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
☐ 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"
☐ Blue Shield Promise Health Plan	*Submit via SFTP*	*Submit via secure email:* ECM@blueshieldca.com
☐ 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
☐ 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*
☐ L.A. Care Health Plan	*Submit through LA Care E-Form:* https://thwebprd.lacare.org/TWA/Client/forms/embed/104?allowanonymous=1 *or your assigned SFTP*	*Submit through LA Care E-Form:* https://thwebprd.lacare.org/TWA/Client/forms/embed/104?allowanonymous=1 *or via secure fax:* (213) 438-5694 *or via secure email:* ECMMembership@lacare.org
☐ Molina Healthcare of California	*Submit via secure email:* MHC_ECM@molinahealthcare.com *Please note underscores in email address*	*Submit via secure email:* MHC_ECM@molinahealthcare.com *Please note underscores in email address*

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

Adult **without** Dependent Children/Youth Living with Them who:

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

    ☐ Is experiencing **homelessness**, 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;*

    AND

    ☐ 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.

POF 1.1: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness

☐ **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;

    OR

☐ **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: Adults with Intellectual or Developmental Disabilities (I/DD)

☐ Individuals is 21 years of age or older; *AND*

☐ Individual has a diagnosis of I/DD; *AND*

☐ Individual qualifies for eligibility in another adult ECM Population of Focus (POF 1.0, 2.0, 3.0, 4.0, 5.0, 6.0)

For Individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one adult Population of Focus above and specify diagnosed I/DD in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

POF 9.1: Children/Youth with Intellectual or Developmental Disabilities (I/DD)

☐ Children/Youth is under age 21; *AND*

☐ Individual has a diagnosis of I/DD; *AND*

☐ Individual qualifies for eligibility in another Children/Youth ECM Population of Focus (POF 1.1, 2.1, 3.1, 4.1, 7.0, 8.0)

For Individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one Children/Youth Population of Focus above and specify diagnosed I/DD in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

POF 10.0: Adults Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

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

☐ Individual is pregnant or postpartum through 12 months period; *AND*

☐ Individual qualifies for eligibility in another adult ECM Population of Focus (POF 1.0, 2.0, 3.0, 4.0, 5.0, 6.0)

For Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, identify at least one adult Population of Focus above and specify pregnant or postpartum (through 12 months period) in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

POF 10.1: Children/Youth Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes

☐ Individual is under age 21; *AND*

☐ Individual is pregnant or postpartum through 12 months period; *AND*

☐ Individual qualifies for eligibility in another Children/Youth ECM Population of Focus (POF 1.1, 2.1, 3.1, 4.1, 7.0, 8.0)

For Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes, identify at least one Children/Youth Population of Focus above and specify pregnant or postpartum (through 12 months period) in Conditions Table below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.

*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)*	
Physical Health	
☐Asthma	☐Dementia requiring assistance with IADLs
☐Chronic Kidney Disease	☐Diabetes (Insulin-dependent) poorly controlled
☐Chronic Liver Disease	☐History of stroke or heart attack
☐Chronic Obstructive Pulmonary Disease (COPD)	☐Hypertension (poorly controlled)
☐Congestive Heart Failure (CHF)	☐Traumatic Brain Injury (TBI)
☐Coronary Artery Disease	☐Pregnant
☐Post-partum	☐ Other, please note:
Behavioral Health	

☐Bipolar disorder	☐Psychotic disorders, including schizophrenia
☐Major Depressive Disorder	☐Substance Use Disorder, please specify:
☐Other, please note:	
Developmental	
☐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)*
☐	POF 1.0: **Adults** Experiencing **Homelessness**
☐	POF 1.1: Homeless Families or Unaccompanied **Children/Youth Experiencing Homelessness**
☐	POF 2.0: **Adults** at Risk for **Avoidable Hospital or ED Utilization**
☐	POF 2.1: **Children/Youth** at Risk for **Avoidable Hospital or ED Utilization**
☐	POF 3.0: **Adults** with **Serious Mental Health and/or Substance Use Disorder (SUD) Needs**
☐	POF 3.1: **Children/Youth** with **Serious Mental Health and/or Substance Use Disorder (SUD) Needs**
☐	POF 4.0: **Adults** Transitioning from **Incarceration** within the past 12 months
☐	POF 4.1: **Children/Youth** Transitioning from **Youth Correctional Facility** within the past 12 months
☐	POF 5.0: **Adults** Living in the Community who are **at Risk for LTC Institutionalization**
☐	POF 6.0: **Adult Nursing Facility Residents** transitioning to the Community
☐	POF 7.0: **Children/Youth** Enrolled in **CCS or CCS WCM** with Additional Needs beyond the CCS Condition
☐	POF 8.0: **Children/Youth** Involved in **Child Welfare**
☐	POF 9.0: **Adults** with **Intellectual or Developmental Disabilities** (I/DD) • Must also qualify for eligibility in any **other adult ECM Population of Focus**
☐	POF 9.1: **Children/Youth** with **Intellectual or Developmental Disabilities (I/DD)** • Must also qualify for eligibility in any **other children/youth ECM Population of Focus**
☐	POF 10.0: **Adults Pregnant and Postpartum** Individuals At Risk for Adverse Perinatal Outcomes • Must also qualify for eligibility in any **other adult ECM Population of Focus**
☐	POF 10.1: **Children/Youth Pregnant and Postpartum** Individuals At Risk for Adverse Perinatal Outcomes • Must also qualify for eligibility in any **other children/youth ECM Population of Focus**

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. ☐ D-SNP members who have both Medi-Cal and Medicare and assigned with the same Managed Care Plan (MCP)
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 one of the following **Managed Care Programs** with the Managed Care Plan (MCP):
   - ☐ Complex Case Management

10. Member is currently enrolled in one of the following **Other Programs:**
    - ☐ California Community Transitions (CCT) Money Follows the Person (MFTP)

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)
    - ☐ In-Home Supportive Supports (IHSS)
    - ☐ CalAIM Community Supports (CS)

13. Member is currently receiving coverage for Members **Dually Eligible for Medicare and Medi-Cal:**
    - ☐ Dual Eligible Special Needs Plans (D-SNPs) administered by two or more Managed Care Plans (MCPs)
    - ☐ 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): ☐ CM ☐ UM ☐ BH ☐ MLTSS ☐ Member Svcs ☐ Other:	
External Referral By* (select one): ☐ Hospital ☐ PPG ☐ PCP ☐ Clinic ☐ SNF ☐ DHS ☐ DMH ☐ DPH ☐ 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?	☐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)	☐No, I will validate ECM eligibility prior to discussing ECM with member ☐ Yes ☐ 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	
☐	POF 1.0: **Adults** Experiencing **Homelessness**
☐	POF 1.1: Homeless Families or Unaccompanied **Children/Youth Experiencing Homelessness**
☐	POF 2.0: **Adults** at Risk for **Avoidable Hospital or ED Utilization**
☐	POF 2.1: **Children/Youth** at Risk for **Avoidable Hospital or ED Utilization**
☐	POF 3.0: **Adults** with **Serious Mental Health and/or Substance Use Disorder (SUD) Needs**
☐	POF 3.1: **Children/Youth** with **Serious Mental Health and/or Substance Use Disorder (SUD) Needs**

☐	POF 4.0: **Adults** Transitioning from **Incarceration** within the past 12 months
☐	POF 4.1: **Children/Youth** Transitioning from **Youth Correctional Facility** within the past 12 months
☐	POF 5.0: **Adults** Living in the Community who are **at Risk for LTC Institutionalization**
☐	POF 6.0: **Adult Nursing Facility Residents** transitioning to the Community
☐	POF 7.0: **Children/Youth** Enrolled in **CCS or CCS WCM** with Additional Needs beyond the CCS Condition
☐	POF 8.0: **Children/Youth** Involved in **Child Welfare**
☐	POF 9.0: **Adults** with **Intellectual or Developmental Disabilities** (I/DD) Must also qualify for eligibility in any **other adult ECM Population of Focus**
☐	POF 9.1: **Children/Youth** with **Intellectual or Developmental Disabilities (I/DD)** Must also qualify for eligibility in any **other children/youth ECM Population of Focus**
☐	POF 10.0: **Adults Pregnant and Postpartum** Individuals At Risk for Adverse Perinatal Outcomes Must also qualify for eligibility in any **other adult ECM Population of Focus**
☐	POF 10.1: **Children/Youth Pregnant and Postpartum** Individuals At Risk for Adverse Perinatal Outcomes Must also qualify for eligibility in any **other children/youth ECM Population of Focus**
☐	**Continuity of Care (COC)** Only applies to members transitioning from ECM with another CA Medi-Cal health plan

EXCLUSIONARY CRITERIA

☐ I attest that the member is **not enrolled in programs that exclude** the member from ECM eligibility

☐ If member *is* enrolled in an ECM duplicative program, member is **opting** for **ECM** *instead of* the other program.
- o **Other Program(s):**
- o **Other Program(s) disenrollment date:**

☐ 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)	