

Enhanced Care Management, Community Supports, and Community Health Worker Referral Form

Kaiser Permanente (KP) accepts referrals for **Medi-Cal members** with their coverage assigned to KP that are presumed to be eligible for a Community Supports service or Enhanced Care Management. 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 (ECM) 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.

Note: Members may not be enrolled in ECM and any of the following programs at the same time.

- Hospice
- Program for All-Inclusive Care for the Elderly (PACE)
- Complex Care Management (CCM)
- California Community Transitions (CCT)

*Please see the DHCS [website](#) for more information on these waivers.

1915 (c) Home and Community-Based Services Waiver (HCBS) Waivers include:

- Medi-Cal Waiver Program (HIV/Aids)
- Home and Community-Based Alternatives (HCBA)
- Assisted Living Waiver (ALW)
- Home and Community-Based Services Waiver for the Developmentally Disabled (HCBS-DD)
- Multipurpose Senior Services Program (MSSP)
- Self-Determination Program (ICF/DD)

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

Community Health Workers (CHW) are non-licensed frontline workers based in the community. They are advocates who provide face-to-face services and directly engage with members to help them reach a health-related goal, aiming to improve the member's medical, behavioral, or social health outcomes by increasing health knowledge and self-sufficiency.

- *Note: Members are not eligible to receive CHW services if they are enrolled in Enhanced Care Management.*

For Southern California referrals, submit the completed form to RegCareCoordCaseMgmt@KP.org via secure email.

For Northern California referrals, submit the completed form to REGMCDURNS-KPNC@KP.org via secure email.

Fields marked with an asterisk (*) are mandatory.

Referral Source Information

Referrer Name*	Referrer Organization*		
Referrer Email Address*	Referrer Phone Number*		
Referrer Relationship to Member*			
External referral by (select one) * <table border="0"> <tr> <td> <input type="checkbox"/> Network lead entity (NLE) <input type="checkbox"/> ECM/CS Vendor <input type="checkbox"/> Managed Care Plan (MCP) <input type="checkbox"/> External Provider - Other health care provider <input type="checkbox"/> External Provider - Mental health provider <input type="checkbox"/> External Provider - Hospital or ER care team <input type="checkbox"/> Other: </td> <td> <input type="checkbox"/> County or other government organization <input type="checkbox"/> Schools/LEAs <input type="checkbox"/> Other community-based provider <input type="checkbox"/> Legal aid organizations <input type="checkbox"/> Justice involved organizations <input type="checkbox"/> Homeless services provider </td> </tr> </table>		<input type="checkbox"/> Network lead entity (NLE) <input type="checkbox"/> ECM/CS Vendor <input type="checkbox"/> Managed Care Plan (MCP) <input type="checkbox"/> External Provider - Other health care provider <input type="checkbox"/> External Provider - Mental health provider <input type="checkbox"/> External Provider - Hospital or ER care team <input type="checkbox"/> Other:	<input type="checkbox"/> County or other government organization <input type="checkbox"/> Schools/LEAs <input type="checkbox"/> Other community-based provider <input type="checkbox"/> Legal aid organizations <input type="checkbox"/> Justice involved organizations <input type="checkbox"/> Homeless services provider
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Has the member consented to participating in the program/programs they are being referred to? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

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. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, the member does not qualify. Other resources may be available to the member through Kaiser Permanente's Community Support Hub , which is available to all Kaiser Permanente members.
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Member Information Continued

Date of Referral*	Members Managed Care Plan*	
Name*	Phone Number*	Date of Birth*
Kaiser MRN (if known)	Medi-Cal CIN # (if known)	
Mailing Address:		

Current Service Usage

Is the member currently receiving any of the following services:

- ☐ CHW
- ☐ Enhanced Care Management
- ☐ Community Supports

Streamlined Authorization - *Only to be used by Network Lead Entities*

Is this a Streamlined Authorization request?

- ☐ Yes
Service Start Date
- ☐ No

Services Requested in this Referral

Please check all applicable Enhanced Care Management, Community Support, and Community Health Worker fields for each referral requested on behalf of the KP Medi-Cal member. After the referral is submitted, the member must be screened for eligibility by a member of KP's authorization team before the referral can be approved. These services are available in all counties unless otherwise noted. Please see the DHCS [website](#) for county coverage.

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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 Health Care Services.

Type of referral:

- ☐ Routine
- ☐ Expedited

Select **ALL** qualifying guidelines:

- ☐ 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
- ☐ Birth Equity (Individual who is pregnant or 12 or less months postpartum)

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Housing Transition/ Navigation

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.

Select **ONE** that applies:

- ☐ Individual meets the [HUD definition of homelessness](#)
- OR**
- ☐ Individual meets the HUD definition of at risk of homelessness

<input style="width: 40px; height: 40px;" type="checkbox"/>	<p>Housing Deposits</p> <p>Housing Deposits assist a member with one-time expenses that are not room and board. One-time expenses include but are not limited to application fees, security deposits, first month utilities, set-up fees and deposits for utilities, pet deposit, first month's coverage of renters insurance, first and last month's rent, and home goods necessary to establish a basic household. KP will determine what qualifies as necessary. Total request not to exceed \$5000. Members will be required to submit a housing deposit checklist that includes proof of income, lease, and housing plan and progress.</p>
<p>Select ONE that applies:</p> <p><input type="checkbox"/> Individual meets the HUD definition of homelessness AND <input type="checkbox"/> Receiving Housing Transition/Navigation Services Community Support OR <input type="checkbox"/> Prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System</p> <p>Select ALL items that apply: List the estimated cost next to the one-time expense e.g., Application fee \$50, Security deposit \$1800 One-time expenses include:</p> <p><input type="checkbox"/> Application fee <input type="checkbox"/> Security deposit <input type="checkbox"/> First and last month's rent <input type="checkbox"/> Pet deposit <input type="checkbox"/> First month's coverage of renters insurance <input type="checkbox"/> Other:</p> <p>Select ALL items that apply: List the item and the estimated cost e.g., Bedding \$100, twin mattress \$200 Home goods necessary to establish a basic household include:</p> <p><input type="checkbox"/> Kitchen: bowls, cutlery, dish towels, pots and pans, sponges, dishwasher, cups/glasses, cutting boards, kitchen utensils, refrigerator, soap, oven, can opener, dining table/chairs, microwave, stove, placemats, cleaning supplies, dish drying rack, plates, place setting, salt/pepper shakers Item/Estimated cost:</p> <p><input type="checkbox"/> Bedroom: bedding, bedframe, clothes hangers, infant furniture, mattress, nightstand, hypoallergenic mattress cover, pillow covers Item/Estimated cost:</p> <p><input type="checkbox"/> Bathroom: bathmat, soap dish, shower/bath curtains, toiletries, towels, trash can, toothbrush holder, cleaning supplies Item/Estimated cost:</p> <p><input type="checkbox"/> Living Room: couch, lamps/lighting, coffee/end tables Item/Estimated cost:</p> <p><input type="checkbox"/> Other: Air conditioners, air filters, heater, cleaning supplies, medically necessary adaptive aids, night lights, vacuum cleaner, smoke detectors, carbon monoxide detectors Item/Estimated cost:</p>	
<input style="width: 40px; height: 40px;" type="checkbox"/>	<p>Housing Tenancy and Sustaining</p> <p>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. Housing Tenancy does not include rental assistance.</p>

Select **ONE** that applies:

☐ Individual was recently housed

OR

☐ Individual meets the [HUD definition of homelessness](#)

OR

☐ Individual meets the [HUD definition of at risk of homelessness](#)

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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. Service duration not to exceed 90 days. Service exceeds no more than 90 days in the continuous duration. No authorization required prior to placement.

Type of referral:

☐ Routine ☐ Expedited

Select **ALL** qualifying guidelines:

☐ Individual is homeless **OR** at risk of homelessness

OR

☐ Individual is at risk of hospitalization

OR

☐ Individual is living at home with no formal support

AND

☐ Individual has an ongoing medical need that will be aided by recuperative care.

Individual has a medical need that will be aided by recuperative care

Individual is scheduled to exit hospitalization

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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. Members may receive this service once in a lifetime after recuperative care is exhausted.

Type of referral:

☐ Routine ☐ Expedited

Select **ONE** that applies:

☐ Individual meets the [HUD definition of homelessness](#)

OR

☐ Individual is [at risk of homelessness](#)

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:

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Day Habilitation Programs

Helps you gain the skills and services needed to live in your community. Services may include mentoring. This can help you learn about jobs, manage money, and improve social skills. 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 **ALL** qualifying guidelines:

☐ Individual is experiencing homelessness

	<input type="checkbox"/> Individual left homelessness and obtained housing in the last 24 months Individual is at risk of hospitalization or institutionalization
<input type="checkbox"/>	Respite Services (Caregiver) Provides a short-term break or relief for a member's caregiver. No more than 336 hours can be used in a calendar year, unless an exception is made.
Select ALL qualifying guidelines: <ul style="list-style-type: none"> <input type="checkbox"/> Individual compromised with ADLs and dependent upon caregiver (paid or unpaid) for most of their support. <input type="checkbox"/> Individual lives in a location where services can be provided. 	
<input type="checkbox"/>	Nursing Facility Transition/ Diversion to Assisted Living Facility 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.
<div style="margin-bottom: 10px;"> <input type="checkbox"/> Nursing Facility Transition To qualify, ALL eligibility guidelines must be met: <ul style="list-style-type: none"> <input type="checkbox"/> Individual has been residing within a nursing facility for 60+ days AND <ul style="list-style-type: none"> <input type="checkbox"/> Individual is willing to live in an assisted living facility as an alternative to a Nursing Facility AND <ul style="list-style-type: none"> <input type="checkbox"/> Individual is able to reside safely in an assisted living facility with appropriate and cost-effective supports. </div> <div> <input type="checkbox"/> Nursing Facility Diversion To qualify, ALL eligibility guidelines must be met: <ul style="list-style-type: none"> <input type="checkbox"/> Individual is interested in remaining in the community AND <ul style="list-style-type: none"> <input type="checkbox"/> Individual is willing and able to reside safely in an assisted living facility with appropriate and cost-effective supports and services; AND <ul style="list-style-type: none"> <input type="checkbox"/> Individual must be currently receiving medically necessary nursing facility LOC or meet the minimum criteria to receive nursing facility LOC services and in lieu of going into a facility. </div>	
<input type="checkbox"/>	Community Transition Services/Nursing Facility Transition Community Transition Services/Nursing Facility Transition to a Home helps individuals to live in the community and avoid further institutionalization.
To qualify, ALL eligibility guidelines must be met: <ul style="list-style-type: none"> <input type="checkbox"/> Individual is interested in remaining in the community receive medically necessary nursing facility LOC services AND <input type="checkbox"/> Has lived 60+ days in a nursing home and/or Medical Respite setting; AND <ul style="list-style-type: none"> <input type="checkbox"/> Interested in moving back to the community; AND <ul style="list-style-type: none"> <input type="checkbox"/> Able to reside safely in the community with appropriate and cost-effective supports and services. 	

<input style="width: 40px; height: 40px;" type="checkbox"/>	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, contact the Medi-Cal care coordination team via NCAL and SCAL emails.</p> <p>Select 1 qualifying guideline:</p> <p><input type="checkbox"/> Applied for In-Home Supportive Services (IHSS) and awaiting determination; OR <input type="checkbox"/> Approved for IHSS and applied for additional hours; OR <input type="checkbox"/> Not eligible for IHSS to help avoid a short-term stay in a skilled nursing facility (not to exceed 60 days)</p> <p>AND</p> <p>Select 1 qualifying guideline:</p> <p><input type="checkbox"/> Individual is at risk of hospitalization or institutionalization OR <input type="checkbox"/> Individual has functional deficits and no other adequate support system</p>	
<input style="width: 40px; height: 40px;" type="checkbox"/>	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. Requestors ensure DME services are exhausted prior to submitting a referral for a home modification. Modifications that may be covered by other KP benefits may include portable ramp, chair lift, stair lift and grab bars.
<p>What equipment is the member using and what have they attempted to access?</p> <p>Is the member at risk for institutionalization?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>(If no, the below questions do not apply)</p> <p>Is the requested equipment or modification covered under DME?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Requested Modifications and Adaptions:</p> <p><input type="checkbox"/> Roll-in Shower or Tub Cut <input type="checkbox"/> Personal Emergency Response System (PERS) <input type="checkbox"/> Other (Specify in Additional Details for items not covered by DME)</p> <p>Home modification location:</p>	
<input style="width: 40px; height: 40px;" type="checkbox"/>	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 guidelines:</p> <p><input type="checkbox"/> Individuals with poorly controlled asthma (ED visit/hospitalization or 2 asthma visits in the past 12 months)</p>	

OR

- ☐ Asthma Control Test score of 19 or lower
- ☐ 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:

*A home visit will be required to identify asthma triggers and appropriate modifications.

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 immediately being discharged from a hospital or a skilled nursing facility, or individuals with extensive care coordination needs. Qualifying conditions may include but are not limited to 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.

Type of referral:

- ☐ Routine ☐ Expedited

What chronic or acute condition does the Member have that would benefit from medically supportive food?

- ☐ Being Discharged from the Hospital or a Skilled Nursing Facility, or at High Risk of Hospitalization or Nursing Facility Placement
- ☐ Malnutrition with MST Cores of ≥ 3
- ☐ Diabetes (A1C ≥ 90)
- ☐ Cardiovascular Disorder
- ☐ Congestive Heart Failure (class 3 or 4) and Hospitalized x1 in the Last 6 Months
- ☐ Renal Failure (Dialysis or stage 4 or 5 with Hospitalization x1 in the Last 6 Months)
- ☐ Stroke (post discharge)
- ☐ Chronic Lung Disorders (COPD, CF, Emphysema, Interstitial Lung, or Other Severe Lung Disease Post-Hospitalization)
- ☐ Human Immunodeficiency Virus (HIV) with MST Scores of ≥ 3
- ☐ Cancer Post-Hospitalization or Active Chemotherapy or During Radiation Therapy
- ☐ Gestational Diabetes While Pregnant
- ☐ Pregnancy-Induced Hypertension (PIH)
- ☐ Postop Bariatric During Pregnancy or Other High-Risk Perinatal Conditions While Pregnant
- ☐ Other:

Identify Meal Type:

- ☐ Pantry and Produce Box with nutritional counseling
- ☐ Prepared Food

Nutritional counseling needed for prepared food?

- ☐ Yes
☐ No

Please note any special request and/or allergies:

Community Health Worker

Community Health Workers are non-licensed frontline workers based in the community. They are advocates who provide face-to-face services and directly engage with members to help them reach a health-related goal, aiming to improve the member's medical, behavioral, or social health outcomes by increasing health knowledge and self-sufficiency. Eligibility for CHW services is broad and inclusive, so most KP Medi-Cal members may qualify for CHW services if they need non-clinical and culturally appropriate support to achieve a health-related goal. These services do not cover personal care and homemaker services such as meal preparation, housekeeping, transportation, or housing navigation.

Note: Members are not eligible to receive CHW services if they are enrolled in Enhanced Care Management.

What goal would you like the CHW to assist the member with and what services would you like them to provide?
 Select **ALL** that apply

Examples of common CHW services include:

- ☐ High Risk Pregnancy Peer Support (e.g., education on lifestyle adjustments to prevent complications)
- ☐ Diabetes Management Peer Support (e.g., education and guidance on medication adherence)
- ☐ Substance Use Peer Support (e.g., education about substance abuse, reducing enabling behaviors, and coping strategies)
- ☐ In-person support (e.g., education on how to navigate the health system or self-advocate in a health care setting)
- ☐ Culturally appropriate health education or health navigation (e.g., education on how to shop for healthy meals, asthma prevention)
- ☐ Help enrolling in government programs (e.g., WIC, CalFresh, SSDI/SSI) as part of improving health
- ☐ Outreach services to engage member in their care plans (e.g., attending appointments, meeting care plan goals)
- ☐ Other: