

Enhanced Care Management (ECM) Eligibility Verification Form



Referral Details						
ECM Provider:	CMC	SJCHSA (WPC)	SJHC	GVHC	Serene	Star Nursing
	CHC	St. Mary's	PAIR Team	EA Family Services	Turning Point	West Care
	Center for Human Services - Youth Navigation Center			Uplift Foundation		
ECM Referral Received From:	Pursuit List	CCS	VMRC	School	CBO	

Member Information	
Member Name:	DOB:
Member ID:	Phone:
Current Address:	
Caregiver:	Phone:
Additional Information:	

ECM Population of Focus (Check all that apply)	
Adults without Dependent Children/Youth living with them who are experiencing homelessness	Children/Youth enrolled in CCS or CCS WCM with additional needs beyond the CCS Condition
Families or Children/Youth experiencing homelessness	Children/Youth involved in Child Welfare
Adults at Risk for avoidable Hospital or ED utilization	Adults, Children, and Youth with Intellectual or Developmental Disabilities (I/DD)
Children/Youth at Risk for avoidable Hospital or ED utilization	Adults: Pregnancy & Postpartum
Adults with serious Mental Health and/or SUD needs	Youth: Pregnancy & Postpartum
Children/Youth with Serious Mental Health and/or SUD needs	Adults: Birth Equity
Adults living in the community and at risk for LTC Institutionalization	Youth: Birth Equity
Adult Nursing Facility residents transitioning to the Community	Adults: Transitioning from Incarceration
	Children/Youth transitioning from a Youth Correctional Facility

<p>Adults without dependent Children and Youth experiencing homelessness</p>	<p>Adults who are:</p> <ul style="list-style-type: none"> 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 Will imminently lose housing in next 30 days 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) Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence <p>AND</p> <ul style="list-style-type: none"> 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 services
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<p>Families or Children and Youth experiencing homelessness</p>	<p>Families or Children & Youth who:</p> <ul style="list-style-type: none"> Lack a fixed, regular, and adequate nighttime residence 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 Will imminently lose housing in next 30 days 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) Are exiting an institution into homelessness (regardless of length of stay in the institution) Are fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence <p>*Children, youth, and families do not need to meet the additional "Complex physical, behavioral, or developmental need" criteria.</p>
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<p>Adults at risk for avoidable hospital or ED utilization</p>	<p>Must meet <u>one</u> of the following:</p> <ul style="list-style-type: none"> Five or more ER visits in a six-month period Three or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period
<p>Children and Youth at risk for avoidable hospital or ED utilization</p>	<p>Must meet <u>one</u> of the following:</p> <ul style="list-style-type: none"> Three or more ER visits in a 12-month period Two or more unplanned hospital and/or short-term skilled nursing facility stays in a 12-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"> Specialty Mental Health Services (SMHS) delivered by mental health plans (MHPs) The Drug Medi-Cal Organization Delivery System (DMC-ODS) <p>or</p> <ul style="list-style-type: none"> The Drug Medi-Cal (DMC) program <p>AND</p> <ul style="list-style-type: none"> Experiencing at least one complex social factor influencing their health <p>AND</p> <p>Meet one or more of the following criteria:</p> <ul style="list-style-type: none"> Are at high risk for institutionalization, overdose, and/or suicide Use crisis services, EDs, urgent care, or inpatient stays as the primary source of care Experienced two or more ED visits or two or more hospitalizations due to serious mental health or SUD in the past 12 months Are pregnant or postpartum (12 months from delivery)
<p>Children/Youth with serious Mental Health and/or SUD needs</p>	<p>Children & Youth who meet the eligibility criteria for participation in, or obtaining services through:</p> <ul style="list-style-type: none"> Specialty Mental Health Services (SMHS) delivered by mental health plans (MHPs) The Drug Medi-Cal Organization Delivery System (DMC-ODS) <p>or</p> <ul style="list-style-type: none"> The Drug Medi-Cal (DMC) program

<p>Adults Living in the Community & at Risk for LTC Institutionalization</p>	<p>Adults who:</p> <p>Are living in the community who meet the Skilled Nursing Facility (SNF) Level of Care (LOC) criteria, who require lower-acuity skilled nursing</p> <p>AND</p> <p>Are actively experiencing at least one complex social factor influencing their health</p> <p>AND</p> <p>Are able to reside continuously in the community with wraparound supports</p> <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 must meet all of the following:</p> <p>Adult nursing facility residents who are interested in moving out of the institution</p> <p>Are likely candidates to do so successfully</p> <p>Able to reside continuously in the community</p> <p>Exclusions: Individuals residing in the ICFs (intermediate care facilities) and subacute care facilities are excluded from this Population of Focus.</p>
<p>Children and Youth enrolled in CCS or CCS WCM with additional needs beyond the CCS condition</p>	<p>Children & Youth who:</p> <p>Are enrolled in CCS or CCS WCM</p> <p>AND</p> <p>Are experiencing at least one complex social factor influencing their health</p>

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<p>Children and Youth involved in child welfare</p>	<p>Children and Youth who meet one or more of the following conditions:</p> <ul style="list-style-type: none"> Are under age 21 and are currently receiving foster care in California Are under age 21 and previously received foster care in California or another state within the last 12 months 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 Are under age 18 and are eligible for and/or in California’s Adoption Assistance Program Are under age 18 and are currently receiving or have received services from California’s Family Maintenance program within the last 12 months
<p>Adults, Children, and Youth with Intellectual or Developmental Disabilities (I/DD)</p>	<p>Adults, Children, and Youth who meet the following:</p> <ul style="list-style-type: none"> Intellectual or Developmental Disabilities (I/DD) AND Qualify or meet any other ECM Population of Focus
<p>Adults: Pregnancy & Postpartum</p>	<p>Adults who:</p> <ul style="list-style-type: none"> Are pregnant OR postpartum (through 12 months period) AND Qualify for eligibility in any other adult ECM Population of Focus
<p>Youth: Pregnancy & Postpartum</p>	<p>Youth who:</p> <ul style="list-style-type: none"> Are pregnant OR postpartum (through 12 months period) AND Qualify for eligibility in any other adult ECM Population of Focus
<p>Adults: Birth Equity</p>	<p>Adults who:</p> <ul style="list-style-type: none"> Are pregnant OR who are postpartum (through 12 months period) AND Are subject to racial and ethnic disparities (Black, American Indian, Alaska Native, Pacific Islanders) <p>*No further criteria is required to be met to qualify for this ECM Population of Focus.</p>

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<p>Adults: Transitioning from Incarceration</p>	<p>Adults who:</p> <p>Are transitioning from a correctional facility (e.g. Prison, Jail, or Youth correctional facility) OR transition from correctional facility within the last 12 months</p> <p>AND</p> <p>Have at least one of the following conditions:</p> <ul style="list-style-type: none">Mental illnessSubstance use disorder (SUD)Chronic condition/significant non-chronic clinical conditionIntellectual or developmental disabilities (I/DD)Traumatic brain injury (TBI)HIV/AIDSPregnant or Postpartum
<p>Children & Youth: Transitioning from a Youth Correctional Facility</p>	<p>Children & Youth who:</p> <p>Are transitioning from a youth correctional facility OR transitioned from being in a youth correctional facility within past 12 months</p> <p>*No other criteria is required to be met for Children and Youth to qualify for this ECM Population of Focus.</p>

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Discontinuation

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

**Attach this form to the HPSJ/MVHP Authorization Request
with any additional supporting documents.**

EVF Form Submitted By:		
Phone:	Fax:	
Signature:		Date: