Sacramento County Enhanced Care Management (ECM) Benefit Member Eligibility Checklists/Referral Forms

Overview
ECM is a Medi-Cal Managed Care (Medi-Cal) benefit that provides comprehensive care management services to Medi-Cal members with complex health and/or social needs with the goal to improve the health and social outcomes of the ECM-enrolled member. Members enrolled in ECM will primarily receive in-person care management services that will be provided in the member's community by contracted ECM Provider agencies who serve the member's specific Population of Focus.

To be eligible for ECM, members must qualify as one or more of the identified ECM Populations of Focus and are not enrolled in duplicative services (as defined in the *ECM Exclusionary Screening Checklist*).

Screening and referral process
There are three steps to the ECM screening and referral process:
1. Complete the *Population of Focus Screening Checklist* to confirm member eligibility in one or more Populations of Focus. This step is <u>not needed</u> for Kaiser Permanente referrals.
2. Complete the *Exclusionary Screening Checklist* as a second step to verify member eligibility.
3. If you determine the member to be eligible for the ECM benefit based on **both** *Screening Checklists,* **complete and submit all three forms to the Managed Care Plan:**
   a. To expedite the review and approval process, submit applicable supporting documentation as evidence of the member meeting ECM criteria. Send the documents securely through the managed care plan's designated method listed below. The managed care plan will review and verify the member's eligibility and respond within one week.

Health Plan	ECM Provider Communication Method	Community Provider (Non-ECM Provider) Communication Method
☐ Aetna Better Health of California	*Submit via secure email:* ABHCAEnhancedCareManagment@AETNA.com	*Submit via secure email:* ABHCAEnhancedCareManagment@AETNA.com
☐ Anthem Blue Cross (Anthem)	*Submit via Anthem Provider Portal: https://providers.anthem.com or secure fax: **844-429-9626** or secure email: CalAimreferrals@anthem.com*	*Call **800-407-4627** (TTY 711); mention ECM*
☐ Health Net	*Submit via Health Net's Provider Portal* provider.healthnetcalifornia.com *or secure fax:* **800-743-1655**	*Submit via secure fax:* **800-743-1655**
☐ Kaiser Permanente	*Submit via secure email:* REGMCDURNs-KPNC@kp.org *with "ECM Referral" as the subject line*	*Submit via secure email:* REGMCDURNs-KPNC@kp.org *with "ECM Referral" as the subject line*
☐ Molina Healthcare of California	*Submit via secure email:* MHC_ECM@molinahealthcare.com *Please note underscores in email address*	*Submit via secure email:* MHC_ECM@molinahealthcare.com *Please note underscores in email address*

Submission Process

Completed ECM referral forms may be submitted via any of the following methods:

- Managed Care Plan (MCP)/provider portal
- Fax at **877-734-1854**
- Secure email at CalAIMReferrals@anthem.com
- Customer Care Center from Monday to Friday, 7 a.m. to 7 p.m. PT at **800-407-4627 (TTY 711)**.

Step 1: Complete the *Populations of Focus Screening Checklist*

Sacramento County Enhanced Care Management (ECM) Benefit
Populations of Focus Eligibility Screening Checklist

1: Adults Experiencing Homelessness
Adult (21 years or older) without dependent children/youth living with them who:
☐ Are experiencing **homelessness**, defined as meeting one or more of the following conditions:
• Lacking a fixed, regular, and adequate nighttime residence;
• Having a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
• Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing;
• Exiting an institution into homelessness (regardless of length of stay in the institution);
• Will imminently lose housing in the next 30 days;
• Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence; **and**
☐ Has at least **one complex physical, behavioral, or developmental health need** (please note in *Conditions Table**) below.) with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.
If **both** boxes above are checked in this section, the member is eligible.
1.1: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
☐ **Adult WITH Dependent Children/Youth Living with Them.** Individuals, 21 years of age and older, who are part of a family or unaccompanied child/youth (under age 21) that is experiencing homelessness, defined as meeting one or more of the following conditions; **or**
☐ **Unaccompanied Children/Youth Experiencing Homelessness (under age 21)** defined as meeting one or more of the following conditions:
• Lacking a fixed, regular, and adequate nighttime residence;
• Having a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
• Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing;
• Exiting an institution into homelessness (regardless of length of stay in the institution);
• Will imminently lose housing in the next 30 days;
• Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence; **or**

- Sharing the housing of other persons (i.e., couch surfing) due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals (in hospital without a safe place to be discharged to).

If **either** box above is checked in this section, the member is eligible.

2: Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization

Adults (individuals 21 years of age or older) who meet one or more of the following conditions in a **6-month period (look back over 12-months)**:

☐ **Five or more emergency** room visits; **and/or**

☐ Three or more unplanned **hospital** admissions; **and/or**

☐ Three or more short-term **skilled nursing facility** stays;

   and

☐ All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.

If **one or more** of these boxes are checked in this section, the member is eligible.

2.1: Children/Youth at Risk for Avoidable Hospital or ED Utilization

Children/youth (individuals under the age of 21) who meet one or more of the following conditions in the last 12-months:

☐ **Three or more emergency room** visits; **and/or**

☐ Two or more unplanned **hospital** admissions; **and/or**

☐ Two or more short-term **skilled nursing facility** stays;

   and

☐ All of the emergency room, unplanned hospital admissions, and/or short-term skilled nursing facility stays could have been avoided with appropriate outpatient care or improved treatment adherence.

If **one or more** of these boxes are checked in this section, the member is eligible.

3: Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
(Please note in *Conditions Table** below.)

Adults (individuals 21 years or older) who **meet the eligibility criteria** for participation in or obtaining services through:

☐ Specialty Mental Health (SMHS) delivered by Mental Health Plans; **and/or**

☐ The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program; **and**

If **one of the two boxes** above are checked in, continue this section.

☐ Actively experiencing one **complex social factor** influencing their health such as:

   Lack of access to food, lack of access to **stable housing**, inability to **work or engage in the community**, high measure (4 or more) of Adverse Childhood Experiences (ACEs) based on screening, **former foster youth**, history of recent contacts with law enforcement related to SMI/SUD symptoms, **and/or (specify)**

   _____;

   and

☐ Meet one or more of the following additional criteria:

   ☐ High risk for institutionalization, overdose and/or suicide

   ☐ Use crisis services, ERs, urgent care, or inpatient stays as the sole source of care

   ☐ Two or more ED visits or two or more hospitalizations due to SMI or SUD in the past 12 months

   ☐ Pregnant or post-partum (12 months from delivery)

If **both** boxes above (complex social factors and additional criteria) are checked in this section, the member is eligible.

POF 3.1: Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs

Children/youth (individuals under the age of 21) who meet the eligibility criteria for participation in or obtaining services through:

☐ Specialty Mental Health (SMHS) delivered by Mental Health Plans; **and/or**

☐ The Drug Medi-Cal Organized Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) Program

If **either** box is checked in this section, the member is eligible.

POF 4: Adults Transitioning from Incarceration within the past 12 months

Adults (individuals 21 years or older) who meet the following eligibility criteria:

☐ Who are transitioning from a correctional setting or transitioned from a correctional setting within the last 12-months; **and**

☐ Have at least one complex physical, behavioral, or developmental health need of the following conditions (Please note specifics in *Conditions Table** below):

- Mental illness
- Substance Use Disorder (SUD)
- Chronic Condition/Significant Clinical Condition
- Intellectual or Developmental Disability (I/DD)
- Traumatic Brain Injury
- HIV/AIDS
- Pregnant or Postpartum

If **all** boxes above in this section 4 are checked, the member is eligible.

POF 4.1: Children/Youth Transitioning from Youth Correctional Facility within the past 12 months

Children/youth (Individuals under the age 21) who meet the following eligibility criteria:

☐ Who are transitioning from a youth correctional setting or transitioned from a youth correctional setting within the last 12 months

If **box is checked** in this section, the member is eligible.

POF 5: Adults Living in the Community who are at Risk for Long Term Care (LTC) Institutionalization
(Supporting documents are required to be submitted with the referral for this Population of Focus.)

Adults (Individuals 21 years of age or older) who meet the following eligibility criteria:

☐ Living in the community who meet the **Skilled Nursing Facility (SNF)** level of care criteria; or **who require lower-acuity skilled nursing**, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness/injury; **and**

☐ Are actively experiencing **at least one complex social or environmental factor** influencing their health; **and**

☐ Are able to reside continuously in the community with wraparound supports

If **all boxes** are checked in this section, the member is eligible.

POF 6: Adult Nursing Facility Residents Transitioning to the Community
(Supporting documents are required to be submitted with the referral for this Population of Focus)

Adults (Individuals 21 years of age or older) who meet the following eligibility criteria:

☐ Nursing facility residents who are interested in moving out of the institution with length of stay less than 365 calendar days; **and**

☐ Individual is a likely candidate to move out of the institution successfully; **and**

☐ Are able to reside continuously in the community

If **all boxes** are checked in this section, the member is eligible.

POF 7: Children/Youth Enrolled in California Children's Services (CCS) and CCS Whole-Child Model (WCM) with Additional needs beyond the CCS Condition

Children/youth (Individuals under the age of 21) who meet the following eligibility criteria:

☐ Individual is enrolled in CCS and CCS ECM; **and**

☐ Individual is actively experiencing **at least one complex social factor** influencing their health such as food, housing, employment insecurities, history of ACEs/trauma, and history of recent contacts with law enforcement related to SMI/SUD, and/or former foster youth.

If **both** boxes are checked in this section, the member is eligible.

POF 8: Children/Youth Involved in Child Welfare

Children/youth (Individuals under the age of 21) who meet the following eligibility criteria:

☐ Are **currently receiving foster care** in California; **or**

☐ Previously received foster care in California or another state **within the last 12 months**; **or**

☐ Individual is under age 26 and aged out of foster care (having been in foster care on their 18th birthday or later) in California or another state; **or**

☐ Individual is under age 18 and are eligible for and/or in California's Adoption Assistance Program; **or**

☐ Individual is under age 18 and are currently receiving or have received services from California's Family Maintenance program within the **last 12 months**
If **any of the boxes** are checked in this section, the member is eligible.

POF 9: Adults with Intellectual or Developmental Disabilities (I/DD)

Adults (Individuals 21 years of age or older) who meet the following eligibility criteria:

☐ Individual has a diagnosis of I/DD; **and**

☐ Individual qualifies for eligibility in another adult ECM Population of Focus

For individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one Population of Focus above and specify diagnosed I/DD in *Conditions Table* below. If Population(s) of Focus and condition are checked, member eligibility will be considered.
If **all** boxes are checked in this section 9, the member is eligible

POF 9.1: Children/Youth with Intellectual or Developmental Disabilities (I/DD)

Children/youth (Individuals under the age of 21) who meet the following eligibility criteria:

☐ Individual has a diagnosis of I/DD; **and**

☐ Individual qualifies for eligibility in another adult ECM Population of Focus

For individuals with Intellectual or Developmental Disabilities (I/DD), identify at least one Population of Focus above and specify diagnosed I/DD in *Conditions Table* below. If Population(s) of Focus and condition are checked, member eligibility will be considered.
If **both** boxes are checked in this section, the member is eligible

POF 10.0: Adults Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes

Adults (Individuals 21 years of age or older) who meet the following eligibility criteria:

☐ Individual is pregnant or postpartum through 12 months period; **and**

☐ Individual qualifies for eligibility in another adult ECM Population of Focus (excluding Intellectual and Developmental Disability population)

For Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes, identify at least one Population of Focus above and specify pregnant or postpartum (through 12 months period) in *Conditions Table* below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.
If **both** boxes are checked in this section, the member is eligible

POF 10.1: Children/Youth Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes

Children/youth (Individuals under the age of 21) who meet the following eligibility criteria:

☐ Individual is pregnant or postpartum through 12 months period; **and**

☐ Individual qualifies for eligibility in another Child/Youth ECM Population of Focus

For Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes, identify at least one Population of Focus above and specify pregnant or postpartum (through 12 months period) in *Conditions Table* below. If Population(s) of Focus and Condition are checked, member eligibility will be considered.
If both boxes are checked in this section, the member is eligible

* Conditions Table: For Reference Only

There may be qualifying conditions not listed in this table. Please list condition(s) in the *Other, please note:* field.

Complex Physical, Behavioral Health and Developmental Conditions (Check all that apply)	
Physical Health	
☐ Asthma	☐ Dementia requiring assistance with IADLs
☐ Chronic Kidney Disease	☐ Diabetes (Insulin-dependent) poorly controlled
☐ Chronic Liver Disease	☐ History of stroke or heart attack
☐ Chronic Obstructive Pulmonary Disease (COPD)	☐ Hypertension (poorly controlled)
☐ Congestive Heart Failure (CHF)	☐ Traumatic Brain Injury (TBI)

☐ Coronary Artery Disease	☐ Pregnant
☐ Post-partum	☐ Other, please note
Behavioral Health	
☐ Bipolar disorder	☐ Psychotic disorders, including schizophrenia
☐ Major Depressive Disorder	☐ Substance Use Disorder, please specify:
☐ Other, please note:	
Developmental	
☐ Intellectual/Developmental Disability, please note:	

Summary of ECM Eligibility for Managed Care Plan Reference

	Member's Eligible Population(s) of Focus (Check all that apply)	
☐	POF 1.0:	Adults Experiencing Homelessness
☐	POF 1.1:	Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
☐	POF 2.0:	Adults at Risk for Avoidable Hospital or ED Utilization
☐	POF 2.1:	Children/Youth at Risk for Avoidable Hospital or ED Utilization
☐	POF 3.0:	Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
☐	POF 3.1:	Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
☐	POF 4.0:	Adults Transitioning from Incarceration within the past 12 months
☐	POF 4.1:	Children/Youth Transitioning from Youth Correctional Facility within the past 12 months
☐	POF 5.0:	Adults Living in the Community who are at Risk for LTC Institutionalization
☐	POF 6.0:	Adult Nursing Facility Residents transitioning to the Community
☐	POF 7.0:	Children/Youth Enrolled in CCS and CCS WCM with Additional Needs beyond the CCS Condition
☐	POF 8.0:	Children/Youth Involved in Child Welfare
☐	POF 9.0:	Adults with Intellectual or Developmental Disabilities (I/DD) Must also qualify for eligibility in any other adult ECM Population of Focus
☐	POF 9.1:	Children/Youth with Intellectual or Developmental Disabilities (I/DD) Must also qualify for eligibility in any other children/youth ECM Population of Focus
☐	POF 10.0:	Adults Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes Must also qualify for eligibility in any other adult ECM Population of Focus
☐	POF 10.1:	Children/Youth Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes Must also qualify for eligibility in any other children/youth ECM Population of Focus

Step 2: Complete *Exclusionary Screening Checklist.*

Enhanced Care Management (ECM) Benefit
Exclusionary Screening Checklist

DHCS outlined approaches to program coordination and the prevention of non-duplication with ECM services: Absolute, Duplicative, and Wrap. Complete this *Exclusionary Screening Checklist* as a 2nd step to:
- Confirm eligibility,
- Identify duplicative programs for which the member must choose, **and**

- Identify potential programs that the member can be enrolled in while also in ECM, which will require coordination of services.

Active Medi-Cal
Individual must have active Medi-Cal status and assigned to a Managed Care Plan.

1. ☐ Non-active Medi-Cal
   If box is checked, **STOP.** Member **does not** meet eligibility criteria.
   If box is not checked, move on to next question.
2. ☐ Fee-for-Service Medi-Cal
   If box is checked, **STOP.** Member **does not** meet eligibility criteria.
   If box is not checked, move on to next question.

Absolute Exclusion Criteria
Medi-Cal beneficiaries enrolled in the programs below are excluded from ECM.

3. ☐ Hospice
   If box is checked, **STOP.** Member **does not** meet eligibility criteria.
   If box is not checked, move on to next question.
4. ☐ D-SNP members who have both Medi-Cal and Medicare and assigned with the same Managed Care Plan (MCP)
   If box is checked, **STOP.** Member **does not** meet eligibility criteria.
   If box is not checked, move on to next question.
5. ☐ Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
   If box is checked, **STOP.** Member **does not** meet eligibility criteria.
   If box is not checked, move on to next question.
6. ☐ Program for All Inclusive Care for the Elderly (PACE)
   If box is checked, **STOP.** Member **does not** meet eligibility criteria.
   If box is not checked, move on to next question.
7. ☐ Residing in an Intermediate Care Facility (ICF) or subacute care facility
   If box is checked, **STOP.** Member **does not** meet eligibility criteria.
   If box is not checked, move on to next question.

Duplicative programs — either ECM or other program

Members who are enrolled in the below duplicative programs have a choice of continuing enrollment in these programs or enrolling in ECM. The member maintains the right to choose or switch between ECM and other duplicative care management programs. We encourage members to choose the program that best meets their needs.

8. Member is currently enrolled in one of the following *1915 Waiver* **Programs:**
   ☐ 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 for Individuals with I/DD

If a box is checked, **STOP.** Member has a choice to continue in their existing 1915 Waiver program or switch to ECM. Please consult with the 1915 Waiver program if possible.
If box is not checked, move on to next question.

9. Member is currently enrolled in one of the following **managed care programs**:
    ☐ Basic Case Management
    ☐ Complex Case Management

If a box is checked, **STOP.** Member has a choice to continue in their existing Case Management program or switch to ECM. Please consult with Case Management program if possible.
If box is not checked, move on to next question.

10. Member is currently enrolled in one of the following **other programs:**
    ☐ California Community Transitions (CCT) Money Follows the Person (MFTP)

If box is checked, **STOP.** Member has a choice to continue in their existing CCT MFTP program or switch to ECM. Please consult with the CCT program if possible.
If box is not checked, move on to next question.

ECM as a "wrap" — can be in both programs
Members can be enrolled in **both** ECM and the other program. ECM enhances and coordinates across other care/case management programs. These programs are considered to be complementary to ECM.

The below programs are **not exclusionary for ECM.** Knowledge of the member's "wrap" programs will require coordination of care activities by the ECM provider.

11. Member is currently enrolled in one of the following **non-managed care programs**:
    ☐ California Children's Services (CCS)
    ☐ County-based Targeted Case Management (TCM)
    ☐ Specialty Mental Health (SMHS) TCM
    ☐ SMHS Intensive Care Coordination for Children (ICC)
    ☐ Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
    ☐ Regional Center services

12. Member is currently enrolled in one of the following **managed care programs**:
    ☐ CCS Whole Child Model (CCS WCM)
    ☐ Community Based Adult Services (CBAS)
    ☐ In-Home Support Supports (IHSS)
    ☐ CalAIM Community Supports (CS)

13. Member is currently receiving coverage for Members **Dually Eligible for Medicare and Medi-Cal:**
    ☐ Dual Eligible Special Needs Plans (D-SNPs) administered by two or more Managed Care Plans (MCPs)
    ☐ D-SNP Look-alike Plans
    ☐ Other Medicare Advantage Plans
    ☐ Medicare Fee-For-Service (FFS)

14. Member is currently enrolled in one of the **other programs:**
    ☐ AIDS Healthcare Foundation Plans

☐ Adult Full Service Partnership (FSP) *Note: Recommend ECM providers coordinate with FSP programs to ensure non-duplication of services.*

Step 3: Complete the *Member Referral Form*.

Enhanced Care Management (ECM) Benefit
Member Referral Form

* Follow form submission instructions outlined on page one.

Referral source information	
Asterisk (*) indicates required information.	
Internal referring department* (select one): ☐ CM ☐ UM ☐ BH ☐ MLTSS ☐ Member Services ☐ Other: _____	
External referral by* (select one): ☐ Hospital ☐ PPG ☐ PCP ☐ Clinic ☐ SNF ☐ DHS ☐ DMH ☐ DPH ☐ Other: _____	
Date of Referral:*	
Referring organization name:*	
Referring individual name and title:*	
Referrer phone number:*	
Referrer email address:*	
Rendering provider service location if same organization as referring provider.	Address:
	NPI:
Corrections Facility (*Justice Involved referrals only)	Provider/location:
Has the member or parent/guardian (as applicable) expressed interest in opting-into ECM?	☐ Yes, and I have already discussed the program with the member and parent/guardian (as applicable). Member and/or parent/guardian's preference of ECM Provider, if known: ☐ No, I will validate ECM eligibility prior to discussing ECM with member
Is the member transitioning their ECM services due to a change in their health plan? (Continuity of Care — COC)	☐ Yes ☐ No Please provide previous ECM provider name: _____ Please provide previous CA Medi-Cal health plan name: _____ Please provide last day member worked with previous ECM Provider: _____

Member information	
Member name:*	
Member Medi-Cal client ID # (CIN):*	
Member date of birth:*	
Member address:	
Member primary phone number:*	
Best contact time/location:	
Member preferred language:*	
Caregiver name and role/title:	
Caregiver phone/email:	
Parent/guardian, if applicable:	

Parent/guardian phone/email:		

Member's ECM eligibility (Check all that apply.)

☐	POF 1:	Adults Experiencing Homelessness
☐	POF 1.1:	Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
☐	POF 2:	Adults at Risk for Avoidable Hospital or ED Utilization
☐	POF 2.1:	Children/Youth at Risk for Avoidable Hospital or ED Utilization
☐	POF 3:	Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
☐	POF 3.1:	Children/Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs
☐	POF 4:	Adults Transitioning from Incarceration within the past 12 months
☐	POF 4.1:	Children/Youth Transitioning from Youth Correctional Facility within the past 12 months
☐	POF 5:	Adults Living in the Community who are at Risk for LTC Institutionalization
☐	POF 6:	Adult Nursing Facility Residents transitioning to the Community
☐	POF 7:	Children/Youth Enrolled in CCS and CCS WCM with Additional Needs beyond the CCS Condition
☐	POF 8.:	Children/Youth Involved in Child Welfare
☐	POF 9:	Adults with Intellectual or Developmental Disabilities (I/DD) Must also qualify for eligibility in any other adult ECM Population of Focus
☐	POF 9.1:	Children/Youth with Intellectual or Developmental Disabilities (I/DD) Must also qualify for eligibility in any other children/youth ECM Population of Focus
☐	POF 10:	Adults Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes Must also qualify for eligibility in any other adult ECM Population of Focus
☐	POF 10.1:	Children/Youth Pregnant and Postpartum Individuals at Risk for Adverse Perinatal Outcomes Must also qualify for eligibility in any other children/youth ECM Population of Focus
☐	Continuity of Care (COC) Only applies to members transitioning from ECM with another CA Medi-Cal health plan	

Exclusionary criteria

☐ I attest that the member is not enrolled in programs that exclude the member from ECM eligibility.

☐ If member is enrolled in an ECM duplicative program, member is opting for ECM instead of the other program.

      ☐ Other program(s): _____

      ☐ Other program(s) disenrollment date: _____

☐ If the member is enrolled in a program that allows them to concurrently receive ECM services (per the *Exclusionary Checklist* "wrap" program section), note program(s):

_____

Additional comments: (i.e., PCP or support person name and contact if applicable)	