Enhanced Care Management (ECM)



Fax Number:

(805) 681-3038

Discontinuation of Services Request (FORM E)

ECM Services may be discontinued as a result of the Member's request or determination by ECM Provider and/or CenCal Health that discontinuation is appropriate (in accordance with the ECM discontinuation criteria listed below). ECM providers must notify CenCal Health upon determination that a member meets the ECM discontinuation criteria. CenCal Health will review the request and notify ECM Provider when to initiate the discontinuation of ECM services.

Member and Provider Information	
Medi-Cal #:	ember Name:
Authorization Number:	Date of Birth:
Lead Care Manager (LCM) Name:	LCM Phone Number:
Approval From CCH Required Date ECM Services are intended to be discontinued:	
 Discontinuation of ECM Informed to: (see Member Authorized Representative Primary Care Provider Unable to make contact (phone/In p 	 ○ Phone/In Person ○ In Writing ○ Unable to notify member
Discontinuation Criteria for Enrolled Members (select only one) ○ The Member has met all care plan goals ○ The Member is ready to transition to a lower level of care ○ The Member no longer wishes to receive ECM Services ○ The ECM Provider has not been able to connect with the Member after multiple attempts ○ The Member is unresponsive or unwilling to engage ○ Member's behavior or environment is unsafe for the ECM Provider ○ Enrolled in Hospice Services ○ Loss of Medi-Cal Benefits	
Coordination of Care for Discontinuation of ECM Services Member referred or connected with another Case Management Agency: Yes No	
Agency Name: Member Declined Referral to Case Manage Provide detailed summary if supporting doc on the next page Fax or send via secure link the completed form and su	umentation is not attached Phone Number: (805) 562-1608

Secure Link: https://gateway.cencalhealth.org/form/ecm

(e.g. interaction with member related to discontinuation of ECM Services)

Provide detailed summary if supporting documentation is not attached

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