



## Enhanced Care Management (ECM) Approval Request Form (Adults)

The Alameda Alliance for Health (Alliance) Enhanced Care Management (ECM) Approval Request Form (Adults) is confidential. Filling out this form will help us better serve our members. This form is for Alliance members **AGED 21 & OVER.**

If you believe that your patient may be appropriate for ECM services, please complete the form below. Approvals are based on member eligibility.

### **INSTRUCTIONS**

1. Please print clearly, or type in all of the fields below.
2. Attach a clinical summary and/or supporting documentation (ex. clinic notes, hospital discharge summary, etc.) justifying ECM.
3. Please fax or send by secure email completed form to the Alliance Enhanced Case Management Department at **1.510.995.3725** or **ECM@alamedaalliance.org**.

For questions, please call the Alliance Case Management Department at **1.510.747.4512**.

**PLEASE NOTE:** Handwritten or incomplete forms may be delayed. Forms submitted without supporting information may also be delayed.

### **SECTION 1: REQUESTING PROVIDER INFORMATION**

Full Name: \_\_\_\_\_ NPI: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Office Contact Name: \_\_\_\_\_ Date of Referral: \_\_\_\_\_

### **SECTION 2: MEMBER INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Date Of Birth (MM/DD/YYYY): \_\_\_\_\_ Alliance Member ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ ☐ Home ☐ Cell

**Patient's Qualifying Condition(s)** (please select all that apply, must meet all requirements in one (1) of the options to be eligible):

☐ **Option 1 – Adults without Dependent Children/Youth Living with them Experiencing Homelessness (must meet all A., B., and C.):** (Homeless families should complete the *ECM Approval Request Form (children/youth)*)

☐ **A.** Has at least one (1) complex physical, behavioral, or developmental health need with the inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and decreased utilization of high-cost services.

Please select all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                                       | <input type="checkbox"/> Diabetes                            |
| <input type="checkbox"/> Bipolar Disorder                             | <input type="checkbox"/> Hypertension                        |
| <input type="checkbox"/> Chronic Heart Failure (CHF)                  | <input type="checkbox"/> Major Depression Disorder           |
| <input type="checkbox"/> Chronic Kidney Disease (CKD)                 | <input type="checkbox"/> Psychotic Disorders                 |
| <input type="checkbox"/> Chronic Liver Disease                        | <input type="checkbox"/> Serious Emotional Disturbance (SED) |
| <input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD) | <input type="checkbox"/> Serious Mental Illness (SMI)        |
| <input type="checkbox"/> Coronary Artery Disease (CAD)                | <input type="checkbox"/> Substance Use Disorder (SUD)        |
| <input type="checkbox"/> Dementia                                     | <input type="checkbox"/> Traumatic Brain Injury (TBI)        |
| <input type="checkbox"/> Developmental Disability                     | <input type="checkbox"/> Other (please specify): _____       |

☐ **B.** Had Emergency Department (ED) visits, hospitalizations, or medical encounters.

☐ **C.** Meets the Housing and Urban Development (HUD) definition of homeless as defined in section 91.5 of Title 24 of the Code of Federal Regulations  
[www.govinfo.gov/app/details/USCODE-2010-title42/USCODE-2010-title42-chap119-subchapl-sec11302](http://www.govinfo.gov/app/details/USCODE-2010-title42/USCODE-2010-title42-chap119-subchapl-sec11302).

☐ **Option 2 – Adults at Risk for Avoidable Hospital or ED Utilization (must meet A. OR B.):**

☐ **A.** Four (4) or more Emergency Department (ED) visits in a 12-month period.

☐ **B.** Two (2) or more inpatient (IP) or skilled nursing facility (SNF) unplanned admits in a 12-month period.

☐ **Option 3 – Adults with Serious Mental Health and/or Substance Use Disorder (must meet all A. AND B., OR A. AND B. AND C.):**

- ☐ **A.** Eligible to receive services by Alameda County Behavioral Health and/or Drug Medi-Cal Organized Delivery System. (Please complete the attached *Adult Screening Tool for Med-Cal Mental Health Services*.)
- ☐ **B.** Actively experiencing at least one (1) complex social factor influencing their health.
- ☐ **C.** At least one (1) of the following:
  - ☐ Two (2) or more psychiatric emergency services (PES) visits
  - ☐ Two (2) or more psychiatric inpatient (IP) admits
  - ☐ Two (2) or more psychiatric subacute admits
  - ☐ Pregnant/post-partum
  - ☐ Crisis/ER/IP/Urgent Care utilization with no medical/behavioral health office/clinic visits

☐ **Option 4 – Adults Transitioning from Incarceration (must meet all A., B., AND C.):**

- ☐ **A.** Transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned from a correctional facility within the past 12 months.
- ☐ **B.** Have at least one (1) of the following conditions:
  - ☐ Mental illness
  - ☐ Substance Use Disorder (SUD)
  - ☐ Chronic Condition/Significant Clinical Condition
  - ☐ Intellectual Developmental Disability (I/DD)
  - ☐ Traumatic Brain Injury (TBI)
  - ☐ HIV/AIDS
  - ☐ Pregnancy or postpartum
- ☐ **C.** Qualify for eligibility in any other adult ECM Population of Focus. (Please complete the additional eligibility option(s) they meet).

☐ **Option 5 – Adults Living in the Community and At Risk for Long-Term Care Institutionalization (must meet all A., B., AND C.):**

- ☐ **A.** Living in the community who meet the skilled nursing facility (SNF) level of care criteria; or who require low-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.
- ☐ **B.** Actively experiencing at least one (1) complex social or environmental factor influencing their health.
- ☐ **C.** Able to reside continuously in the community with wraparound supports.

☐ **Option 6 – Adult Nursing Facility Residents Transitioning to the Community (must meet A.):**

- ☐ **A.** Custodial-level skilled nursing facility (SNF) adults that are able to reside continuously in the community. (Please work with SNF to identify if the member is appropriate.)

*(Option 7 and Option 8 are for ECM children/youth only, and intentionally excluded in this form.)*

☐ **Option 9 – Adults with Intellectual or Developmental Disability (I/DD) (must meet A. AND B.):**

- ☐ **A.** Diagnosed I/DD.
- ☐ **B.** Qualify for eligibility in any other adult ECM Population of Focus. (Please complete the additional eligibility Option(s) they meet.)

☐ **Option 10 – Adults who are Pregnant or Postpartum (must meet A. AND B.):**

- ☐ **A.** Pregnant **OR** postpartum (through a 12-month period).
- ☐ **B.** Qualify for eligibility in any other adult ECM Population of Focus. (Please complete the additional eligibility Option(s) they meet.)

**For Internal Use Only:**

Is the member linked to (if appropriate):

- ☐ Regional Center of the East Bay (RCEB)
- ☐ California Children's Services (CCS)

# Adult Screening Tool for Medi-Cal Mental Health Services

The Adult Screening Tool for Medi-Cal Mental Health Services is required for use when an individual age 21 or older, who is not currently receiving mental health services, contacts the Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Adult Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.<sup>1</sup>

## Instructions:

1. Each scored question is a “Yes” or “No” question. Not every question is scored.
2. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
3. Select/mark the number in the “Yes” or “No” column based on the response provided.
4. If the individual is unable or chooses not to answer a question, skip the question and score it as “0.”
5. If the individual responds “Yes” to question 11, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality after the screening is completed. Referral coordination should include sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
6. A response of “Yes” to question 13 or 14 does not impact the screening score. If the individual responds “Yes” to question 13 or question 14, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
7. Once responses to questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
  - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
  - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.

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<sup>1</sup> As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in BHIN 22-011.

8. Once a score has been generated, a referral must be coordinated.
  - a. If the individual's score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
  - b. If the individual's score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Adult Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.

## Adult Screening Tool for Medi-Cal Mental Health Services

Name:	Date of Birth:
Age:	<b>NOTE:</b> If age 20 or younger, switch to the “Youth Screening Tool for Medi-Cal Mental Health Services.”
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?  <b>NOTE:</b> If yes, do not finish the screening and handle according to existing emergency or crisis protocols.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Can you tell me the reason you are seeking mental health services today?	
3. Are you currently receiving mental health treatment? • If yes, where are you receiving those services?  <b>NOTE:</b> If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Question	Yes	No
4. Have you ever sought help before today for your mental health needs?	1	0
5. Are you currently taking, or have you ever taken, any prescription mental health medication?	1	0
6. Are you without housing or a safe place to sleep?	1	0
7. Are you having difficulties in important areas of your life like school, work, relationships, or housing, because of how you are feeling or due to your mental health?	1	0
8. Have you recently had any changes or challenges with areas of your life, such as personal hygiene, sleep, energy level, appetite, weight, sexual activity, concentration, or motivation?	1	0
9. Have you completely withdrawn from all or almost all of your relationships, such as family, friends, or other important people?	1	0
10. Have you sought emergency treatment for emotional distress or been admitted to a psychiatric hospital in the past year?	1	0
a. If yes, have you had more than one hospitalization?	1	0
b. If yes, was your last hospitalization within the last six months?	1	0
11. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and not wake up? <sup>1</sup>  <i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
12. Have you recently engaged in any self-harming behavior like cutting or hurting yourself?	2	0



Question	Yes	No
<p>13. Are you concerned about your current level of alcohol or drug use?<sup>2</sup></p> <p><b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</p>	—	—
<p>14. Has alcohol or any other drug or medication caused you to behave in a way that was dangerous to yourself or others (e.g., impaired driving, overdose, aggression, loss of memory, being arrested, etc.)?<sup>2</sup></p> <p><b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</p>	—	—
<p align="center"><b>Total Score:</b></p> <p align="center"><b>If score is 0 – 5, refer to the MCP per instruction #8</b></p> <p align="center"><b>If score is 6 or above, refer to the MHP per instruction #8</b></p>		
<p><sup>1</sup> A response of “yes” to question 11 results in immediate coordination of a referral to a clinician for further evaluation of suicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p> <p><sup>2</sup> Questions 13 and 14 are not scored. A response of “yes” results in a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p>		