

LA County Enhanced Care Management (ECM) Benefit Member Eligibility Checklists/Referral Forms

Overview

ECM is a Medi-Cal benefit that provides comprehensive care management services to Medi-Cal members with complex health and/or social needs with the goal to improve the health and social outcomes of the ECM-enrolled member. Members enrolled in ECM will primarily receive in-person care management services that will be provided in the member’s community by contracted ECM Provider agencies who serve the member’s specific Population of Focus.

To be eligible for ECM, members must qualify as one or more of the identified **ECM Populations of Focus** and are not enrolled in duplicative services (as defined in the **ECM Exclusionary Screening Checklist**).

There are 3 steps to the ECM screening and referral process:

- **Step 1:** Complete the **Population of Focus Screening Checklist** to confirm member eligibility in **one or more** Populations of Focus.
- **Step 2:** Complete the **Exclusionary Screening Checklist** as a **2nd step** to verify member eligibility.
- **Step 3:** If you determine the member to be eligible for the ECM benefit based on **both Screening Checklists**, complete the referral form and submit **all three forms** (1. Population of Focus Checklist, 2. Exclusionary Checklist, 3. Referral Form) to the Managed Care Plan. To expedite the review and approval process, **please also submit applicable supporting documentation as evidence of the member meeting ECM criteria**. Send securely through the Managed Care Plan’s designated method listed below. The Managed Care Plan will review and verify the member’s eligibility and respond within one week.

Health Plan	ECM Provider Communication Method	Community Provider (Non-ECM Provider) Communication Method
<input type="checkbox"/> Anthem Blue Cross	Submit via Anthem Provider Portal: https://providers.anthem.com or secure fax: 844-429-9626 or secure email: CalAimreferrals@anthem.com	Call Customer Care Center at 888-285-7801 (TTY 711) request "CalAIM or ECM"
<input type="checkbox"/> Blue Shield Promise Health Plan	Submit via SFTP	Submit via secure email: ECM@blueshieldca.com
<input type="checkbox"/> Health Net	Submit via Health Net’s Provider Portal provider.healthnetcalifornia.com or secure fax: 800-743-1655	Submit via secure fax: 800-743-1655
<input type="checkbox"/> Kaiser Permanente	Submit via secure email: RegCareCoordCaseMgmt@KP.org with “ECM Referral” as the subject line	Submit via secure email: RegCareCoordCaseMgmt@KP.org with “ECM Referral” as the subject line
<input type="checkbox"/> L.A. Care Health Plan	Submit via LA Care’s Provider Portal: https://www.lacare.org/ If you are a first time user of the Provider Portal, please be sure to register for access here: https://www.lacare.org/providers/provider-central/la-care-provider-central	Submit through via secure fax: (213) 438-5694 or via secure email: ECMMembership@lacare.org

<input type="checkbox"/> Molina Healthcare of California	<i>Submit via secure email:</i> MHC_ECM@molinahealthcare.com <i>Please note underscores in email address</i>	<i>Submit via secure email:</i> MHC_ECM@molinahealthcare.com <i>Please note underscores in email address</i>
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LA County Enhanced Care Management (ECM) Benefit Populations of Focus Screening Checklist

Step 1: Complete the Populations of Focus Screening Checklist

ECM Population of Focus

POF 1.0: Adults Experiencing Homelessness
<p>Adult without Dependent Children/Youth Living with Them who:</p> <p><input type="checkbox"/> Individual is 21 years of age or older; AND</p> <p style="margin-left: 20px;"><input type="checkbox"/> Is experiencing homelessness, defined as meeting one or more of the following conditions:</p> <ul style="list-style-type: none"> • <i>Lacking a fixed, regular, and adequate nighttime residence;</i> • <i>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;</i> • <i>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;</i> • <i>Exiting an institution into homelessness (regardless of length of stay in the institution);</i> • <i>Will imminently lose housing in the next 30 days;</i> • <i>Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence;</i> <p>AND</p> <p><input type="checkbox"/> Has at least one complex physical, behavioral, or developmental health need (please note in Conditions Table below*) 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.</p>
POF 1.1: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
<p><input type="checkbox"/> Adult WITH Dependent Children/Youth Living with Them. Individual, 21 years of age and older, is part of a family that includes child/youth (under age 21) that is experiencing homelessness, defined as meeting one or more of the following conditions;</p> <p style="margin-left: 20px;">OR</p>

Unaccompanied Children/Youth Experiencing Homelessness (under age 21) defined as meeting one or more of the following conditions:

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

OR

Sharing the housing of other persons (i.e., couch surfing) due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals (in hospital without a safe place to be discharged to).

POF 2.0: Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization

Adult who meets **one or more** of the following conditions in the last **6-months**:

Individual is 21 years of age or older; **AND**

5 or more emergency room visits; **AND/OR**

3 or more unplanned hospital admissions **AND/OR** short-term **skilled nursing facility** stays

AND

All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.

POF 2.1: Children/Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization

Children/Youth who meet the following conditions in the last **12-months**:

Individual is under age 21; **AND**

3 or more emergency room visits; **AND/OR**

2 or more unplanned hospital admissions **AND/OR** short-term **skilled nursing facility** stays

AND

All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.

POF 3.0: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs

(please note in Conditions Table* below)

Individual is 21 years of age or older; **AND**

Meets the eligibility criteria for participation in or obtaining services through:

- Specialty Mental Health Services (SMHS) delivered by Mental Health Plans **AND/OR**
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program **AND**

If ONE of the 2 boxes above are checked, continue below.

Actively experiencing **one complex social factor** influencing their health such as:

- Lack of access to **food**, lack of access to **stable housing**, inability to **work** or **engage in the community**, high measure (4 or more) of Adverse Childhood Experiences (**ACEs**) based on screening, **former foster youth**, history of recent contacts with **law enforcement** related to SMI/SUD symptoms, **and/or (specify)** _____, **AND**

Meets one or more of the following **additional criteria**:

- High risk for institutionalization, overdose and/or suicide
- Use crisis services, ERs, urgent care or inpatient stays as the sole source of care
- 2+ ED visits **or** 2+ hospitalizations due to SMI or SUD in the past 12 months
- Pregnant or post-partum (12 months from delivery)

POF 3.1: Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs

(please note in Conditions Table* below)

Individual is under age 21; **AND**

Meets the eligibility criteria for participation in or obtaining services through:

- Specialty Mental Health Services (SMHS) delivered by Mental Health Plans **AND/OR**
- The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program

POF 4.0: Adults Transitioning from Incarceration within the past 12 months

Individual is 21 years of age or older; **AND**

Is transitioning from a correctional setting or transitioned from a correctional setting within the **last 12-months AND**

Has at least one complex physical, behavioral, or developmental health need of the following conditions (Please note specifics in Conditions Table*)

- Mental illness
- Substance Use Disorder (SUD)
- Chronic Condition/Significant Clinical Condition
- Intellectual or Developmental Disability (I/DD)
- Traumatic Brain Injury
- HIV/AIDS
- Pregnant or Postpartum

POF 4.1: Children/Youth Transitioning from Youth Correctional Facility within the past 12 months

Individual is under age 21; **AND**

Is transitioning from a youth correctional setting or transitioned from a youth correctional setting within the **last 12-months**

POF 5.0: Adults Living in the Community who are at Risk for LTC Institutionalization

(Supporting documents are required to be submitted with the referral for this population of focus)

Individual is 21 years of age or older; **AND**

Living in the community who meet the **Skilled Nursing Facility (SNF) Level of Care criteria; OR who require 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**

Is actively experiencing **at least one complex social or environmental factor** influencing their health; **AND**

Is able to reside continuously in the community with wraparound supports

POF 6.0: Adult Nursing Facility Residents transitioning to the Community

(Supporting documents are required to be submitted with the referral for this population of focus)

Individual is 21 years of age or older; **AND**

Nursing facility resident who is interested in moving out of the institution, **AND**

Individual is a likely candidate to move out of the institution successfully, **AND**

Is able to reside continuously in the community

POF 7.0: Children/Youth Enrolled in California Children's Services (CCS) or CCS Whole Children Model (WCM) with Additional Needs beyond the CCS Condition

- Child/Youth is under age 21; **AND**
- Individual is enrolled in CCS or CCS WCM, **AND**
- Individual is actively experiencing **at least one complex** social factor influencing their health such as food, housing, employment insecurities, history of ACEs/trauma, and history of recent contacts with law enforcement related to SMI/SUD, and/or former foster youth.

POF 8.0: Children/Youth Involved in Child Welfare

- Children/Youth is under age 21 and are **currently receiving foster care** in California; **OR**
- Individual is under age 21 and previously received foster care in California or another state within the last 12 months; **OR**
- Individual 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; **OR**
- Individual is under age 18 and are eligible for and/or in California's Adoption Assistance Program; **OR**
- Individual is under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months

POF 9.0: Birth Equity Adults

- Individual is 21 years of age or older; **AND**
- Individual is pregnant OR are postpartum (through 12 months period following the last day of the pregnancy), **AND**
- Individual is subject to racial and ethnic disparities as defined by [California public health data on maternal morbidity and mortality](#). The racial and ethnic groups experiencing disparities are: Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals.

POF 9.1: Birth Equity Youth

- Child/Youth is under age 21; **AND**
- Individual is pregnant OR are postpartum (through 12 months period following the last day of the pregnancy), **AND**

Individual is subject to racial and ethnic disparities as defined by [California public health data on maternal morbidity and mortality](#). The racial and ethnic groups experiencing disparities are: Black, American Indian and Alaska Native, and Pacific Islander pregnant and postpartum individuals.

***Conditions Table: For Reference Only**

There may be qualifying conditions not listed in this table. Please list condition(s) in the "Other, please note:" field

Complex Physical, Behavioral Health and Developmental Conditions (Check all that apply)	
<i>Physical Health</i>	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dementia requiring assistance with IADLs
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Diabetes (Insulin-dependent) poorly controlled
<input type="checkbox"/> Chronic Liver Disease	<input type="checkbox"/> History of stroke or heart attack
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Hypertension (poorly controlled)
<input type="checkbox"/> Congestive Heart Failure (CHF)	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Pregnant
<input type="checkbox"/> Post-partum	<input type="checkbox"/> Other, please note:
<i>Behavioral Health</i>	
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Psychotic disorders, including schizophrenia
<input type="checkbox"/> Major Depressive Disorder	<input type="checkbox"/> Substance Use Disorder, please specify:
<input type="checkbox"/> Other, please note:	
<i>Developmental</i>	
<input type="checkbox"/> Intellectual/Developmental Disability, please note:	

Summary of ECM Eligibility for Managed Care Plan Reference

Member's Eligible Population(s) of Focus (Check all that apply)	
<input type="checkbox"/>	POF 1.0: Adults Experiencing Homelessness
<input type="checkbox"/>	POF 1.1: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
<input type="checkbox"/>	POF 2.0: Adults at Risk for Avoidable Hospital or ED Utilization
<input type="checkbox"/>	POF 2.1: Children/Youth at Risk for Avoidable Hospital or ED Utilization
<input type="checkbox"/>	POF 3.0: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
<input type="checkbox"/>	POF 3.1: Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
<input type="checkbox"/>	POF 4.0: Adults Transitioning from Incarceration within the past 12 months
<input type="checkbox"/>	POF 4.1: Children/Youth Transitioning from Youth Correctional Facility within the past 12 months
<input type="checkbox"/>	POF 5.0: Adults Living in the Community who are at Risk for LTC Institutionalization
<input type="checkbox"/>	POF 6.0: Adult Nursing Facility Residents transitioning to the Community
<input type="checkbox"/>	POF 7.0: Children/Youth Enrolled in CCS or CCS WCM with Additional Needs beyond the CCS Condition
<input type="checkbox"/>	POF 8.0: Children/Youth Involved in Child Welfare
<input type="checkbox"/>	POF 9.0: Birth Equity Adults
<input type="checkbox"/>	POF 9.1: Birth Equity Youth

LA County Enhanced Care Management (ECM) Benefit Exclusionary Screening Checklist

DHCS outlined approaches to program coordination and the prevention of non-duplication with ECM services: **Absolute, Duplicative, and Wrap.** Complete this **Exclusionary Screening Checklist** as a 2nd step to:

- Confirm eligibility
- Identify duplicative programs for which the member must choose, and
- Identify potential programs that the member can be enrolled in while also in ECM, which will require coordination of services

Step 2: Complete Exclusionary Screening Checklist

Active Medi-Cal

Individual must have active Medi-Cal status and assigned to a Managed Care Plan.

*If either box is checked in this section, **STOP**. Member **does not** meet eligibility criteria. If either box is not checked in this section, move on to next question.*

1. Non-active Medi-Cal
2. Fee-for-Service Medi-Cal

Absolute Exclusion Criteria

Medi-Cal beneficiaries enrolled in the programs below are excluded from ECM.

*If any box is checked in this section, **STOP**. Member **does not** meet eligibility criteria. If any box is not checked in this section, move on to next question.*

3. Hospice
4. Members who have both Medi-Cal and D-SNP Medicare (Exclusively Aligned Enrollment (EAE) or non EAE)
5. Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
6. Program for All Inclusive Care for the Elderly (PACE)
7. Residing in an Intermediate Care Facility (ICF) or subacute care facility

Duplicative Programs – Either ECM or Other Program

Members who are enrolled in the below duplicative programs have a choice of continuing enrollment in these programs or enrolling in ECM. The member maintains the right to choose or switch between ECM and other duplicative care management programs. We encourage members to choose the program that best meets their needs.

*If any box is checked in this section, **STOP**. Member has a choice to continue in their existing 1915 Waiver program or switch to ECM. Please consult with the program if possible or member to confirm active enrollment. If enrollment has ended, please identify the program by name and enrollment end date in the comment section of the referral. If any box is not checked, move on to next question.*

8. Member is currently enrolled in one of the following **1915 Waiver Programs**:
 - Multipurpose Senior Services Program (MSSP)
 - Assisted Living Waiver (ALW)

- Home and Community-Based Alternatives (HCBA) Waiver
 - HIV/AIDS Waiver
 - HCBS Waiver for Individuals with Developmental Disabilities (DD)
 - Self-Determination Program for Individuals for Individuals with I/DD
9. Member is currently enrolled in Complex Case Management Program (CCM) with the Managed Care Plan (MCP).
10. Member is currently enrolled in the California Community Transitions (CCT) Money Follows the Person (MFTP) program.

ECM as a “Wrap” – Can be in Both Programs

Members can be enrolled in **both** ECM and the other program. ECM enhances and coordinates across other care/case management programs. These programs are considered to be complementary to ECM.

The below programs are not exclusionary for ECM. Knowledge of the member’s “wrap” programs will require coordination of care activities by the ECM provider.

11. Member is currently enrolled in one of the following **Non-Managed Care Programs**:
- California Children’s Services (CCS)
 - County-based Targeted Case Management (TCM)
 - Specialty Mental Health (SMHS) TCM
 - SMHS Intensive Care Coordination for Children (ICC)
 - Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
 - Regional Center services
 - AIDS Healthcare Foundation Plans
 - Full Service Partnership (FSP) *Note: Recommend ECM Providers coordinate with FSP programs to ensure non-duplication of services.*
12. Member is currently enrolled in one of the following **Managed Care Programs**:
- CCS Whole Child Model (CCS WCM)
 - Community Based Adult Services (CBAS)
 - CalAIM Community Supports (CS)
13. Member is currently receiving coverage for Members **Dually Eligible for Medicare and Medi-Cal**:
- D-SNP Look-alike Plans
 - Other Medicare Advantage Plans
 - Medicare Fee-For-Service (FFS)

LA County Enhanced Care Management (ECM) Benefit Member Referral Form

Step 3: Complete the Referral Form

**Follow form submission instructions outlined on Page 1*

REFERRAL SOURCE INFORMATION - Asterisk (*) indicates required information.			
Internal Referring Department* (select one): <input type="checkbox"/> CM <input type="checkbox"/> UM <input type="checkbox"/> BH <input type="checkbox"/> MLTSS <input type="checkbox"/> Member Svcs <input type="checkbox"/> Other:			
External Referral By* (select one): <input type="checkbox"/> Hospital <input type="checkbox"/> PPG <input type="checkbox"/> PCP <input type="checkbox"/> Clinic <input type="checkbox"/> SNF <input type="checkbox"/> DHS <input type="checkbox"/> DMH <input type="checkbox"/> DPH <input type="checkbox"/> Other:			
Date of Referral:*			
Referring Organization Name:*			
Referring Organization NPI:			
Referring Individual Name & Title:*			
Referrer Phone Number:*			
Referrer Email Address:*			
Has the member or parent/guardian (as applicable) expressed interest in opting-into ECM?	<input type="checkbox"/> Yes, and I have already discussed the program with the member and parent/guardian (as applicable). Member and/or parent/guardian's preference of ECM Provider, if known:		
Is the member transitioning their ECM services due to a change in their health plan? (Continuity of Care - COC)	<input type="checkbox"/> Yes <input type="checkbox"/> No Please provide previous ECM provider name: Please provide previous CA Medi-Cal health plan name: Please provide last day member worked with previous ECM Provider:		
MEMBER INFORMATION			
Member Name:*			
Member Medi-Cal Client ID # (CIN):*		Member Date of Birth:*	
Member Address:			
Member Primary Phone Number:*		Best Contact Time/Location:	
Member Preferred Language:*			
Caregiver Name & Role/Title:		Caregiver Phone/Email:	
Parent/Guardian, if applicable:		Parent/Guardian Phone/Email:	
MEMBER'S ECM ELIGIBILITY - Check all that Apply			
<input type="checkbox"/>	POF 1.0: Adults Experiencing Homelessness		
<input type="checkbox"/>	POF 1.1: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness		
<input type="checkbox"/>	POF 2.0: Adults at Risk for Avoidable Hospital or ED Utilization		
<input type="checkbox"/>	POF 2.1: Children/Youth at Risk for Avoidable Hospital or ED Utilization		
<input type="checkbox"/>	POF 3.0: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs		
<input type="checkbox"/>	POF 3.1: Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs		
<input type="checkbox"/>	POF 4.0: Adults Transitioning from Incarceration within the past 12 months		

<input type="checkbox"/>	POF 4.1: Children/Youth Transitioning from Youth Correctional Facility within the past 12 months
<input type="checkbox"/>	POF 5.0: Adults Living in the Community who are at Risk for LTC Institutionalization
<input type="checkbox"/>	POF 6.0: Adult Nursing Facility Residents transitioning to the Community
<input type="checkbox"/>	POF 7.0: Children/Youth Enrolled in CCS or CCS WCM with Additional Needs beyond the CCS Condition
<input type="checkbox"/>	POF 8.0: Children/Youth Involved in Child Welfare
<input type="checkbox"/>	POF 9.0: Birth Equity Adults
<input type="checkbox"/>	POF 9.1: Birth Equity Youth
<input type="checkbox"/>	Continuity of Care (COC) Only applies to members transitioning from ECM with another CA Medi-Cal health plan
EXCLUSIONARY CRITERIA	
<input type="checkbox"/> I attest that the member is not enrolled in programs that exclude the member from ECM eligibility <input type="checkbox"/> If member <i>is</i> enrolled in an ECM duplicative program, member is opting for ECM <i>instead of</i> the other program. <ul style="list-style-type: none"> ○ Other Program(s): ○ Other Program(s) disenrollment date: <input type="checkbox"/> If the member is enrolled in a Program that allows them to concurrently receive ECM services (per the Exclusionary Checklist “wrap” program section), note Program(s):	
ADDITIONAL COMMENTS: (i.e. PCP or support person name and contact if applicable)	