



## CalAIM Enhanced Care Management (ECM) Referral Form

**Member Name:** \_\_\_\_\_ **CIN:** \_\_\_\_\_

**Note:** Member must be eligible with CalOptima Health.

**Step 1:** Please fill out all applicable information below and proceed to Steps 2 and 3.

**Referral Information:**

Referral Date: _____	Referred by: _____
Agency or Relationship to Member: _____	
Referring Provider National Provider Identifier (NPI) (if applicable): _____	
Phone: _____	Fax: _____
Email: _____	

**Member Information:**

Member Name: _____	CIN: _____
Member Date of Birth: _____	Primary Care Physician: _____
Member Phone: _____	Member Email: _____
Member's Preferred Language: _____	
Member agreed to referral for CalAIM ECM services:    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Step 2.** Check all conditions that apply. Please complete all required check boxes and attach any supporting documentation prior to submission.

**Step 3:** Send completed referral form and supporting documents to CalOptima Health if member belongs to any health network other than Kaiser Permanente. Send all Kaiser Permanente referrals directly to Kaiser Permanente by fax, email or mail.

### CalOptima Health Enhanced Care Management Health Network Contact Information

Health Network	Customer Service Phone Number (for Members)	Referral Submission	Mailing Address
<b>CalOptima Health Direct and Health Networks (Except Kaiser Permanente)</b>	1-888-587-8088	Fax: 1-714-338-3145	CalOptima Health Attn: LTSS CalAIM P.O. Box 11033 Orange, CA 92856

Health Network	Customer Service Phone Number (for Members)	Referral Submission	Mailing Address
Kaiser Permanente	1-866-551-9619	Secure email: RegCareCoordCaseMgmt@kp.org	Kaiser Permanente Attention: Medi-Cal and State Programs (Second Floor) 393 E. Walnut St. Pasadena, CA 91188

	Adults 18 years and older	Member Eligibility Criteria
<input type="checkbox"/>	<b>1. Experiencing or At Risk of Homelessness</b>	<p><b>Select <u>one</u> that applies to member:</b></p> <p><input type="checkbox"/> Homeless or chronic homelessness</p> <p><input type="checkbox"/> At risk of homelessness (next 30 days)</p> <p><input type="checkbox"/> Fleeing domestic violence</p> <p style="text-align: center;"><b>AND</b></p> <p><b>Select <u>one</u> that applies to member:</b></p> <p><input type="checkbox"/> Serious medical condition, or</p> <p><input type="checkbox"/> Serious behavioral condition, or</p> <p><input type="checkbox"/> Serious developmental disorder</p>
<input type="checkbox"/>	<b>2. At Risk of Avoidable Hospital or Emergency Department Utilizer</b>	<p><b>Select <u>one</u> that applies to member:</b></p> <p><input type="checkbox"/> 5 or more emergency room (ER) visits in the past 6 months, <b>or</b></p> <p><input type="checkbox"/> 3 or more unplanned hospitalizations in the past 6 months, <b>or</b></p> <p><input type="checkbox"/> 3 or more short-term skilled nursing facility stays within the past 6 months</p>
<input type="checkbox"/>	<b>3. Serious Mental Illness (SMI) or Substance Use Disorder (SUD)</b>	<p><b>Select <u>all</u> that apply to member:</b></p> <p><input type="checkbox"/> Serious mental health condition, and/or</p> <p><input type="checkbox"/> Substance Use Disorder</p> <p style="text-align: center;"><b>AND</b></p> <p><input type="checkbox"/> Actively experiencing at least one complex social factor influencing their health (for example, lack of access to food, stable housing, inability to work or engage in the community, history of adverse childhood experiences (ACEs), former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms or associated behaviors)</p> <p style="text-align: center;"><b>AND</b></p> <p><b>Select <u>one</u> that applies to member:</b></p>

	<b>Adults 18 years and older</b>	<b>Member Eligibility Criteria</b>
		<input type="checkbox"/> High risk for psychiatric institutionalization, <b>or</b> <input type="checkbox"/> Use of crisis services, urgent care, ER or hospital as sole source of health care, <b>or</b> <input type="checkbox"/> 2 or more ER visits or hospital stays in the past 12 months because of substance use or overdose, <b>or</b> <input type="checkbox"/> 2 or more ER visits or hospital stays in the past 12 months because of a serious mental health condition, <b>or</b> <input type="checkbox"/> High risk for overdose and/or suicide, <b>or</b> <input type="checkbox"/> Is pregnant or postpartum (12 months from delivery)
<input type="checkbox"/>	<b>4. Adults at Risk for Long-Term Care Institutionalization</b>	<p><b>Select <u>one</u> that applies to member:</b></p> <input type="checkbox"/> Adults living in the community who meet the skilled nursing facility (SNF) level of care criteria, <b>or</b> <input type="checkbox"/> 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 or injury
		<b>AND</b>
		<p><b>Select all that apply to member:</b></p> <input type="checkbox"/> Actively experiencing at least one complex social or have environmental factors influencing their health (for example, lack of access to food and stable housing, inability to work or engage in the community, history of adverse childhood experiences (ACEs), history of recent contacts with law enforcement related to mental health, etc.)
		<b>AND</b>
		<input type="checkbox"/> Are able to reside continuously in the community with wraparound supports, such as In-Home Supportive Services (IHSS) services, meals, etc.
<input type="checkbox"/>	<b>5. Nursing Facility Residents Transitioning to the Community</b> (Intermediate care facilities and subacute care facilities are excluded.)	<p>Is member currently residing in an Intermediate Care Facility or Subacute Care Facility? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><b>Select all that apply to member:</b></p> <input type="checkbox"/> Interested in moving out of the institution;
		<b>AND</b>
		<input type="checkbox"/> Are likely candidates to do so successfully (has strong social support or caregiving support)

	Adults 18 years and older	Member Eligibility Criteria
		<p style="text-align: center;"><b>AND</b></p> <input type="checkbox"/> Able to reside continuously in the community
<input type="checkbox"/>	<p><b>6. Individuals with Intellectual or Developmental Disabilities (I/DD)</b> (Members receiving 1915(c) waiver services or residing in an Intermediate Care Facility are excluded.)</p>	<p><b>Select all that apply to member:</b></p> <input type="checkbox"/> Has a diagnosed I/DD; <p style="text-align: center;"><b>AND</b></p> <input type="checkbox"/> Qualify for eligibility in any other adult ECM population of focus
<input type="checkbox"/>	<p><b>7. Adult Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes</b></p>	<p><b>Select all that apply to member:</b></p> <input type="checkbox"/> Member is pregnant or is in postpartum (through 12-month period) <p style="text-align: center;"><b>AND</b></p> <input type="checkbox"/> Member is eligible in any other adult ECM population of focus