



# ECM Children Youth Screening Birth - 20 Years

**Purpose:** This data gathering, and attestation tool will be used to identify the appropriate Case Management Program that patients, children and youth age 0-20 years old, may qualify for in IEHP: Enhance Care Management (ECM) or Complex Case Management (CCM). This tool will help the ECM Provider determine if the patient meets eligibility criteria for one or more ECM Population of Focus (PoF). Finally, when completed it serves as a referral request for authorization/enrollment for ECM services.

All questions are required unless otherwise indicated.

1. Referral Date:	
2. Requester: Who initiated the request for Care Management services?	<input type="checkbox"/> External ECM Care Teams <input type="checkbox"/> Provider <input type="checkbox"/> Patient <input type="checkbox"/> Family member or authorized representative <input type="checkbox"/> IEHP Department (Internal) <input type="checkbox"/> Other External entities
3. Source: How was patient referred to ECM?	<input type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> Health Information Exchange <input type="checkbox"/> IEHP Dept. <input type="checkbox"/> Telephone <input type="checkbox"/> Walk-In/Face to Face <input type="checkbox"/> Web/Portal
4. Health Indicator Youth Intellectual or Developmental Disabilities (YIDD): Does the patient have any one of the following diagnoses? (Not a qualifying PoF)	<input type="checkbox"/> Intellectual or developmental disability <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Epilepsy <input type="checkbox"/> Autism <input type="checkbox"/> Not applicable
5. a. PoF Birth Equity (YBE): Select the statement that best applies. Select all that apply.	<input type="checkbox"/> I am currently pregnant <input type="checkbox"/> I had a pregnancy in the last 12 months <input type="checkbox"/> Not applicable
5. b. What date was last day of your most recent pregnancy? (Not required)	
5. c. PoF Birth Equity (YBE): Does the patient identify with any of the following racial or ethnic groups? Select all that apply.	<input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Pacific Islander <input type="checkbox"/> None of the Above

<p>6. PoF Homelessness Families or Unaccompanied Children / Youth Experiencing Homelessness (YHM)</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Is patient an unaccompanied child or youth?</li> <li><input type="checkbox"/> Is patient part of a homeless family?</li> <li><input type="checkbox"/> Not applicable</li> </ul> <p style="color: red; margin-left: 20px;">If select 'Not applicable' skip to Q8. Otherwise, go to next question.</p>
<p>7. PoF Homelessness Families or Unaccompanied Children/ Youth Experiencing Homelessness (YHM): Do any of the following homeless definitions apply?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Lacks a fixed, regular, and adequate nighttime residence</li> <li><input type="checkbox"/> Has 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"/> Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements</li> <li><input type="checkbox"/> Is exiting an institution to homelessness (regardless of length of stay in the institution)</li> <li><input type="checkbox"/> Will imminently lose housing in the next 30 days</li> <li><input type="checkbox"/> Is fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence</li> <li><input type="checkbox"/> Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations</li> <li><input type="checkbox"/> Living in emergency or transitional shelters; or abandoned in hospitals (in hospital without a safe place to be discharged to)</li> <li><input type="checkbox"/> Couch surfing</li> <li><input type="checkbox"/> No</li> </ul>
<p>8. Does the patient meet criteria for PoF Youth Homelessness?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, patient qualifies for PoF Homelessness?</li> <li><input type="checkbox"/> No, patient does not qualify for PoF Homelessness?</li> </ul>

<p>9. PoF Children and Youth at Risk for Avoidable Hospital or ED Utilization (YHU): Does patient meet any utilization criteria?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Three (3) or more emergency room visits in the last 12 months?</li> <li><input type="checkbox"/> Two (2) or more unplanned hospital and/or short-term skilled nursing facility stays in the last 12 months?</li> <li><input type="checkbox"/> No</li> </ul>
<p>10. Does the patient meet criteria for PoF Youth At Risk for Avoidable Hospital or ED Utilization?</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Yes, patient qualifies for PoF Youth at Risk for Avoidable Hospital or ED Utilization</li> <li><input type="checkbox"/> No, patient does not qualify for PoF Youth at Risk for Avoidable Hospital or ED Utilization</li> </ul>

<p>11. PoF Children and Youth with Serious Mental Health and/or Substance Use Disorder (YSMI). Is patient currently receiving specialty mental health services through the county, or does the patient meet access criteria for SMHS services?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. PoF YSMI: Does patient meet eligibility criteria for participation in, or obtaining services through Drug Medi-Cal Organized Delivery System (DMC-ODS)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Does the patient meet criteria for PoF Children and Youth with Serious Mental Health and/or Substance-Use Disorder (YSMI)?</p>	<input type="checkbox"/> Yes, patient qualifies for PoF Children and Youth with Serious Mental Health and/or Substance Use Disorder <input type="checkbox"/> No, patient does not qualify for PoF Children and Youth with Serious Mental Health and/or Substance Use Disorder

<p>14. PoF Justice Involved Children and Youth Transitioning from a Youth Correctional Facility (YJI). Is the patient transitioning from a youth correctional facility, or has transitioned from a youth correctional facility within the past 12 months?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>15. Does the patient meet criteria for PoF Children and Youth Transitioning from a Youth Correctional Facility (YJI)?</p>	<input type="checkbox"/> Yes, patient meets criteria for PoF YJI <input type="checkbox"/> No, patient does not meet criteria for PoF YJI

<p>16. PoF YCW: Children and Youth Involved in Child Welfare (YCW). Do any of the following statements apply?</p>	<input type="checkbox"/> Currently receiving foster care in California <input type="checkbox"/> Previously received foster care in California or another state within the last 12 months <input type="checkbox"/> I have been in foster care on/or after my 18th birthday <input type="checkbox"/> Are under the age 18 and are eligible for and/or in California's Adoption Assistance Program <input type="checkbox"/> Are under the age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months <input type="checkbox"/> No
<p>17. Does patient meet criteria for PoF Children and Youth Involved in Child Welfare?</p>	<input type="checkbox"/> Yes, patient qualifies for PoF Children and Youth Involved in Child Welfare? <input type="checkbox"/> No, patient does not qualify for PoF Children and Youth Involved in Child Welfare?

<p>18. PoF Children and Youth Enrolled in California Children’s Services (YCCS). Is patient enrolled in CCS?</p>	<p><input type="checkbox"/> Yes  <b>If selected, go to next question.</b></p> <p><input type="checkbox"/> No  <b>If selected, skip to Q20.</b></p>
<p>19. PoF YCCS: Does patient have any complex SDOH risk factors?</p>	<p><input type="checkbox"/> Lack of access to food</p> <p><input type="checkbox"/> Lack of access to stable housing</p> <p><input type="checkbox"/> Difficulty accessing transportation</p> <p><input type="checkbox"/> History of Adverse Childhood Experiences (ex. Abuse, neglect, mental health, divorce, substance abuse) with ACE score of four (4) or more</p> <p><input type="checkbox"/> History of recent contacts with law enforcement</p> <p><input type="checkbox"/> Recent use of crisis intervention services related to mental health or substance use symptoms</p> <p><input type="checkbox"/> Other – see applicable Z codes on job aid</p> <p><input type="checkbox"/> No</p>
<p>20. Does the patient meet criteria for PoF Children and Youth Enrolled in California Children’s Services (YCCS)?</p>	<p><input type="checkbox"/> Yes, patient qualifies for PoF Children and Youth Enrolled in California Children’s Services?</p> <p><input type="checkbox"/> No, patient does not qualify for PoF Children and Youth Enrolled in California Children’s Services?</p>

<p>21. I have performed the necessary due diligence to determine the appropriate case management program that this patient qualifies for:</p>	<p><input type="checkbox"/> a. Meets PoF criteria. Based on patient interview and/or record review, I attest that to my knowledge this Member meets eligibility criteria for at least 1 PoF for ECM and request authorization of ECM services.  <b>If selected, form completed.</b></p> <p><input type="checkbox"/> b. Patient Meets criteria for lower level of care.  <b>If selected, go to next question.</b></p>
<p>22. Alternative care management program</p>	<p><input type="checkbox"/> a. I discussed another alternative care management program with Member, and Member declines.</p> <p><input type="checkbox"/> b. I discussed another alternative care management program with Member, and Member is interested. I will ensure that a program referral will be sent to appropriate CM program.</p> <p><b>END OF FORM</b></p>