

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

The ECM Benefit provides comprehensive care management services to 4 different Populations of Focus with the goal to improve the health and social outcomes of the ECM-enrolled member.

Medi-Cal members are eligible for the ECM Benefit if they meet the ECM Populations of Focus eligibility criteria as defined in this checklist **and** are not enrolled in duplicative services (as defined in the Exclusionary Checklist).

There are 3 steps to the ECM screening and referral process:

- **Step 1:** Complete this **Population of Focus Screening Checklist** to confirm member eligibility for **one or more** Populations of Focus. **This step is not needed for Kaiser Permanente referrals.**
- **Step 2:** Complete the **Exclusionary Screening Checklist** as a **2nd step** to verify member eligibility.
- **Step 3:** If you determine the member **to be eligible for ECM** based on **both Screening Checklists**, complete the **ECM Referral Form** and send securely to the member’s Managed Care Plan for review, with the completed **Population of Focus Screening Checklist also attached**. To expedite the review and approval process, **please also submit applicable supporting documentation as evidence of the member meeting ECM criteria**. Note, the Exclusionary Checklist is not required as an attachment.

Populations of Focus Screening Checklist

ECM Population of Focus

1. Individual and/or family is **experiencing homelessness*** AND

has **at least one complex physical, behavioral, or developmental** health need (*please note in Conditions Table on page 3 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.

*DHCS defines homelessness as one of the following:

- An individual or family who lacks adequate nighttime residence
- An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation
- An individual or family living in a shelter
- An individual exiting an institution to homelessness
- An individual or family who will imminently lose housing in next 30 days
- Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes
- Victims fleeing domestic violence

If **BOTH** boxes above are checked, member is eligible



2. Adult High Utilizers are individuals, who in a six-month period, with

- 5 or more emergency room visits AND/OR**
- 3 or more unplanned hospital admissions AND/OR**
- 3 or more short-term skilled nursing facility stays**

AND any of the above could have been avoided with appropriate outpatient care or improved treatment adherence

If **ONE or MORE** of these boxes are checked in this section, member is eligible

3. Adults with Serious Mental Illness or Substance Use Disorder (*please note in Conditions Table on page 3 below) who meet the eligibility criteria for participation in or obtaining services through

- the County Specialty Mental Health (SMH) System **AND/OR**
- the Drug Medi-Cal Organized Delivery System (DMC-ODS) **AND**

If **ONE** of the 2 boxes above are checked in this section, continue in this section

- Actively experiencing **one complex social factor influencing their health, e.g.,**

Food, Housing, Employment insecurities, History of ACES/trauma, History of recent contacts with law enforcement related to SMI/SUD, Former foster youth, and/or (specify)

_____, **AND**

- Meet one or more of the following criteria:

- High risk for institutionalization, overdose and/or suicide
- Use crisis services, ERs, urgent care or inpatient stays as the sole source of care
- 2+ ED visits or 2+ hospitalizations due to SMI or SUD in the past 12 months
- Pregnant or post-partum (12 months from delivery)

If **BOTH** boxes above (1. complex social factors and 2. additional criteria) are checked in this section, member is eligible

4. Individuals who are transitioning from incarceration or transitioned from incarceration within the past 12 months AND

Have at least one of the following conditions (*please note specifics in Conditions Table below)

- Chronic mental illness*
- Substance Use Disorder (SUD)*
- Chronic disease (e.g., hepatitis C, diabetes)*
- Intellectual or developmental disability*
- Traumatic brain injury*
- HIV/AIDS
- Pregnancy

If **BOTH** boxes in this section are checked, member is eligible

***Conditions Table: For Reference Only**

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

Complex Physical, Behavioral Health and Developmental Conditions (Check all that apply)	
<i>Physical Health</i>	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dementia requiring assistance with IADLs
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Diabetes (Insulin-dependent) poorly controlled
<input type="checkbox"/> Chronic Liver Disease	<input type="checkbox"/> History of stroke or heart attack
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Hypertension (poorly controlled)
<input type="checkbox"/> Congestive Heart Failure (CHF)	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Other, please note:
<i>Behavioral Health</i>	
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Psychotic disorders, including schizophrenia
<input type="checkbox"/> Major Depressive Disorder	<input type="checkbox"/> Substance Use Disorder, please specify:
<input type="checkbox"/> Other, please note:	
<i>Developmental</i>	
<input type="checkbox"/> Intellectual/Developmental Disability	<input type="checkbox"/> Other, please note:

Summary of ECM Eligibility for Managed Care Plan Reference

Member's Eligible Population(s) of Focus (Check all that apply)	
<input type="checkbox"/>	1. Individuals Experiencing Homelessness
<input type="checkbox"/>	2. Adult High Utilizers with frequent hospital, skilled nursing facility or ER Admissions
<input type="checkbox"/>	3. Individuals with SMI/SUD and other Health Needs
<input type="checkbox"/>	4. Individuals Transitioning from Incarceration

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