

## CalAIM Enhanced Care Management (ECM) Referral Form

**Note:** Member must be eligible with CalOptima.

**Step 1:** Please fill out all sections below and proceed to **Steps 2 and 3.**

**Referral Information:**

Referral Date: _____ Referred by: _____	
Agency or Relationship to Member: _____	Referring Provider NPI (if applicable): _____
Phone: _____	Fax: _____ Email: _____

**Member Information:**

Member Name: _____ Medi-Cal CIN: _____	
Date of Birth: _____	Primary Care Provider: _____
Member Phone: _____	Member Email: _____
Member's Preferred Language: _____	

**Step 2: Check all conditions that apply (Attach supporting documents).**

<input type="checkbox"/> 1. Homelessness	<input type="checkbox"/> 2. High Utilization of Health Care
<p><u>Member eligibility criteria</u> <b>(Select <u>all</u> that apply):</b></p> <p><input type="checkbox"/> Homeless  <input type="checkbox"/> Chronic homelessness  <input type="checkbox"/> At risk of homelessness (next 30 days)</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p><b>(Select <u>one</u> of the following):</b></p> <p><input type="checkbox"/> Serious medical condition, or  <input type="checkbox"/> Serious behavioral condition, or  <input type="checkbox"/> Serious developmental disorder</p>	<p><u>Member eligibility criteria</u> <b>(Select <u>one</u> of the following):</b></p> <p><input type="checkbox"/> 5 or more ER visits in the past 6 months, or  <input type="checkbox"/> 3 or more unplanned hospitalizations in the past 6 months, or  <input type="checkbox"/> 3 or more short-term skilled nursing facility stays within the past 6 months</p>

## CalAIM Enhanced Care Management (ECM) Referral Form

**Step 2 (continued): Check all conditions that apply (Attach supporting documents).**

<input type="checkbox"/> <b>3. Serious Mental Illness or Substance Use Disorder (SUD)</b>	<input type="checkbox"/> <b>4. Justice Involved Population (18 years and older)</b>
<p><u>Member eligibility criteria</u> <b>(Select <u>all</u> that apply):</b></p> <p><input type="checkbox"/> Serious Mental Health Condition</p> <p><input type="checkbox"/> Substance Use Disorder (SUD)</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p><b>(Select <u>one</u> of the following):</b></p> <p><input type="checkbox"/> High risk for psychiatric institutionalization, or</p> <p><input type="checkbox"/> Use of crisis services, urgent care, the emergency room (ER) or hospital as sole source of health care, or</p> <p><input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of substance use or overdose, or</p> <p><input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of a Serious Mental Health Condition, or</p> <p><input type="checkbox"/> High risk for overdose or suicide, or</p> <p><input type="checkbox"/> Is pregnant or postpartum (12 months from delivery)</p> <p style="text-align: center;"><b><u>OR</u></b></p> <p><input type="checkbox"/> Receiving Enhanced Care Management (ECM) services through the County but not covered by Medi-Cal</p>	<p><u>Member eligibility criteria</u> <b>(Select <u>if this applies</u>):</b></p> <p><input type="checkbox"/> Transitioning from incarceration or transitioned from incarceration within the past 12 months</p> <p style="text-align: center;"><b><u>AND</u></b></p> <p><b>(Select <u>one</u> of the following):</b></p> <p><input type="checkbox"/> Chronic mental illness</p> <p><input type="checkbox"/> Substance Use Disorder (SUD)</p> <p><input type="checkbox"/> Chronic disease (e.g., hepatitis C, diabetes)</p> <p><input type="checkbox"/> Intellectual or developmental disability</p> <p><input type="checkbox"/> Traumatic brain injury</p> <p><input type="checkbox"/> HIV</p> <p><input type="checkbox"/> Pregnancy</p>

## CalAIM Enhanced Care Management (ECM) Referral Form

**Step 3:** Send completed referral form **and** supporting documents to CalOptima or the member's Health Network by fax, email or mail.

### Enhanced Care Management Health Network Contact Information

Health Network	Member Phone Number	Referral Fax Number or Email	Mailing Address
<b>AltaMed Medical Group</b>	866-880-7805 (Option 1, 2, 2, 5 and 2)	323-201-3225	P.O. Box 7280 Los Angeles, CA 90022-0980
<b>AMVI Care Health Network</b>	714-796-5794	714-560-5286	600 City Parkway West, Suite 800 Orange, CA 92868
<b>Optum Care Network-Arta</b>	800-780-8879	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
<b>CalOptima Direct/ CalOptima Community Network (COD/CCN)</b>	888-587-8088	714-338-3145	CalOptima Attn: LTSS CalAIM P.O. Box 11033 Orange, CA 92856
<b>CHOC Health Alliance</b>	800-424-2462	714-628-9119	1120 W. La Veta Ave., Suite 450 Orange, CA 92868
<b>Family Choice Medical Group</b>	800-611-0111	818-817-5155	FCMG/Conifer Health Solutions 15821 Ventura Blvd., Suite 600 Encino, CA 91436
<b>Heritage-Regal Medical Group</b>	714-539-3100	714-244-4537	600 City Parkway West, Suites 310 & 400 Orange, CA 92868
<b>Kaiser Permanente</b>	866-551-9619	Secure email to: RegCareCoordCaseMgmt @kp.org	Kaiser Permanente Attention: Medi-Cal and State Programs (2 <sup>nd</sup> Floor) 393 E. Walnut Street Pasadena, CA 91188
<b>Optum Care Network-Monarch</b>	888-656-7523	949-923-3514	Optum Care Network – Monarch Attention: CalAIM Program 11 Technology MS 41 Irvine, CA 92618
<b>Noble Mid-Orange County</b>	714-699-5143	714-947-8796	Noble Mid-Orange County C/O HealthSmart Management Services Organization P.O. Box 6300 Cypress, CA 90630-0063
<b>Prospect Medical Group</b>	714-796-5794	714-560-5286	600 City Pkwy West, Suite 800 Orange, CA 92868
<b>Optum Care Network-Talbert</b>	800-297-6249	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
<b>United Care Medical Group</b>	714-796-5794	714-560-5286	600 City Pkwy West, Suite 800 Orange, CA 92868