CalAIM Enhanced Care Management & CenCal Health Case Management
Referral Form

CenCal HEALTH®
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 code: [　　　]

Phone Number: [　　　]

Member's Primary Contact: [　　　] Relationship: [　　　]

Member's Primary Contact Phone Number: [　　　]

Primary Care Physician: [　　　] Is Member/Caregiver Aware of Referral: ○ Yes ○ No

REFERRAL INFORMATION

Completed by: [　　　] Title: [　　　]

Referral Source Name (Agency/Facility): [　　　]

Phone Number: [　　　] Fax Number: [　　　]

Step: 2

1

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STEP 2: Please complete the appropriate case management section for the program you are referring to: CenCal Health Case Management OR Enhanced Care Management.

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)**		
○ Care Transition Services (SNF to Community or Community to SNF) ○ Disease Management (acute/chronic illness) ○ 2 or less unplanned Hospital/SNF admissions in 6 months ○ 2 - 4 ED visits in 6 months ○ Fragile conditions and/ or cognitive changes requiring assistance with ADL/IADLs and respite services (CBAS, IHSS) ○ Psychosocial Needs and linkage to community resources such as food, housing, transportation, vocational ○ Care Coordination (catastrophic, rehabilitation, transplant) ○ Behavioral Health (Medical care impacted by untreaed Behavioral Health needs)	**Individuals & Families Experiencing Homelessness** ○ Homelessness ➔ **OR** At Risk of homelessness (next 30 days) ○ ➔ **AND** at least one of the following: ○ Complex Physical, ➔ **OR** ○ Complex Behavioral, or ○ Complex Developmental Disorder ➔ **OR** ○ Does not meet all the above criteria but benefits from ECM) please explain (p. 4)	**Adults At Risk for Avoidable Hospital and Emergency Department (ED) Utilization** ○ 5 or more ED visits in 6 months ➔**AND/OR** ○ 3 or more unplanned Hospital **AND/OR** Short-Term Skilled Nursing stays in a 6 month period ➔ **OR** ○ Does not meet all the above criteria but benefits from ECM) please explain (p. 4)	**Adults with Severe Mental Illness/Substance Use Disorder (SMI/SUD) Needs** Meet the eligibility criteria for participation in or obtaining services through: ○ The county Specialty Mental Health (SMH) System **(AND/OR)** ○ The Drug Medi-Cal Organization Delivery System (DMC-ODS)/The Drug Medi-Cal (DMC) program. ➔ **AND** Experiencing at least one Complex Social Factor: ○ Food ○ Lack of access to 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 SMI/SUD use symptoms or associated behaviors ➔ **AND** <u>one</u> of the following: ○ High Risk for Institutionalization, overdose and/or suicide ○ Use of crisis services, ED, Urgent Care or ○ Inpatient Stay as sole 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) ➔ **OR** ○ Does not meet all the above criteria but benefits from ECM) please explain (p. 4)

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CenCal Health Case Management
ECM services are available to eligible members 21 and older
Eligibility Criteria ECM

Adults Living in the Community at Risk for Institutionalization

○ Adults living in the community who met the Skilled Nursing Facility Nursing Facility (SNF) Level of Care criteria

    →**OR**

○ Who 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

    →**AND**

○ Are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring)

    →**AND**

○ Are able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high acuity needs or conditions that are not suitable for home-based care due to safety or other concerns)

    → **OR**

○ Does not meet all the above criteria but benefits from ECM) please explain (p. 4)

Nursing who are Nursing Facility Residents Transitioning to the Community

Nursing facility residents who are:

○ Interested in moving out of the institution;

○ Are likely candidates to do so successfully;

    → **AND**

○ Able to reside continuously in the community

    → **OR**

○ Does not meet all the above criteria but benefits from ECM) please explain (p. 4)

Are you an ECM provider? ○ YES ○ NO

If yes, do you wish to be assigned to this member? ○ YES ○ NO

Step: 3

Comments/Additional pertinent information

| Step: 3 | Submission |

Please fax or email the completed referral form with supporting documentation to the appropriate department

CenCal Health Departments	Phone Number	Fax Number
ECM Enhanced Care Management ECMCSReferrals@CenCalHealth.org	(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