



Enhanced Care Management (ECM) Approval Request Form (Children/Youth)

The Alameda Alliance for Health (Alliance) Enhanced Care Management (ECM) Approval Request Form is confidential. Filling out this form will help us better serve our members. This form is for Alliance members who are **UNDER AGE 21.**

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 who are **UNDER AGE 21.**
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. 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 1b – Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness (must meet A. OR B.):**

- ☐ **A.** Experiencing homelessness, as defined above in (a) under the modified HHS 42 CFR Section 11302 “Homeless” definition.
- ☐ **B.** Sharing the housing of other persons (i.e., couch surfing) due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals (in a hospital without a safe place to be discharged to).

☐ **Option 2 – Children and Youth At Risk for Avoidable Hospital or ED Utilization (please select all that apply):**

- ☐ **A.** Three (3) or more Emergency Department (ED) visits in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.
- ☐ **B.** Two (2) or more inpatient (IP) or skilled nursing facility (SNF) unplanned admits in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

☐ **Option 3 – Children/Youth with Serious Mental Health and/or Substance Use Disorder (must meet A.):**

- ☐ **A.** Eligible to receive services by Alameda County Behavioral Health and/or Drug Medi-Cal Organized Delivery System. (Please complete the attached *Youth Screening Tool for Med-Cal Mental Health Services*.)

☐ **Option 4 – Children/Youth Transitioning from a Youth Correction Facility (must meet A. AND B.):**

- ☐ **A.** Transitioning from a youth correctional facility, or transitioned from being in a youth correctional facility within the past 12 months.
- ☐ **B.** Qualify for eligibility in any other children and youth ECM Population of Focus. (Please complete the additional eligibility option(s) they met.)

(Option 5 and Option 6 are for ECM adults only, and intentionally excluded in this form.)

☐ **Option 7 – Children and Youth Enrolled in CCS with Additional Needs Beyond the CCS Condition (must meet A. AND B.):**

- ☐ **A.** Enrolled in California Children’s Services (CCS).
- ☐ **B.** Experiencing at least one (1) complex social factor influencing their health. Examples include (but are not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four (4) or more) of Adverse Childhood Experiences (ACEs) screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms.

☐ **Option 8 – Children and Youth Involved in Child Welfare (please select all that apply):**

- ☐ **A.** Under age 21 and previously received foster care in California or another state within the last 12 months.
- ☐ **B.** Under age 21 and currently receiving foster care in California.
- ☐ **C.** Aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state.
- ☐ **D.** Under age 18 and are eligible for and/or in California’s Adoption Assistance Program.
- ☐ **E.** Under age 18 and are currently receiving or have received services from California’s Family Maintenance program within the last 12 months.

☐ **Option 9 – Children/Youth who are Pregnant or Postpartum (must meet A. AND B.):**

- ☐ **A.** Pregnant **OR** postpartum (through 12 months period).
- ☐ **B.** 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 children and youth 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)