

Return completed referral form and all applicable documentation via **SECURE** email to ECM@scfhp.com or fax to **1-408-874-1469**. Allow up to 5 business days for referral to be reviewed once received.

Patient/Member Information	
First Name:	Last Name:
DOB:	SCFHP ID:
Spoken Language:	Phone:
Current Address:	
Name/Agency Referral Information	
Referred by Name/Agency:	
Is referring agency a SCFHP ECM Provider? <input type="checkbox"/> Yes or <input type="checkbox"/> No	
Address:	
Phone:	Email:
ECM Provider recommendation (Optional):	

To qualify for ECM, the member must be enrolled in Medi-Cal and meet both the criteria requirements below:

1. Is not enrolled in a program or service included in the ECM Exclusions below:	
<ul style="list-style-type: none"> • 1915(c) waivers: Multipurpose Senior Services Program (MSSP) • Assisted Living Waiver (ALW) • Home and Community-Based Alternatives (HCBA) Waiver • HIV/AIDS Waiver • HCBS Waiver for Individuals with Developmental Disabilities (DD) • Self-Determination Program for Individuals with I/DD. 	<ul style="list-style-type: none"> • Cal MediConnect (CMC) • Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs) • Program for All-Inclusive Care for the Elderly (PACE) • Family Mosaic Project Services • California Community Transitions (CCT) Money Follows the Person (MFTP) • Basic or Complex Case Management • Hospice

2. Can check the box next to one of the following ECM Populations of Focus:

Population #1 | Individuals and Families Experiencing Homelessness

Must meet all of the following criteria:

- Experiencing homelessness
- AND inability to successfully self-manage at least one complex physical, behavioral or developmental health need

Population #2 | Adult High Utilizers

Must meet at least one of the following criteria:

- Visited the emergency department 5 or more times within a 6-month period that could have been avoided
- AND/OR have 3 or more unplanned hospital and/or short-term skilled nursing facility stays in a 6-month period

Population #3 | Adult SMI and SUD

Must meet all of the following criteria:

- 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) OR the Drug Medi-Cal (DMC) program.
- AND actively experiencing at least one complex social factor influencing their health
- AND meet one or more of the following criteria:
 - Are at high risk for institutionalization, overdose and/or suicide
 - Use crisis services, emergency rooms, urgent care or inpatient stays as the sole source of care
 - Visited the emergency department or was hospitalized 2 or more times due to SMI or SUD in the past 12 months
 - Pregnant or post-partum (12 months from delivery)

Populations 4, 5, and 6 available 1/1/2023

Population #4 | Individuals Transitioning from Incarceration

- Are transitioning from incarceration or transitioned from incarceration within the past 12 months
- AND have at least one of the following conditions:
 - Chronic mental illness
 - Substance Use Disorder (SUD)
 - Chronic disease
 - Intellectual or developmental disability
 - Traumatic Brain Injury (TBI)
 - HIV
 - Pregnancy

Population #5 | Individuals at Risk for Institutionalization and Eligible for Long-Term Care Services

- Are eligible for Long-Term Care services who, in the absence of services and support, would otherwise require care for 90 consecutive days or more in an inpatient nursing facility (NF)
Please note: individuals must be able to live safely in the community with wraparound supports

Population #6 | Nursing Facility Residents Who Want to Transition to the Community

- Nursing facility residents who are strong candidates for successful transition back to the community and have a desire to do so

Supporting Documents

The following supporting documents are recommended. Check all that apply and attach to this referral.

- Face sheet Care plan Recent chart notes Other

Referrer Signature:

Date Referral Sent:

For SCFHP Use: Source: Email Fax Mail In-person Other Date received: