

Enhanced Care Management and Community Supports Referral Form

Kaiser Permanente 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 is available in all KP's service areas. The benefit is limited to specific Populations of Focus defined by the Department of Healthcare 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 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.

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

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

Referral Source Information

Referrer Name:	Referrer Organization:	
Referrer Email Address:	Referrer Phone Number:	Referrer Fax Number:
External referral by (select one): ECM provider Homeless Provider Hospital PCP/Clinic PPG SNF Community based organization Other: _____		
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

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: No permanent address	Mailing address: No mailing address	
Does the member being referred have Kaiser Permanente Medi-Cal Managed Care coverage ? Yes No * Unknown * If no, member is not eligible for ECM or Community Support services through Kaiser Permanente		

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:		
Organization 3 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 before the referral can be approved.

Enhanced Care Management

Provides systematic coordination of services and comprehensive care management.

	<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) 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>Available in all counties</p>
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Housing Transition/Navigation and 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 that applies:</p> <ul style="list-style-type: none"> Individual meets the HUD definition of homelessness OR Individual meets the HUD definition of at risk of homelessness <p>Where does the member currently sleep at night:</p> <ul style="list-style-type: none"> Permanent housing Short-term housing, such as couch surfing Interim housing, such as a shelter setting Emergency shelter Vehicle or RV Outside unsheltered Other: _____ <p>Select service/services of interest:</p> <ul style="list-style-type: none"> Housing Transition/Navigation <ul style="list-style-type: none"> Housing deposits may be available for those who enroll in Housing Transition/Navigation Housing Tenancy & Sustaining Services 	<p>Available in all counties</p>
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	<p>Select ALL that apply:</p> <ul style="list-style-type: none"> 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 Individual exiting institutionalization 	
<p>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 issues.</p>		
	<p>Select ONE that applies:</p> <ul style="list-style-type: none"> Individual meets the HUD definition of homelessness OR Individual is at risk of homelessness <p>Select all that apply:</p> <ul style="list-style-type: none"> 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</p>
<p>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.</p>		
	<p>Select ALL that apply:</p> <ul style="list-style-type: none"> 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: _____ <p>Acknowledgement that documentation WILL be requested for the medical need for this service.</p>	<p>Available in some counties</p>
<p>Respite Services Provides a brief break or relief for a member's caregiver.</p>		
	<p>Select ALL that apply:</p> <ul style="list-style-type: none"> Individual currently receives caregiving services (paid) Individual currently receives caregiving services (unpaid) Individual has a residential address 	<p>Available in some counties</p>

<p>Day Habilitation Programs</p> <p>For members who need assistance with ADL's and Personal Care Services who otherwise would not be able to remain in their homes.</p>		
	<p>Select ALL that apply:</p> <ul style="list-style-type: none"> 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. 	Available in some counties
<p>Nursing Facility Transition to an Assisted Living Facility or Home</p> <p>Nursing Facility Transition/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. The goal is to help members go from a nursing facility to a home-like setting. Community Transition Services/Nursing Facility Transition to a Home helps with costs of going from a nursing facility to a home where a member will then be responsible for their living costs.</p>		
	<p>Select ALL that apply:</p> <ul style="list-style-type: none"> Individual is currently residing within a nursing facility Facility name: _____ Facility type: _____ Individual is currently residing within a nursing facility for 60+ days <p>Select ONE that applies:</p> <ul style="list-style-type: none"> Individual is interested in relocating to an assisted living facility Individual is interested in relocating to a private residence 	Available in some counties
<p>Personal Care and Homemaker Service</p> <p>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>		
	<p>Select ALL that apply:</p> <ul style="list-style-type: none"> Individual is at risk of hospitalization or institutionalization Individual has IHSS support but requires additional hours <p>Individual 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 a referral for Independent Living Solutions (ILS).</p> <p>Has the member applied for IHSS?</p> <p>Yes No * Currently has IHSS and needs additional support</p> <p>Referral date, if known: _____</p> <p>* If no, member is not eligible for Personal Care and Homemaker Service through Kaiser Permanente</p>	Available in some counties

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.		
	Select ALL that apply: Individual is at risk of hospitalization or institutionalization at a facility Individual is currently hospitalized or institutionalized and seeking to reenter the community Home modification requested: _____ Documentation will be requested for the medical need for this service.	Available in some counties
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.		
	Select ALL that apply: 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 is experiencing a chronic health condition Individual is receiving Enhanced Care Management (ECM) or Chronic Conditions Management (CCM) This support is not meant to be a long-term solution to food insecurity.	Available in some counties
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.		
	Select all that apply: Individual has poorly controlled asthma Individual has received care for their asthma by a health care provider Documentation may be requested for the medical need for this service.	Available in some counties