



## 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 **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. Please print clearly, or type in all of the fields below.
2. Attach a clinical summary and/or supporting documentation (ex. clinic notes, hospital discharge summary, etc.) justifying ECM.
3. 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 1 – 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.
- B.** Two (2) or more inpatient (IP) or skilled nursing facility (SNF) unplanned admits in a 12-month period.

**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 Medical 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 18<sup>th</sup> 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 with Intellectual or Developmental Disability (I/DD) (must meet A. AND B.):**

- A. Diagnosed I/DD.
- B. Qualify for eligibility in any other children and youth ECM Population of Focus. (Please complete the additional eligibility option(s) they meet.)

**Option 10 – Children/Youth who are Pregnant or Postpartum (must meet A. AND B.):**

- A. Pregnant **OR** postpartum (through 12 months period).
- B. 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)

# Youth Screening Tool for Medi-Cal Mental Health Services

The Youth Screening Tool for Medi-Cal Mental Health Services is required for use when an individual under age 21, or a person on behalf of an individual under age 21, who is not currently receiving mental health services, contacts their Medi-Cal Managed Care Plan (MCP) or county Mental Health Plan (MHP) to seek mental health services. This tool determines whether an individual should be referred to the MCP delivery system or to the MHP delivery system for a clinical assessment and ensures that individuals have timely access to the appropriate mental health delivery system. The Youth Screening Tool for Medi-Cal Mental Health Services is not required to be used when individuals contact mental health providers directly to seek mental health services.<sup>1</sup>

## Instructions:

1. There are two versions of the Youth Screening Tool for Medi-Cal Mental Health Services:
  - One version of the tool is used when a youth is responding on their own behalf: ***Youth Screening Tool for Medi-Cal Mental Health Services: Youth Respondent.***
  - One version of the tool is used when a person is responding on behalf of the youth: ***Youth Screening Tool for Medi-Cal Mental Health Services: Respondent on Behalf of Youth.***
2. The answer to screening question 2 determines which version of the tool is used.
3. Each scored question is a “Yes” or “No” question. Not every question is scored.
4. Each scored question has a defined number of points for the selected answer. The number of points for each question cannot be more or less than what is on the scoresheet.
5. Select/mark the number in the “Yes” or “No” column based on the response provided.
6. If the youth, or the person responding on their behalf, is unable or chooses not to answer a question, skip the question and score it as “0.”

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<sup>1</sup> As described in APL 22-028 and BHIN 22-065, MCPs and MHPs must allow contracted mental health providers who are contacted directly by individuals seeking mental health services to begin the assessment process and provide services during the assessment period without using the Screening Tools, consistent with the No Wrong Door for Mental Health Services Policy described in [BHIN 22-011](#).

7. If a response to question 5 indicates that a child who is age 3 or younger has not seen a pediatrician in the last 6 months, or that a child/youth age 4 or older has not seen a pediatrician or primary care physician (PCP) in the last year, the screener must offer to connect them to their MCP for a pediatrician/PCP visit in addition to the mental health delivery system referral generated by the screening score.<sup>2</sup>
8. If the youth, or the person responding on their behalf, responds “Yes” to question 6, 7, or 9, they meet criteria for specialty mental health services per [BHIN 21-073](#). In these cases, the screening is not required, and the screener must offer and coordinate a referral for clinical assessment by the MHP. Referral coordination must include follow up to ensure an assessment has been made available to the individual. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
9. If the youth, or the person responding on their behalf, responds “Yes” to question 19, 20, or 21, the screener must immediately offer and coordinate a referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. Referral coordination should include sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services. The referral and subsequent clinical evaluation may or may not impact the mental health delivery system referral generated by the screening score.
10. A response of “Yes” to question 17 does not impact the screening score. If the youth, or the person responding on their behalf, responds “Yes” to question 17, the screener must offer and coordinate a referral to the county behavioral health plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score. The individual may decline this referral without impact to the mental health delivery system referral.
11. Once responses to all questions have been documented, the selected/marked numbers in the “Yes” column should be added together and that total number should be entered in the “Total Score” box.
  - a. Individuals with a total score of 0 – 5 must be referred to the MCP for a clinical assessment.
  - b. Individuals with a total score of 6 and above must be referred to the MHP for a clinical assessment.
12. Once a score has been generated, a referral must be coordinated.
  - a. If the individual’s score requires referral within the same delivery system, a timely clinical assessment must be offered and provided.
  - b. If the individual’s score requires referral to the other mental health delivery system (i.e., MCP to MHP or MHP to MCP), the referral must be coordinated with the other delivery system, including sharing the completed Youth Screening Tool for Medi-Cal Mental Health Services and following up to ensure a timely clinical assessment has been made available to the individual.

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<sup>2</sup> Bright Futures well-child visit guidelines indicate a child age 4 and older should be seen by a pediatrician annually, and a child age 3 and under should be seen by a pediatrician every 1, 3, or 6 months depending on their age.

# Youth Screening Tool for Medi-Cal Mental Health Services

## Youth Respondent

Name:	Date of Birth:
Age:	<b>NOTE: If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”</b>
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE: If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</b>	
2. Are you calling about yourself or about someone else?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
• If calling about someone else, who are you calling about and what is your relationship to them?	
<b>NOTE: If someone else, please switch to the “Respondent on Behalf of Youth” version of the tool.</b>	
3. Can you tell me the reason you are seeking mental health services today?	
4. Are you currently receiving mental health treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• If yes, where are you receiving those services?	
<b>NOTE: If the individual is currently receiving mental health services from their MCP or MHP, do not finish the screening. Instead, connect them with their current provider for further assessment.</b>	
5. When was the last time you saw your pediatrician or primary care doctor?	
<b>NOTE: If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.</b>	

Question	Yes	No
6. Are you currently or have you ever been in juvenile hall, on probation, or under court supervision? <sup>1</sup>  <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
7. Are you currently in foster care or involved in the child welfare system? <sup>1</sup>  <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
8. Have you ever been in foster care or involved in the child welfare system?	1	0
9. Are you currently without housing or a safe place to sleep? <sup>1</sup>  <i>NOTE: If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
10. Have you ever been without housing or a safe place to sleep?	1	0
11. Are you having thoughts, feelings or behaviors that make it hard for you at home, school, or work?	1	0
12. Are you having thoughts, feelings, or behaviors that make it hard to be with your friends or have fun?	1	0
13. Are you often absent from school, work, or activities due to not feeling well?	1	0
14. Is the person who takes care of you often not around or unable to take care of you?	1	0
15. Do you feel unsupported or unsafe?	1	0
16. Is anyone hurting you?	1	0
17. Are you having trouble with drugs or alcohol? <sup>2</sup>  <i>NOTE: If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i>	—	—

Question	Yes	No
18. Is anyone in your family or who lives with you having trouble with drugs or alcohol?	1	0
19. Do you hurt yourself on purpose? <sup>3</sup>  <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
20. In the past month, have you had thoughts about ending your life, wished you were dead, or wished you could go to sleep and never wake up? <sup>3</sup>  <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
21. Do you have plans to hurt others? <sup>3</sup>  <i>NOTE: If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i>	2	0
22. Has someone outside of your family told you that you need help with anxiety, depression, or your behaviors?	2	0
23. Have you been seen in the hospital to get help for a mental health condition within the last six months?	2	0
<p><b>Total Score:</b></p> <p><b>If score is 0 – 5, refer to the MCP per instruction #11</b></p> <p><b>If score is 6 or above, refer to the MHP per instruction #11</b></p>		
<p>1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference <a href="#">BHIN 21-073</a> for additional detail on specialty mental health services criteria and definitions of key terminology.</p> <p>2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.</p> <p>3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.</p>		



# Youth Screening Tool for Medi-Cal Mental Health Services

## Respondent on Behalf of Youth

Name:	Date of Birth:
Age:	<b>NOTE:</b> <i>If age 21 or older, switch to the “Adult Screening Tool for Medi-Cal Mental Health Services.”</i>
Medi-Cal Number (CIN):	
1. Is this an emergency or crisis situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b> <i>If yes, do not finish the screening and handle according to existing emergency or crisis protocols.</i>	
2. Are you calling about yourself or about someone else? • If calling about someone else, who are you calling about and what is your relationship to them?	<input type="checkbox"/> Self <input type="checkbox"/> Someone else
<b>NOTE:</b> <i>If calling about themselves, switch to the “Youth Respondent” version of the tool.</i>	
3. Can you tell me the reason you are seeking mental health services for the child/youth today?	
4. Is the child/youth currently receiving mental health treatment? • If yes, where are they receiving those services?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>NOTE:</b> <i>If the individual is currently receiving mental health services from their MCP or MHP or MCP do not finish the screening. Instead, connect them with their current provider for further assessment.</i>	
5. When was the last time the child/youth saw their pediatrician or primary care provider?	
<b>NOTE:</b> <i>If the child/youth is age 3 or younger and has not seen a pediatrician in over 6 months or age 4 and older and has not seen a pediatrician or primary care physician (PCP) in over a year, continue the screening and connect them to their MCP for a pediatrician/PCP visit.</i>	

Question	Yes	No
6. Is the child/youth currently or have they ever been in juvenile hall, on probation, or under court supervision? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
7. Is the child/youth currently in foster care or involved in the child welfare system? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
8. Has the child/youth ever been in foster care or involved in the child welfare system?	1	0
9. Is the child/youth currently without housing or a safe place to sleep? <sup>1</sup>  <i><b>NOTE:</b> If yes, stop the screening and refer to the MHP for clinical assessment.</i>	—	—
10. Has the child/youth ever been without housing or a safe place to sleep?	1	0
11. Is the child/youth having thoughts, feelings or behaviors that make it hard for them at home, school, or work?	1	0
12. Is the child/youth having thoughts, feelings, or behaviors that make it hard to be with their friends or have fun?	1	0
13. Is the child/youth often absent from school, work, or activities due to not feeling well?	1	0
14. Is the primary caretaker for the child/youth often not around or unable to take care of the child/youth?	1	0
15. Does the child/youth feel unsupported or unsafe?	1	0
16. Is anyone hurting the child/youth?	1	0

Question	Yes	No
17. Is the child/youth having trouble with drugs or alcohol? <sup>2</sup> <i><b>NOTE:</b> If yes, continue the screening and coordinate referral to the county behavioral health plan for substance use disorder assessment after the screening is completed.</i>	—	—
18. Is anyone in the child/youth's family or who lives with them having trouble with drugs or alcohol?	1	0
19. Does the child/youth self-harm or behave in a manner that may cause harm to themselves? <sup>3</sup> <i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
20. In the past month, has the child/youth had thoughts about ending their life, wished they were dead, or wished they could go to sleep and never wake up? <sup>3</sup> <i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of suicidality after the screening is completed.</i>	2	0
21. Does the child/youth have plans to hurt others? <sup>3</sup> <i><b>NOTE:</b> If yes, continue the screening and immediately coordinate referral to a clinician for further evaluation of homicidality after the screening is completed.</i>	2	0
22. Has someone outside of the child/youth's family said that the child/youth needs help with anxiety, depression, or their behaviors?	2	0
23. Has the child/youth been seen in a hospital for a mental health condition within the last six months?	2	0
<b>Total Score:</b> <b>If score is 0 – 5, refer to the MCP per instruction #11</b> <b>If score is 6 or above, refer to the MHP per instruction #11</b>		

- 1 Questions 6, 7, and 9 are not scored. A response of “Yes” results in a referral to the MHP for clinical assessment. Please reference [BHIN 21-073](#) for additional detail on specialty mental health services criteria and definitions of key terminology.
- 2 Question 17 is not scored. A response of “Yes” results in a referral to the county plan for substance use disorder assessment in addition to the mental health delivery system referral generated by the screening score.
- 3 A response of “Yes” to questions 19, 20, and 21 results in immediate coordination of referral to a clinician for further evaluation of suicidality and/or homicidality after the screening is completed. The referral and subsequent evaluation may or may not impact the mental health delivery system referral generated by the screening score.