SoHum Health

Enhanced Care Management Adult Referral Form

Enhanced Care Management (ECM) is a Medi-Cal benefit that provides comprehensive care management services to Medi-Cal recipients with complex health and/or social needs. Medi-Cal recipients enrolled in ECM will primarily receive in-person care management services that will be provided in the recipient's community by ECM Provider agencies.

Date:	
Type of Referral	☐ **Routine** ☐ **Expedited**

Referral Source Information:	
Referring Organization Name:	
Referring Individual Name:	
Referring Individual Phone Number:	
Referring Individual Email Address:	
Referring Individual Relationship to Member: ☐ Medical Provider ☐ Social Services Provider ☐ Member Self-Referred ☐ Other: _____	
Has the member expressed interest in ECM program?	☐ Yes, I have discussed it with client ☐ No, I would like to validate ECM eligibility prior to discussing it with client.

Personal Information:			
Name:			
Medi-Cal client ID number (CIN) and/or SSN:		Date of Birth:	
Physical Address:			
Mailing Address:			
Phone Number:		Best time to contact:	
Preferred Language:			
Caregiver Name:		Caregiver's alternate phone number:	

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ECM Eligibility Criteria:	
☐	Experiencing homelessness or at risk of homelessness (next 30 days) AND has at least one complex physical, behavioral, or developmental health need
☐	Frequent hospital or emergency room (ER) admissions
☐	At risk for Long Term Care (LTC) Institutionalization and able to reside in community with support
☐	Adult nursing facility resident transitioning to the community
☐	Serious mental illness/substance use disorder (SMI/SUD)
☐	Pregnant or Postpartum (through 12 months) and identifies as Black, American Indian, Alaska Native, or Pacific Islander

Any additional information that would be helpful for ECM provider to be aware of:

Please send completed referral to: pophealth@shchd.org. Include ROI (if needed for your organization) and any other relevant documentation. Note, due to personal information, send email encrypted or per your organization's policies and procedures.

Questions? Email pophealth@shchd.org or call (707)923-3921 ext. 1319