## ECM Referral Birth - 20 years

ECM is a Medi-Cal benefit that provides comprehensive care management services to Medi-Cal members with complex health and social needs. 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 for one or more of the identified ECM Populations of Focus and may not be enrolled in duplicative services.

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

- Step 1: Verify Member Medi-Cal eligibility.
- Step 2: Complete the age-appropriate *Population of Focus Screening Checklist* to confirm member eligibility in one or more Populations of Focus.
- **Step 3:** If you determine the member to be eligible for the ECM benefit based on the age-appropriate Population of Focus Screening Checklist, complete and submit the ECM Referral Form and applicable Population of Focus Screening Checklist to IEHP.

Send both the ECM Referral Form and the age-appropriate Population of Focus Screening Checklist securely through the designated method listed below. IEHP will review and verify the member's eligibility and respond within five (5) business days.

Email referral requests to ECMCareExtenders@iehp.org

## **Referral Source Information**

Referrer Name:	Referrer Organization:					
Referrer Email Address:	Referrer Phone Number:	Referrer Fax Number:				
Does the Member have an established relationship with an ECM Provider? Yes No						
If known, please list which ECM Provider:						

## Member Information

Name:	IEHP MRN (if known):	Medi-Cal CIN # (if known):			
Date of Birth:	Preferred language:				
Primary phone:	Preferred call time:	County of residence:			
Address:	Mailing address:	<ul> <li>No permanent address</li> <li>No mailing address</li> </ul>			
If Member has an authorized representative (AOR), please name:	AOR Phone:	AOR Relationship:			
Medi-Cal Eligibility: Member enrolled in Medi-Cal Managed Care with IEHP? Yes No					

## 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?	<ul> <li>External ECM Care Teams</li> <li>Provider</li> <li>Patient</li> <li>Family member or authorized representative</li> <li>IEHP Department (Internal)</li> <li>Other External entities</li> </ul>
3. Source: How was patient referred to ECM?	<ul> <li>Email</li> <li>Fax</li> <li>Health Information Exchange</li> <li>IEHP Dept.</li> <li>Telephone</li> <li>Walk-In/Face to Face</li> <li>Web/Portal</li> </ul>
4. Health Indicator Youth Intellectual or Developmental Disabilities (YIDD): Does	<ul> <li>Intellectual or developmental disability</li> <li>Cerebral Palsy</li> </ul>

Developmental Disabilities (YDD): Does	Cerebral Palsy
the patient have any one of the	Epilepsy
following diagnoses? (Not a qualifying	□ Autism
PoF)	Not applicable

5. a. PoF Birth Equity (YBE): Select the statement that best applies. Select all that apply.	<ul> <li>I am currently pregnant</li> <li>I had a pregnancy in the last 12 months</li> <li>Not applicable</li> </ul>
<ol> <li>b. What date was last day of your most recent pregnancy? (Not required)</li> </ol>	
5. c. PoF Birth Equity (YBE): Does the patient identify with any of the following racial or ethnic groups? Select all that apply.	<ul> <li>Black</li> <li>American Indian</li> <li>Alaska Native</li> <li>Pacific Islander</li> <li>None of the Above</li> </ul>

<ol> <li>PoF Homelessness Families or Unaccompanied Children / Youth Experiencing Homelessness (YHM)</li> </ol>	Is patient an unaccompanied child or youth? Is patient part of a homeless family? Not applicable If select 'Not applicable' skip to Q8. Otherwise, go to next question.
7. PoF Homelessness Families or Unaccompanied Children/ Youth Experiencing Homelessness (YHM): Do any of the following homeless definitions apply?	Lacks a fixed, regular, and adequate nighttime residence 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 Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements Is exiting an institution to homelessness (regardless of length of stay in the institution) Will imminently lose housing in the next 30 days Is fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life- threatening conditions relating to such violence Living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations Living in emergency or transitional shelters; or abandoned in hospitals (in hospital without a safe place to be discharged to) Couch surfing No
8. Does the patient meet criteria for PoF Youth	Yes, patient qualifies for PoF Homelessness?
Homelessness?	No, patient does not qualify for PoF Homelessness?

9. PoF Children and Youth at Risk for Avoidable Hospital or ED Utilization (YHU): Does patient meet any utilization criteria?	Three (3) or more emergency room visits in the last 12 months? Two (2) or more unplanned hospital and/or short-term skilled nursing facility stays in the last 12 months? No
10. Does the patient meet criteria for PoF Youth At Risk for Avoidable Hospital or ED Utilization?	Yes, patient qualifies for PoF Youth at Risk for Avoidable Hospital or ED Utilization No, patient does not qualify for PoF Youth at Risk for Avoidable Hospital or ED Utilization

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?	Yes No
12. PoF YSMI: Does patient meet eligibility criteria for participation in, or obtaining services through Drug Medi-Cal Organized Delivery System (DMC-ODS)?	Yes No
13. Does the patient meet criteria for PoF Children and Youth with Serious Mental Health and/or Substance-Use Disorder (YSMI)?	Yes, patient qualifies for PoF Children and Youth with Serious Mental Health and/or Substance Use Disorder No, patient does not qualify for PoF Children and Youth with Serious Mental Health and/or Substance Use Disorder

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?	Yes No
15. Does the patient meet criteria for PoF Children and Youth Transitioning from a Youth Correctional Facility (YJI)?	Yes, patient meets criteria for PoF YJI No, patient does not meet criteria for PoF YJI

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

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

21. I have performed the necessary due diligence to determine the appropriate case management program that this patient qualifies for:	<ul> <li>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.</li> <li>If selected, form completed.</li> <li>b. Patient Meets criteria for lower level of care.</li> <li>If selected, go to next question.</li> </ul>
22. Alternative care management program	<ul> <li>a. I discussed another alternative care management program with Member, and Member declines.</li> <li>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.</li> </ul> END OF FORM