ECM Eligibility Referral Form

Member, caregiver, and contact information. Fields marked * are required on the CenCal referral form.

The Link Family Resource Center San Luis Obispo County
Center for Family Strengthening — Helping Families Thrive

1. REFERRAL & MEMBER INFORMATION

Date of Referral* | Type of Referral* ☐ Routine ☐ Expedited

Member's Managed Care Plan*

Member First Name* | Member Last Name*

Date of Birth* | Age | Preferred Language

Medi-Cal CIN | Managed Care Plan Member ID

Primary Phone* | Email

Residential Address

☐ No fixed current address | Frequently visited location

City | State | ZIP

Primary Care Provider / Clinic

Best Contact Method ☐ Phone ☐ Email ☐ Text | Best Time to Call

2. PARENT / GUARDIAN / CAREGIVER

Name | Relationship

Phone | Email

Caregiver Best Time to Call

Is the member/caregiver aware an ECM referral is being made? ○ Yes ○ No ○ Unknown

Has the member/caregiver agreed to be contacted about ECM? ○ Yes ○ No ○ Unknown

SEND COMPLETED FORM TO: ecmteam@linkslo.org **CONTACT:** Carmen Del Real | 805-503-9638

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Population of Focus - check all that may apply. These selections support pre-screening

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3. POPULATIONS OF FOCUS - ADULT (AGE 21 OR OLDER)

- [ ] Adults experiencing homelessness
- [ ] Adults at risk for avoidable hospital or emergency department utilization
- [ ] Adults with serious mental health and/or substance use disorder (SUD) needs
- [ ] Adults transitioning from incarceration / correctional facility within the past 12 months
- [ ] Adults living in the community who are at risk for long-term care (LTC) institutionalization
- [ ] Adult nursing facility residents transitioning to the community
- [ ] Birth Equity - pregnant or postpartum individuals at risk for adverse perinatal outcomes

Adult POF details / supporting information

4. POPULATIONS OF FOCUS - CHILDREN & YOUTH (AGE 20 OR YOUNGER)

- [ ] Children/youth experiencing homelessness, including families with children/youth
- [ ] Children/youth at risk for avoidable hospital or emergency department utilization
- [ ] Children/youth with serious mental health and/or substance use disorder (SUD) needs
- [ ] Children/youth enrolled in CCS or CCS Whole Child Model with additional needs beyond the CCS condition
- [ ] Children/youth transitioning from a youth correctional facility, or transitioned within the past 12 months
- [ ] Children/youth involved in Child Welfare / foster care / qualifying adoption or family maintenance services
- [ ] Children/youth with an intellectual or developmental disability (I/DD) and qualifying additional ECM needs
- [ ] Birth Equity - pregnant or postpartum youth at risk for adverse perinatal outcomes

Child/Youth POF details / supporting information

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Clinical, social, and referral-source information.

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5. MEDICAL / BEHAVIORAL / SOCIAL INFORMATION

Known medical diagnoses / significant health conditions

Behavioral health / mental health / substance use needs (if known)

Recent ED visits, hospitalizations, skilled nursing stays, or crisis services

Housing / safety / food / transportation / caregiver / other social needs

Reason for ECM referral / what support is being requested

6. REFERRAL SOURCE INFORMATION

Referring Organization Name*

Referring Organization NPI

Referring Individual Name*

Title

Phone*

Email*

Referring Individual Relationship to Member* ☐ Medical Provider ☐ Social Services ☐ Other

Relationship details / other

Does the Member have a preferred ECM Provider? ☐ Yes ☐ No

Preferred ECM Care Manager

Provider Organization

Other programs/services currently involved

Additional comments / information needed to complete the official CenCal ECM referral

☐ **Referrer attestation:** Information is accurate to the best of my knowledge and may be used to determine ECM eligibility.
I attest to the statement above.

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