

## CalAIM Enhanced Care Management (ECM) Referral Form

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

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

**Referral Information:**

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

**Member Information:**

**Member's Preferred Language:**

Member Name: _____	Medi-Cal CIN: _____
Birthdate: _____	Primary Physician: _____
Member Phone: _____	Member Email: _____

**Step 2. Check all conditions that apply and attach supporting information:**

<input type="checkbox"/> Homelessness	<input type="checkbox"/> High Utilization of Health Care	<input type="checkbox"/> Serious Mental Illness/Substance Use Disorder
<p><u>Member eligibility criteria</u> (Select all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Homeless</li> <li><input type="checkbox"/> Chronic homelessness</li> <li><input type="checkbox"/> At risk of homelessness (next 30 days)</li> </ul> <p style="text-align: center;"><b>AND</b> one of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious medical condition, or</li> <li><input type="checkbox"/> Serious behavioral condition, or</li> <li><input type="checkbox"/> Serious developmental disorder</li> </ul>	<p><u>Member eligibility criteria</u> (Select one that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 5 or more ER visits in the past 6 months, or</li> <li><input type="checkbox"/> 3 or more unplanned hospitalizations in the past 6 months, or</li> <li><input type="checkbox"/> 3 or more short-term skilled nursing facility stays within the past 6 months</li> </ul>	<p><u>Member eligibility criteria</u> (Select all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious Mental Health Condition, and/or</li> <li><input type="checkbox"/> Substance Use Disorder</li> </ul> <p style="text-align: center;"><b>AND</b> one of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> High risk for psychiatric institutionalization, or</li> <li><input type="checkbox"/> Use of crisis services, urgent care, the ER or hospital as sole source of health care, or</li> <li><input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of substance use or overdose, or</li> <li><input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of a Serious Mental Health Condition, or</li> <li><input type="checkbox"/> High risk for overdose and/or suicide, or</li> <li><input type="checkbox"/> Is pregnant or postpartum (12 months from delivery)</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Receiving services through the County that are similar to ECM, but not covered by Medi-Cal</li> </ul>

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**Step 3:** Fax or mail completed referral form to CalOptima or the member’s Health Network, including supporting documentation.

### Enhanced Care Management Health Network Contact Information

Health Network	Phone Number	Fax Number	Mailing Address
<b>AltaMed Medical Group</b>	866-880-7805 (Option 1, then 4)	323-201-3225	2040 Camfield Ave. Los Angeles, CA 90040
<b>AMVI Care Health Network</b>	714-347-5843	714-938-5168	600 City Pkwy West, Suite 800 Orange, CA 92868
<b>CHOC Health Alliance</b>	800-387-1103	714-628-9119	1120 W. La Veta Ave., Suite 450 Orange, CA 92868
<b>CalOptima Direct/CalOptima Community Network (COD/CCN)</b>	888-587-8088	714-338-3145	CalOptima Attn: UM CalAIM P.O. Box 11033 Orange, CA 92856
<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	877-515-6591	Kaiser Permanente Attn: Medi-Cal and State Programs, 2nd Floor 393 E. Walnut St. Pasadena, CA 91188
<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>Optum Care Network – Arta</b>	800-780-8879	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
<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>Optum Care Network – Talbert</b>	800-297-6249	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
<b>Prospect Medical Systems</b>	714-347-5843	714-938-5168	600 City Parkway West, Suite 800 Orange, CA 92868
<b>United Care Medical Group</b>	714-347-5843	714-938-5168	600 City Parkway West, Suite 800 Orange, CA 92868