Enhanced Care Management (ECM) Member Referral

Use this form to refer a member whom you assess as ECM eligible.

Please confirm the patient's health plan and submit this completed ECM referral form to

ECM@blueshieldca.com

Asterisk (*) identifies required information field on this ECM referral form

Member Information	
Has the member expressed interest in enrolling in ECM?* ☐ Yes ☐ No, I would like to validate ECM eligibility prior to discussing ECM with the member.	
Member's Name:*	
Member Date of Birth:*	
Member's Medi-Cal Client Identification #:* *(9 digit number ending with an letter)*	
Member Address:	
Member Primary Phone Number:*	( )
Best time to contact:	
Member's Preferred Language:*	
Caregiver's Name:	
Caregiver's Alternate Phone Number	( )

Referral Source Information	
Internal referring department* (select one): ☐ Case Management ☐ Utilization Management ☐ Behavioral Health ☐ Managed Long Term Services & Supports (MLTSS) ☐ Other (please provide a brief description):	
External referral by* (select one): ☐ Hospital ☐ Preferred Provider Group (PPG) ☐ Primary Care Provider (PCP) ☐ Clinic ☐ ECM Provider ☐ Other	
Referring Individual Name:*	
Referring Organization Name:*	
Referrer Phone Number:*	( )
Referrer Email Address:*	
Is the member currently being followed by a health plan case manager or part of an external case management program? * ☐ Yes ☐ No ☐ Unknown If yes, please provide contact information as available:	

Member's ECM eligibility Check all that apply:*	
☐	Individuals experiencing **homelessness Adult without dependent children/youth living with them**
☐	Individuals experiencing **homelessness Families or Unaccompanied Children/Youth**
☐	Individuals **At-Risk for Avoidable Hospital or Emergency Department (ED) Utilization Adult**
☐	Individuals **At-Risk for Avoidable Hospital or Emergency Department (ED) Utilization Children/Youth**
☐	Individuals with **serious mental illness and/or substance use disorder (SMI/SUD)** Needs **Adult**
☐	Individuals with **serious mental illness and/or substance use disorder (SMI/SUD)** Needs **Children/Youth**
☐	Individuals **transitioning from incarceration** or have transitioned within the last 12 months, and complex physical, behavioral health and developmental conditions **Post release until 2024**
☐	**Children and Youth Enrolled in CCS** or CCS WCM **with Additional Needs** Beyond the CCS Condition
☐	**Children and Youth** Involved in **Child Welfare**
☐	**Adults** Living in the Community who are at Risk for LTC Institutionalization
☐	**Adult** Nursing Facility Residents transitioning to the Community
☐	Individuals with I/DD *Members must Qualify for eligibility in at least one other ECM Population of Focus
☐	Pregnancy, Postpartum and Birth Equity Population of Focus **(Adults)** *Members must Qualify for eligibility in at least one other ECM Population of Focus

For additional details on the ECM Populations of Focus listed above please review the DHCS ECM Policy guide at: CalAIM Enhanced Care Management (ECM) Policy Guide

Exclusionary criteria:* ALL boxes must be checked for member eligibility for ECM*	
☐	Member is **not enrolled in programs** that would exclude the member from eligibility for ECM (programs considered duplicative of ECM included below)
☐	Member is enrolled in a duplicate program and is **opting for ECM instead of** the other program
☐	**N/A** or member is enrolled in a program that allows them to **concurrently** receive ECM services. **Please note program(s):**

ADDITIONAL COMMENTS (include additional social determinants of health considerations, such as food, housing, employment insecurity, history of ACES/trauma, history of recent contacts with law enforcement, former foster youth)

MEDI-CAL ELIGIBILITY:*	Member in Medi-Cal managed care? ☐ Yes ☐ No

ECM will coordinate all care for the highest-risk Members with complex medical and social needs, including across the physical and behavioral health delivery systems. Many Members who will be eligible for ECM may already be receiving some care management through other programs.

Please select all programs the member is currently participating in, if known:*

1915 c Waivers	**Services Carved Out of Managed Care Plans**	**Duals**	**Others**
☐ Yes *Multipurpose Senior Services Program (MSSP)*	☐ Yes *California Children's Services (CCS)*	☐ Yes *Dual Eligible Special Needs Plans (D-SNPs) [from 2023]*	☐ Yes *AIDS Healthcare Foundation Plans*
☐ Yes *Assisted Living Waiver (ALW)*	☐ Yes *Genetically Handicapped Person's Program (GHPP)*	☐ Yes *D-SNP look-alike plans*	☐ Yes *California Community Transitions (CCT)* *Money Follows the Person (MFTP)*
☐ Yes *Home and Community Based Alternatives (HCBA) Waiver*	☐ Yes *County-Based Targeted Case Management (TCM)*	☐ Yes *Other Medicare Advantage Plans*	
☐ Yes *HIV/AIDS Waiver*	☐ Yes *Specialty Mental Health (SMHS) TCM*	☐ Yes *Medicare FFS*	☐ Yes *Hospice*
☐ Yes *HCBS Waiver for Individuals with Developmental Disabilities (DD)*	☐ Yes *SMHS Intensive Care Coordination for Children (ICC)*	☐ Yes *Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)*	☐ Yes *Mosaic Family Services*
☐ Yes *Self-Determination Program for Individuals with I/DD*	☐ Yes *Drug Medi-Cal Organized Delivery System (DMC-ODS)*	☐ Yes *Programs for All-Inclusive Care for the Elderly (PACE)*	

Additional comments, if any