

Enhanced Care Management and Community Supports Referral Form

Kaiser Permanente accepts referrals for **KP Medi-Cal members** that are presumed eligible for Enhanced Care Management (ECM) and/or Community Supports (CS) services. If a member is eligible, KP will issue an authorization to a supplier in our network of contracted vendors to provide the service.

Enhanced Care Management is available in all KP's service areas. The benefit is limited to specific Populations of Focus defined by the Department of Health Care Services and provides intensive care management to members with complex health and/or social needs.

Community Supports are non-medical services provided as cost-effective alternatives (e.g., housing navigation, asthma remediation) to traditional medical services and settings. Community Supports availability varies by county.

For **Northern California** referrals, submit the completed form to REGMCDURNS-KPNC@kp.org **via secure email**.
 For **Southern California** referrals, submit the completed form to RegCareCoordCaseMgmt@kp.org **via secure email**.

Note: Referrals from KP staff should be submitted via KP HealthConnect.

Fields marked with an asterisk (*) are mandatory.

Referral Source Information

Referrer Name*:	Referrer Organization:	
Referrer Email Address:	Referrer Phone Number:	Referrer Fax Number:
External referral by (select one)*:		
Network lead entity (NLE) ECM/CS Vendor Managed Care Plan (MPC) External Provider - Other health care provider External Provider - Mental health provider External Provider - Hospital or ER care team Other: _____	County or other government organization Schools/LEAs Other community based provider Legal aid organizations Justice involved organizations Homeless services provider	
Is the member aware you are submitting a referral on their behalf? Yes No Unknown		
Has the member consented to participating in the program/programs they are being referred to? Yes No Unknown		

Member Information

Is the person being referred a Medi-Cal Managed Care member with Kaiser Permanente? * If the member IS NOT a Medi-Cal Managed Care member, they are ineligible for these services at Kaiser Permanente. Yes No Unknown If no, the member does not qualify. Other resources may be available to the member through Kaiser Permanente's Thrive Local platform, which is available to all Kaiser Permanente members.

Member Information Continued

Name*:	Kaiser MRN (if known):	Medi-Cal CIN # (if known):
Date of Birth*	Preferred language:	Email:
Phone number:	Preferred call time:	California county of residence*:
Address:		Mailing address:
No permanent address		Same as address No mailing address

Previous and/or Current Service Usage

Does the member currently receive or have previously received support services from an outside organization?		
Yes If yes, complete next section	No/Unsure If no/unsure, skip to next section	
Organization 1 name:		
Does the member wish to stay connected with or become reconnect with the above organization (if applicable)?		
Yes No Unknown		
Organization point of contact:	Point of contact email:	Point of contact phone number:
Applicable notes:		
Organization 2 name:		
Does the member wish to stay connected with or become reconnect with the above organization (if applicable)?		
Yes No Unknown		
Organization point of contact:	Point of contact email:	Point of contact phone number:
Applicable notes:		

Services Requested in this Referral

Please check all applicable Enhanced Care Management and Community Support (CS) fields for each referral requested on behalf of the member. After the referral is submitted, the member must be screened for eligibility by a member of Kaiser Permanente’s authorization team before the referral can be approved.

Enhanced Care Management Provides intensive care management services to members with complex health and/or social needs. The benefit is limited to specific Populations of Focus defined by the Department of Healthcare Services.																										
	<p>Enhanced Care Management services are NOT available for D-SNP members.</p> <p>Select ALL that apply:</p> <ul style="list-style-type: none"> Transitioning from ECM with another CA Medi-Cal health plan Individual or family experiencing homelessness Individual at risk for avoidable hospital and/or ER admissions Individual with serious mental illness (SMI) and/or substance use disorder (SUD) needs Individual transitioning from incarceration or who have transitioned within the last 12 months Adults living in the community and at risk for long-term care institutionalization Adult nursing facility resident transitioning to the community Child or youth enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with additional needs beyond the CCS Condition Child or youth involved in Child Welfare Individual who is pregnant or 12 or less months postpartum <p>Select ALL complex physical, behavioral, and developmental conditions applicable:</p> <p>Physical Health</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Asthma</td> <td style="width: 50%;">Diabetes (Insulin-dependent) poorly controlled</td> </tr> <tr> <td>Chronic kidney disease</td> <td>Hepatitis-C</td> </tr> <tr> <td>Chronic liver disease</td> <td>History of stroke or heart attack</td> </tr> <tr> <td>Chronic Obstructive pulmonary disease (COPD)</td> <td>HIV</td> </tr> <tr> <td>Congestive heart failure (CHF)</td> <td>Hypertension (poorly controlled)</td> </tr> <tr> <td>Coronary artery disease</td> <td>Pregnancy</td> </tr> <tr> <td>Dementia requiring assistance with ADLs</td> <td>Traumatic brain injury (TBI)</td> </tr> <tr> <td colspan="2">Other, please note: _____</td> </tr> </table> <p>Behavioral Health</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Bipolar disorder</td> <td style="width: 50%;">Psychotic disorders, including schizophrenia</td> </tr> <tr> <td>Major depressive disorder</td> <td></td> </tr> <tr> <td>Substance Use Disorder, please specify:</td> <td></td> </tr> <tr> <td colspan="2">Other, please note: _____</td> </tr> </table> <p>Developmental Disability</p> <ul style="list-style-type: none"> Intellectual/Developmental Disability Other, please specify: _____ 	Asthma	Diabetes (Insulin-dependent) poorly controlled	Chronic kidney disease	Hepatitis-C	Chronic liver disease	History of stroke or heart attack	Chronic Obstructive pulmonary disease (COPD)	HIV	Congestive heart failure (CHF)	Hypertension (poorly controlled)	Coronary artery disease	Pregnancy	Dementia requiring assistance with ADLs	Traumatic brain injury (TBI)	Other, please note: _____		Bipolar disorder	Psychotic disorders, including schizophrenia	Major depressive disorder		Substance Use Disorder, please specify:		Other, please note: _____		<p>Available in all counties</p>
Asthma	Diabetes (Insulin-dependent) poorly controlled																									
Chronic kidney disease	Hepatitis-C																									
Chronic liver disease	History of stroke or heart attack																									
Chronic Obstructive pulmonary disease (COPD)	HIV																									
Congestive heart failure (CHF)	Hypertension (poorly controlled)																									
Coronary artery disease	Pregnancy																									
Dementia requiring assistance with ADLs	Traumatic brain injury (TBI)																									
Other, please note: _____																										
Bipolar disorder	Psychotic disorders, including schizophrenia																									
Major depressive disorder																										
Substance Use Disorder, please specify:																										
Other, please note: _____																										

Housing Transition/Navigation OR Housing Tenancy & Sustaining

Housing Transition/Navigation assists a member in finding services for their housing needs. This could include finding housing if you're homeless or at risk of homelessness. Housing Tenancy & Sustaining assists a member in keeping safe and stable housing once a member has a place to live. Services may include training, education, and coaching. Members may also get support with their duties, rights, and benefits as a tenant. Depending on eligibility, Housing Deposits may be available for those who receive Housing Transition/Navigation.

	<p>Select ONE program for referral: Housing Transition/Navigation OR Housing Tenancy & Sustaining</p> <p>Select ONE that applies: Individual meets the HUD definition of homelessness OR Individual meets the HUD definition of at risk of homelessness</p> <p>Select ALL that apply: Individual is fleeing or attempting to flee domestic violence Individual is living with children Individual is currently receiving housing navigation from an organization Organization name: _____ Enrollment date (if known): _____ Individual has previously received financial support for a housing deposit Organization name: _____ Individual is currently matched to a housing voucher or subsidy Individual has an immediate safety concern</p>	Available in all counties
--	---	---------------------------

Short-Term Post-Hospitalization Housing

Where a member can continue to get better after being in the hospital. Also applies after being in other care settings. May include medical, psychiatric, or substance use treatment facilities.

	<p>Select ONE that applies: Individual meets the HUD definition of homelessness OR Individual is at risk of homelessness</p> <p>Individual is exiting a facility, such as an inpatient hospital, residential substance use disorder treatment facility, residential mental health treatment facility, recuperative care, nursing facility or correctional facility. Organization name: _____ Organization type: _____ Expected discharge date: _____</p>	Available in some counties
--	--	--

Day Habilitation Programs

Helps a member gain the skills and services needed to live in their community. Support may include peer mentoring and resource linkages. This can help a member learn about jobs, manage money, and improve social skills.

Select **ALL** that apply:

- Individual is experiencing homelessness
- Individual left homelessness and obtained housing in the last 24 months
- Individual is at risk of hospitalization or institutionalization
- Individual would benefit from acquiring, retaining, and improving self-help, socialization, and adaptive skills (e.g. developing personal relationships, taking public transportation, money management) necessary to live successfully in their environment.

Select member goals for Day Habilitation Programs:

- The use of public transportation
- Personal skills development in conflict resolution
- Developing and maintaining interpersonal relationships
- Daily living skills (cooking, cleaning, shopping, money management)
- Community resource awareness such as police, fire, or local services to support independence in the community
- Selecting and moving into a home
- Locating household furnishings
- Managing personal financial affairs
- Recruiting, screening, hiring, training, supervising, and dismissing personal attendants
- Dealing with and responding appropriately to governmental agencies and personnel
- Asserting civil and statutory rights through self-advocacy
- Building and maintaining interpersonal relationships, including circle of support
- Other: _____

[Available in some counties](#)

Recuperative Care (Medical Respite)

A safe place for a member to recover for a short time after being in the hospital. Members can get medical or behavioral health treatment while in a home-like setting.

Select **ALL** qualifying criteria:

- Individual is [homeless](#) OR [at risk of homelessness](#)
- Individual is at risk of hospitalization
- Individual has a medical need that will be aided by recuperative care
- Individual is scheduled to exit hospitalization

Hospital name: _____

Expected discharge date: _____

Documentation **WILL** be requested for the medical need for this service.

[Available in some counties](#)

Respite Services

Provides a short-term break or relief for a member's caregiver.

Select **ALL** that apply:

- Individual currently receives caregiving services (paid)
- Individual currently receives caregiving services (unpaid)
- Individual has a residential address

[Available in some counties](#)

Nursing Facility Transition
 Nursing Facility Transition to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF), helps members find a place to live in the community. The goal is to help members go from a nursing facility to a home-like setting. Community Transition Services/Nursing Facility Transition helps with costs of going from a nursing facility to a residence where a member will then be responsible for their living costs.

	<p>Select ALL qualifying criteria: Individual is currently residing within a nursing facility Facility name: _____ Facility type: _____ Individual has been residing within a nursing facility for 60+ days</p> <p>Select ONE that applies: Individual is interested in relocating to an assisted living facility Individual is interested in relocating to a private residence</p>	<p>Available in some counties</p>
--	---	---

Nursing Facility Diversion
 Nursing Facility Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF), helps members find a place to live in the community in lieu of going into a nursing facility. The goal is to help members stay in the community in an appropriate setting that can support the health needs of the member.

	<p>To qualify, ALL eligibility criteria must be met: Individual is interested in remaining in the community Individual is willing and able to reside safely in an assisted living facility Individual is currently receiving medically necessary nursing facility level of care (LOC) or meet the minimum criteria to receive nursing facility LOC services and in lieu of going into a facility, is choosing to remain in the community and continue to receive medically necessary nursing facility LOC services at an Assisted Living Facility</p>	<p>Available in some counties</p>
--	---	---

Personal Care and Homemaker Service
 Helps members with daily activities so they can live at home. This can include help with bathing, dressing, and feeding. Members may also get help preparing meals, grocery shopping, and doing laundry. This may also include accompanied medical appointments. Members must apply for IHSS before receiving Personal Care and Homemaker Services.

	<p>Members MUST apply for In Home Supportive Services (IHSS) before receiving this community support. If the member needs assistance applying to IHSS, have one of their Kaiser Permanente care team providers submit an appropriate support service request.</p> <p>Has the member applied for IHSS? Yes No * Currently has IHSS and needs additional support Referral date, if known: _____ IHSS hours currently receiving, if applicable: _____</p> <p>Select ALL qualifying criteria: Individual is at risk of hospitalization or institutionalization Individual has applied for IHSS services</p> <p>* If no, member is not eligible for Personal Care and Homemaker Service through Kaiser Permanente</p>	<p>Available in some counties</p>
--	---	---

Environmental Accessibility Adaptations (Home Modifications)
 Helps modify a member’s home to ensure their health, wellbeing, and safety. These changes may help a member live better at home independently.

	<p>Select ONE that applies: Individual is at risk of hospitalization or institutionalization at a facility Individual is currently hospitalized or institutionalized and seeking to reenter the community</p> <p>Home modification requested: _____</p> <p>Documentation WILL be requested for the medical need for this service.</p>	<p>Available in some counties</p>
--	---	---

Asthma Remediation
 Helps modify a member’s home to ensure their health, wellbeing, and safety. These changes can help you live in your home without acute asthma episodes.

	<p>Select ALL qualifying criteria: Individual has poorly controlled asthma Individual has received care for their asthma by a health care provider</p> <p>Environmental asthma trigger remediation requested: Allergen-impermeable mattress and pillow dustcovers High-efficiency particulate air (HEPA) filtered vacuums Integrated Pest Management (IPM) services De-humidifiers Air filters Other moisture-controlling interventions Minor mold removal and remediation services Ventilation improvements Asthma-friendly cleaning products and supplies Other intervention: _____</p> <p>Documentation WILL be requested for the medical need for this service.</p>	<p>Available in some counties</p>
--	---	---

Medically-Supportive Food/Meals/Medically Tailored Meals
 Helps individuals achieve their nutrition goals at critical times to help them regain and maintain their health. Individuals who may benefit from this service include those with certain chronic conditions, those who are being discharged from a hospital or a skilled nursing facility, or individuals with extensive care coordination needs.

	<p>Select ALL qualifying criteria: Individual is exiting a facility, such as an inpatient hospital, residential substance use disorder treatment facility, residential mental health treatment facility, nursing facility or correctional facility Organization name: _____ Organization type: _____ Expected discharge date: _____ Individual has extensive care coordination needs Individual has a qualifying chronic condition Condition(s): _____</p> <p>Qualifying conditions may include cancer, cardiovascular disorders, chronic lung disorders, chronic or disabling mental/behavioral disorders, congestive heart failure, COVID post discharge, diabetes, end stage renal disease, gestational Diabetes, high risk perinatal conditions, HIV, pulmonary, rehab, and stroke. This support is not meant to respond solely to food insecurity.</p>	<p>Available in some counties</p>
--	---	---