

# ECM and CS Referral Form

**Enhanced Care Management (ECM) and Community Supports (CS)** is a Medi-Cal benefit that provides comprehensive care management services to Medi-Cal members with complex health and/or social needs.

**Enhanced Care Management services are NOT available for D-SNP members. Select ALL that apply:**

- |  |  |
|--|--|
| Transitioning from ECM with another CA Medi-Cal health plan                                | Adult or Youth at risk for avoidable hospital and/or ER admissions                                 |
| Individuals or family experiencing homelessness  | Adult nursing facility resident transitioning to the community                                     |
| (WCM) with additional needs beyond the CCS Condition                                       | Child or youth involved in Child Welfare   |
| Adult or Youth with serious mental illness (SMI) and/or substance use disorder (SUD) needs | Adult or Youth transitioning from incarceration or who have transitioned within the last 12 months |
| Adults living in the community and at risk for long-term care institutionalization         | Child or youth enrolled in California Children’s Services (CCS) or CCS Whole Child Model           |
| Individuals who is pregnant or 12 or fewer months postpartum                               |  |

External referral by\* (select one):      Hospital      SNF      PCP      Clinic      Other: \_\_\_\_\_

Referring individual name:\* \_\_\_\_\_

Referring organization name:\* \_\_\_\_\_

Referrer phone number:\* (      ) \_\_\_\_\_

Referrer email address:\* \_\_\_\_\_

Has the member expressed interest in opting into ECM?      Yes, I have already discussed the program with the member.  
 Comments: \_\_\_\_\_  
 No, I would like to validate ECM eligibility prior to discussing ECM with the member

Member name:\* \_\_\_\_\_

Medi-Cal client ID number CIN)\* \_\_\_\_\_      Member date of birth:\* \_\_\_\_\_

Member address:\* \_\_\_\_\_

Referrer phone number:\* (      ) \_\_\_\_\_      Best time to contact: \_\_\_\_\_

Member preferred language:\* \_\_\_\_\_

Caregiver name: \_\_\_\_\_

Caregiver’s phone number: (      ) \_\_\_\_\_

**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)

\_\_\_\_\_

Community Supports is a Medi-cal benefit that are non-medical services provided as cost-effective alternatives to traditional medical services and settings. **COMMUNITY SUPPORTS SERVICES:**

- |  |  |
|--|--|
| Housing Transition Navigation Services                               | Housing Tenancy & Sustaining Services                                |
| Housing Deposits   | Asthma Remediation   |
| Medically Supportive Food/ Meals/ Medically Tailored Meals           | Environmental Accessibility Adaptation (Home modifications)          |
| Community Transition Services/ Nursing Facility Transition to a Home | Nursing Facility Transition/ Diversion to Assisted Living Facilities |