



SIERRA VISTA CHILD & FAMILY SERVICES

Enhanced Care Management (ECM)

Referral Information Sheet

Fax referral to: 209-544-0487

Enhanced Care Management (ECM) coordinates both the clinical and non-clinical aspects of care for the highest-need Medi-Cal members and serve as cost-effective alternatives to covered Medi-Cal services. If you know a youth with Medi-cal benefits in need of this type of service, please complete and submit this form via fax.

Who referred participant for services?

Date:

Name:

Agency Name & Phone number:

Client Last Name:

First Name:

Middle Initial:

Health Plan: Health Net Health Plan of San Joaquin

DOB:

Medi-Cal #:

Gender: Male Female Declined to answer

Address:

City

State

Zip

Phone #:

Cell Phone #:

Ethnicity:

Preferred Primary Language Used:

English Spanish Other Declined to answer Interpreter Needed

Parent / Legal Guardian:

Last Name:

First Name:

Reason for referral:

Housing

Medical

Behavioral Health

Other:

Current services received:

Has the individual been notified of referral?

Office Use Only

Date of Referral:

Staff assigned referral:

Notes/Disposition/Outcome: