Print Assessment

ECM Enrollment Assessment

Episode Type	OP	**Assignee**	Sentinel, Ze
Assessment Title	ECM Enrollment Assessment	**Status**	New
Assessment Date/Indentified Date	05/11/2026	**Assessment Added By**	Sentinel

Questions	Notes
ECM Enrollment Assessment	
1 **Has the member been enrolled in ECM with any provider in the past 6 months?** ☐ Yes ☐ No	
2 **Please attest that you will coordinate with the member's primary care team and additional support systems within 14 calendar days?** ☐ Yes ☐ No	
3 **Who is the member's case manager and their direct contact information? This may be shared with the member's care team to support coordination of care.**	

Questions	Notes
ECM Graduation Assessment	
1 **What date was the Member's ECM Care Plan last updated?** M M D D Y Y Y Y	
2 **Is your updated Care Plan and Outreach Log attached to the authorization request?** ☐ Yes ☐ No	

Questions	Notes
ECM Graduation Assessment	
3 **When was the Member's last Primary Care Provider (PCP) visit?** M M D D Y Y Y Y	
4 **What type of clinical needs or goals does the Member still need support with? (Select all that apply)** ☐ Medical stability goals (e.g., uncontrolled chronic conditions, acute episodes, or conditions requiring intensive clinical oversight) ☐ Mental/behavioral health and/or substance use goals ☐ The member does not still need support with their clinical goals	
5 **Which medical stability goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Understanding/knowing how to contact their primary care provider and/or nurse advice line ☐ Understanding/knowing when to see their primary care provider or specialists ☐ Understanding/knowing how to use urgent care and the emergency department appropriately ☐ Feeling comfortable talking to their physician or other health care providers about their needs and questions ☐ Controlling their chronic condition through treatment plans, care plan recommendations, and medications ☐ Other	
6 **Which mental/behavioral health and/or substance use goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Understanding their diagnosis and treatment ☐ Recognizing warning signs related to emotional health/mental health needs ☐ Recognizing things that upset them and responding in healthy ways ☐ Identifying and communicating with a support person or group ☐ Connecting with and understanding when to connect with their mental/behavioral health or substance use provider ☐ Feeling comfortable talking to their mental/behavioral health and/or substance use provider about their needs and questions ☐ Understanding/knowing how to use urgent care and the emergency department appropriately ☐ Controlling their mental/behavioral and/or substance use condition through treatment plans, care plan recommendations, and medications ☐ Other	

Questions	Notes
ECM Graduation Assessment	
7 **Responses indicate that this member may be a ready for graduation, please consider whether this renewal should be requested or explain why it is needed below. If member has resolved high level needs and only needs a lower level of case management, they may qualify for Alliance Case Management or Community Health Worker services. The member can be advised to reach out to their Primary Care Provider to explore alternative options.**	

Questions	Notes
Population of Focus Assessment	
1 **What ECM population of focus does the member meet? (the member should not be enrolled in ECM if they do not meet a population focus. Connect with the member's PCP for other services that may support their needs)** ☐ Adult - Avoidable ED or Hospital Use (High Utilizer) - 5+ ED or 3+ IP/SNF in 6months ☐ Adult - Nursing Facility residents transitioning to the community ☐ Adult - Serious Mental Illness (SMI) or Substance Use Disorder (SUD) - SMI/SUD and SDOH factors ☐ Adult / Family - Experiencing Homelessness - Adults also need clinical risk factor, Family and Peds do not ☐ Adult - Living in the community at risk for LTC ☐ Adult - Justice Involved - JI factor and clinical risk factor ☐ Peds - Child Welfare Involved ☐ Peds - CCS or CCS WCM - with additional SDOH factors ☐ Peds - Avoidable ED or Hospital Use (High Utilizer) - 3+ ED or 2+ IP/SNF in 12 months ☐ Peds - Experiencing Homelessness ☐ Peds - SMI / SUD ☐ Peds - Justice Involved ☐ Birth Equity - Up to 12 months postpartum and subject to racial/ethnic disparities	

Questions	Notes
ECM Graduation - Medical management or Social Goals	
1 **What types of medical management or social goals does the member still need support with?** ☐ Appointment management goals ☐ Medication management goals ☐ Community resource goals ☐ Housing support goals ☐ Transportation goals ☐ Daily living goals ☐ Other goals ☐ The member does not have additional medical management or social goals still needing support	
2 **Which appointment management goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Keeping appointments ☐ Knows how to attend telehealth appointments ☐ Making appointments ☐ Member met all care plan goals in this category ☐ Rescheduling appointments in advance ☐ Tracking appointments ☐ Other	
3 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
4 **Which medication management goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Understanding each of their medications ☐ Taking medications as instructed by their doctor ☐ Request refills in a timely manner ☐ Other	
5 **Which community resources goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Understanding/knowing where to find relevant community resources ☐ Understanding/knowing what needs they have that may be addressed through community resources ☐ Feeling comfortable reaching out to community organizations about their needs and questions ☐ Other	

Questions	Notes
ECM Graduation - Medical management or Social Goals	
6 **Which housing support goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Finding and entering safe and stable housing ☐ Identifying and addressing barriers to safe and stable housing ☐ Identifying and planning to achieve goals for safe and stable housing ☐ Understanding tenant rights and how to exercise them ☐ Understanding tenant responsibilities and how actions can affect housing (e.g. late rent payments, hoarding, smoking, etc.) ☐ Managing landlord relationship and understanding its necessity ☐ Other	
7 **Which transportation goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Understanding/knowing how to utilize Alliance medical transportation services for appointments and prescriptions ☐ Identifying and utilizing community transportation for other daily needs ☐ Other	
8 **Which daily living goals does the Member or their support system (friends/family/caretakers) still need support and education for:** ☐ Completing activities of daily living, such as cooking, cleaning, shopping, bathing, dressing, etc. ☐ Understanding and utilizing available resources to support daily living ☐ Obtaining equipment and services necessary living on their own ☐ Obtaining necessary identification documents such as birth certificates, Social Security cards, driver's license, or other records ☐ Understanding/knowing how to obtain other necessary documents when necessary, such as pay stubs, bank statements, and bills ☐ Understanding/knowing how to keep track of money and spending ☐ Other	
9 **Responses indicate that this member may be a ready for graduation, please consider whether this renewal should be requested or explain why it is needed below. If member has resolved high level needs and only needs a lower level of case management, they may qualify for Alliance Case Management or Community Health Worker services. The member can be advised to reach out to their Primary Care Provider to explore alternative options.**	
10 **What does the Member or their support system (friends/family/caretakers) still need support and education for:**	

Questions	Notes
ECM Graduation - member's primary care team	
1 **Has the member's primary care team and additional support systems been involved in or informed of completion of Care Plan goals to facilitate warm handoffs?** ☐ Yes ☐ No	
2 **Please attest that you will coordinate with the member's primary care team and additional support systems within 14 calendar days?** ☐ Yes ☐ No	

Questions	Notes
POF Adult - High Utilizer 5 ED or 3 IP/SNF	
1 **Has the member had 5 or more emergency room visits in the past 6 months that could have been avoided through outpatient care or treatment adherence?** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	

Questions	Notes
POF Adult - Nursing Facility residents transitioning to the community_currently in NF?	
1 **Is the member currently residing in a Nursing Facility?** ☐ Yes ☐ No	
2 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Adult - Serious Mental Illness (SMI) or Substance Use Disorder	
1 Does the member meet the access criteria for SMHS or DMC/DMC-ODS (Receiving or referred to County BH Services)? ☐ Yes ☐ No	
2 Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.	

Questions	Notes
POF Adult/Family - Experiencing Homelessness	
1 Does the member have a complex physical, behavioral, or developmental need that is unable to be self-managed? ☐ Yes ☐ No	

Questions	Notes
POF - Adults living in the community at risk for LTC	
1 Does the member meet SNF Level of Care criteria? ☐ Yes ☐ No	

Questions	Notes
POF Adult - Justice Involved	
1 Has the member exited or transitioned from a correctional facility (prison, jail, youth correctional facility) within the last 12 months? ☐ Yes ☐ No	

Questions	Notes
POF Adult - Justice Involved	
2 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Peds - Child Welfare Involved	
1 **Select the situation that best describes the member:** ☐ Under 21 and currently receiving or previously received foster care within the last 12 months ☐ Under 26 and aged out of foster care (was enrolled in foster care at 18) ☐ Under 18 and eligible for/enrolled in California's Adoption Assistance Program ☐ Under 18 and currently receiving or previously received services from California's Family Maintenance program within the last 12 months ☐ Other	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Peds - CCS or CCS WCM	
1 **Is the member enrolled in CCS/WCM?** ☐ Yes ☐ No	

Questions	Notes
POF - Peds - CCS or CCS WCM	
2 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF Peds - Avoidable ED or Hospital Use	
1 **Has the member had 3 or more emergency room visits in the past 12 months that could have been avoided through outpatient care or treatment adherence?** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	

Questions	Notes
POF Peds - Experiencing Homelessness	
1 **Please check the area that most closely aligns with the member's situational eligibility (select all that apply)** ☐ Literally homeless, living on the street, or in their car ☐ Has been notified that their right to occupy their current housing or living situation will be terminated (with a specific move out date) ☐ Fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking ☐ Moved because of economic reasons two or more times in the past 60 days ☐ Living in the home of another because of economic hardship ☐ Lives in a hotel or motel ☐ Lives in severely overcrowded housing (more than 1.5 persons per room) ☐ Is exiting an institution into a situation outlined above ☐ Is prioritized for a permanent supportive housing unit or rental subsidy ☐ Other	

Questions	Notes
POF Peds - Experiencing Homelessness	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Peds - SMI / SUD	
1 **Does the member meet the access criteria for SMHS or DMC/DMC-ODS (Receiving or referred to County BH Services)?** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Peds - Justice Involved	
1 **Has the member exited or transitioned from a correctional facility (prison, jail, youth correctional facility) within the last 12 months?** ☐ Yes ☐ No	

Questions	Notes
POF - Peds - Justice Involved	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Birth Equity Subject to racial and ethnic disparities	
1 **Is the member part of a population subject to racial and ethnic disparities as defined by California Public Health Data on maternal morbidity and mortality?** ☐ Yes ☐ No	
2 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF Adult - 3 or More ER/IP/SNF	
1 **Has the member had 3 or more unplanned hospital and/or skilled nursing facility stays in the past 6 months that could have been avoided through outpatient care or treatment adherence?** ☐ Yes ☐ No	

Questions	Notes
POF Adult - 3 or More ER/IP/SNF	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF Adult - Nursing Facility residents transitioning to the community	
1 **Is the member able to reside in the community with wraparound supports? (e.g. is it safe for the member to receive home-based care based on their needs)** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Adult - Serious Mental Illness (SMI) or Substance Use Disorder	
1 Which of the following Social Determinants of Health are impacting the member? (Select all that apply) ☐ Lack of access to food ☐ Lack of access to stable housing ☐ Inability to work or engage with the community ☐ 4 or more ACEs based on screening ☐ Former foster youth ☐ Recent law enforcement contact due to MH or SUD symptoms ☐ Other ☐ Member does not have additional SDOH needs	
2 Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.	

Questions	Notes
POF Adult/Family - Experiencing Homelessness situational eligibility	
1 Please check the area that most closely aligns with the member's situational eligibility (select all that apply) ☐ Literally homeless, living on the street, or in their car ☐ Has been notified that their right to occupy their current housing or living situation will be terminated (with a specific move out date) ☐ Fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking ☐ Moved because of economic reasons two or more times in the past 60 days ☐ Living in the home of another because of economic hardship ☐ Lives in a hotel or motel ☐ Lives in severely overcrowded housing (more than 1.5 persons per room) ☐ Is exiting an institution into a situation outlined above ☐ Is prioritized for a permanent supportive housing unit or rental subsidy ☐ Other	

Questions	Notes
POF Adult/Family - Experiencing Homelessness situational eligibility	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF Adult/Family - Experiencing Homelessness_kids in house	
1 **Is the member part of a family with children/youth under 21 in the household?** ☐ Yes ☐ No	
2 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Adults living in the community at risk for LTC_envi. factors	
1 **Which of the following social or environmental factors apply to the member? (select all that apply)** ☐ Needs assistance with ADLs ☐ Has difficulty communicating ☐ Lacks access to food ☐ Lacks access to stable housing ☐ Lives alone ☐ Has a conservatorship or other guided decision making ☐ Poor/inadequate caregiving or lack of safety monitoring ☐ Other ☐ The member does not have additional social or environmental needs	
2 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Adults living in the community at risk for LTC_svc for acute illness	
1 **Does the member require time-limited or intermittent medical and nursing services for acute illness or injury?** ☐ Yes ☐ No	
2 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF Adult - Justice Involved_transition from corr. fac._was foster yth	
1 **Is the member a former foster youth between the age of 18-26?** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	

Questions	Notes
POF - Peds - CCS or CCS WCM Mem Enrolled Yes	
1 **Which of the following Social Determinants of Health are impacting the member? (Select all that apply)** ☐ Lack of access to food ☐ Lack of access to stable housing ☐ Inability to work or engage with the community ☐ 4 or more ACEs based on screening ☐ Former foster youth ☐ Recent law enforcement contact due to MH or SUD symptoms ☐ Other ☐ Member does not have additional SDOH needs	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	
4 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF Peds - Avoidable ED or Hospital Use	
1 **Has the member had 2 or more unplanned hospital and/or skilled nursing facility stays in the past 12 months that could have been avoided through outpatient care or treatment adherence?** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Birth Equity	
1 **Is the member pregnant or up to 12 months postpartum?** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Adult - Serious Mental Illness (SMI) or Substance Use Disorder	
1 **Which of the following describe the member? (select all that apply)** ☐ At risk of institutionalization ☐ At risk of overdose ☐ At risk of suicide ☐ Uses crisis services/ED/inpatient stays/urgent care as primary source of care ☐ Experienced 2 or more ED visits or hospitalizations due to MH or SUD in the past 12 months ☐ Other ☐ Member does not meet any of the descriptions above	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF - Adults living in the community at risk for LTC_wraparound supports	
1 **Is the member able to reside in the community with wraparound supports? (e.g. is it safe for the member to receive home-based care based on their needs)** ☐ Yes ☐ No	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	

Questions	Notes
POF - Adults living in the community at risk for LTC_wraparound supports	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	

Questions	Notes
POF Adult - Justice Involved_transition from corr. fac._clinical rsk factor	
1 **Which clinical risk factor does the member meet?** ☐ Has a mental illness (receiving services or medication for) or SUD needs ☐ Has a chronic condition or significant non-chronic condition ☐ Intellectual or Developmental Disability (I/DD) - begins before age 18 and is expected to continue indefinitely ☐ Traumatic Brain Injury (TBI) ☐ HIV/AIDS ☐ Is pregnant up through 12 months postpartum ☐ Member does not meet any of these descriptions	
2 **Has the member consented for this referral to be submitted on their behalf?** ☐ Yes ☐ No	
3 **Responses indicate that this member does not meet an ECM population of focus, please consider whether this authorization should be requested or explain why it is needed below. The member may qualify for Alliance Case Management or Community Health Worker services if they have case management needs but do not meet an ECM POF.**	