



Enhanced Care Management Children/Youth 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:	



ECM Eligibility Criteria:	
☐	Homeless families or unaccompanied children/youth experiencing homelessness
☐	Pregnant or Postpartum (through 12 months) and identifies as Black, American Indian, Alaska Native, or Pacific Islander
☐	Frequent hospital or emergency room (ER) admissions
☐	Children/Youth involved in Child Welfare

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