CalAIM Enhanced Care Management & CenCal Health Case Management Referral Form

CenCalHEALTH
Local. Quality. Healthcare.

Member must be eligible with CenCal Health

STEP 1 Please fill out all applicable information below and proceed to Step 2 and Step 3.

MEMBER INFORMATION

Referral Date: _____   Last Name: _____   First Name: _____

Medi-Cal # CIN (**9 digits/letter**) _____   Date of Birth: _____

Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Address: _____   City: _____   State: _____   Zip: _____

Phone Number: _____

Member's Primary Contact: _____   Relationship: _____

Member's Primary Contact Phone Number: _____

Primary Care Physician: _____

Member/Caregiver Aware of Referral: ☐ YES ☐ NO

REFERRAL INFORMATION

Completed By: _____   Title: _____

Referral Source Name (Agency/Facility): _____

Phone Number: _____   Fax Number: _____

STEP TWO

STEP 2 **CenCal Health Case Management Program is available to members of all ages.**
ECM services are available to eligible members 21 and older.

CenCal Health Case Management	Enhanced Care Management		
Referral Reason (select all that apply)	**Eligibility Criteria ECM** (select all that apply for members age 21 and older)		

CenCal Health Case Management	Individuals or Families Experiencing Homelessness	Adult High Utilizer	Severe Mental Illness/Substance Use Disorder (SMI/SUD)
☐ Care Transition Services (SNF to Community or Community to SNF)	☐ Homelessness	☐ 5 or more ED visits in 6 months →**AND/OR**	**Meet the eligibility criteria for participation in or obtaining services through:**
☐ Disease Management (acute/chronic illness)	☐ At Risk of homelessness (next 30 days)	☐ 3 or more unplanned Hospital **AND/OR** Short-Term Skilled Nursing stays in a 6 month period	☐ The county Specialty Mental Health (SMH) System (AND/OR)
☐ 2 or less unplanned Hospital/SNF admissions in 6 months	→ **AND at least one of the following:**		☐ The Drug Medi-Cal Organization Delivery System (DMC-ODS)/The Drug Medi-Cal (DMC) program. →**AND**
☐ 2 - 4 ED visits in 6 months	☐ Complex Physical, **or**		**Experiencing at least one Complex Social Factor:**
☐ Fragile conditions and/ or cognitive changes requiring assistance with ADL/IADLs and respite services	☐ Complex Behavioral, **or**		☐ Food ☐ Lack of access to stable housing ☐ Inability to work or engage in the community
☐ Psychosocial Needs (linkage to food, IHSS, CBAS, and other community resources)	☐ Complex Developmental Disorder		☐ History of Adverse Childhood Experiences (ACEs) ☐ Former foster youth
☐ Care Coordination (catastrophic, rehabilitation, transplant)			☐ History of recent contacts with law enforcement related to SMI/SUD use symptoms or associated behaviors →**AND** <u>one</u> **of the following:**
☐ Behavioral Health (Medical care impacted by untreated Behavioral Health needs)			☐ High Risk for Institutionalization, overdose and/or suicide ☐ Use of crisis services, ED, Urgent Care or Inpatient Stay as <u>sole</u> source of care ☐ 2 or more ED **or** 2 Hospitalizations due to SMI or SUD in past 12 months ☐ Are pregnant or postpartum (12 months from delivery)

Are you an ECM provider?   ☐ YES   ☐ NO

If <u>yes</u>, do you wish to be assigned to this member?   ☐ YES   ☐ NO

COMMENTS & STEP 3

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Comments/Additional pertinent information

STEP 3 | **SUBMISSION**

Fax completed referral with supporting documentation to the appropriate fax number

CenCal Health Departments	Phone Number	Fax Number
ECM Enhanced Care Management	(805) 562-1698	(805) 681-3038
CenCal Health Case Management	(805) 562-1082 (option 2)	(805) 681-8260

Contact CenCal Health's Member Services Department for benefit questions at (877) 814-1861