Children/Youth with serious Mental Health and/or SUD needs</b></p>	<p><b>Children &amp; Youth who meet the eligibility criteria for participation in, or obtaining services through:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Specialty Mental Health Services (SMHS) delivered by mental health plans (MHPs)</li> <li><input type="checkbox"/> The Drug Medi-Cal Organization Delivery System (DMC-ODS)</li> </ul> <p><b>or</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The Drug Medi-Cal (DMC) program</li> </ul>
<p><b>Children/Youth with serious Mental Health and/or SUD needs</b></p>	<p><b>Children &amp; Youth who:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are enrolled in CCS OR CCS WCM</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are experiencing at least one complex social factor influencing their health</li> </ul>

<p><b>Children &amp; Youth involved in child welfare</b></p>	<p><b>Children &amp; Youth who meet one or more of the following conditions:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are under age 21 and are currently receiving foster care in California</li> <li><input type="checkbox"/> Are under age 21 and previously received foster care in California or another state within the last 12 months</li> <li><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</li> <li><input type="checkbox"/> Are under age 18 and are eligible for and/or in California's Adoption Assistance Program</li> <li><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</li> </ul>
<p><b>Children &amp; Youth with Intellectual or Developmental Disabilities (I/DD)</b></p>	<p><b>Children &amp; Youth who meet the following:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Intellectual or Developmental Disabilities (I/DD)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Qualify or meet any other ECM Population of Focus</li> </ul>
<p><b>Youth: Pregnancy &amp; Postpartum</b></p>	<p><b>Youth who:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are pregnant <b>OR</b> postpartum (through 12 months period)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Qualify for eligibility in any other adult ECM Population of Focus</li> </ul>
<p><b>Youth: Birth Equity</b></p>	<p><b>Youth who:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are pregnant <b>OR</b> who are postpartum (through 12 months period)</li> </ul> <p><b>AND</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are subject to racial and ethnic disparities (Black, American Indian, Alaska Native, Pacific Islanders)</li> </ul> <p><b>*No further criteria are required to be met to qualify for this ECM Population of Focus</b></p>
<p><b>Children &amp; Youth: Transitioning from a Youth Correctional Facility</b></p>	<p><b>Children &amp; Youth who:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Are transitioning from a youth correctional facility <b>OR</b> transitioned from being in a youth correctional facility within past 12 months</li> </ul> <p><b>*No other criteria is required to be met for Children and Youth to qualify for this ECM POF</b></p>