



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. This form is for members **AGED 21 & OVER.**
2. Please print clearly, or type in all the fields below.
3. Attach a clinical summary and/or supporting documentation (ex. clinic notes, hospital discharge summary, etc.) justifying ECM.
4. Fax or send by secure email completed form to the Alliance Enhanced Care 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 1a – Adults without Dependent Children/Youth Living with them Experiencing Homelessness (must meet both A AND B.): (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:

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

- B.** Are experiencing homelessness, defined as meeting one or more of the following conditions:
 - a. Lacking a fixed, regular, and adequate nighttime residence.
 - b. 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.
 - c. 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).
 - d. Exiting an institution into homelessness (regardless of length of stay in the institution).
 - e. Will imminently lose housing in the next 30 days.
 - f. Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions related to such violence.

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 which may have been avoided with appropriate outpatient care or improved treatment adherence.
- B.** Two (2) or more unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

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 Medical 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 (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, high measure (four or more) of ACEs based on screening, former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms.
- 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 or post-partum (12 months from delivery)
 - Crisis/ER/IP/Urgent Care utilization with no medical/behavioral health office/clinic visits

At high risk for institutionalization, overdose, and/or suicide

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 have 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 (including but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring).

C. Able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns).

Option 6 – Adult Nursing Facility Residents Transitioning to the Community (must meet A. AND B. AND C.):

A. Are interested in moving out of the institution.

B. Are likely candidates to do so successfully.

C. Are able to reside continuously in the community.

Custodial-level skilled nursing facility (SNF) adults who 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 who are Pregnant or Postpartum (must meet A. AND B.):

- A.** Pregnant **OR** postpartum (through a 12-month period).
- B.** Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality (Black, American Indian, Alaska Native, and Pacific Islander) <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Pages/CA-PMSS.aspx>
- C.** 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)