



ECM 3 – Inpatient Readmission for Children & Adolescents

Provider Name: _____

Client Name: _____

Medicaid ID: _____

DOB: _____

The client meets ValueOptions Colorado Partnerships' criteria for **enhanced care management** because:

- Client is 17 years or younger
- Client had a recent inpatient admission
- Client had an inpatient re-admission within 30 days from the discharge of the prior inpatient stay
- Client had less than three outpatient visits (excluding case management) between the two inpatient admissions

This utilization pattern suggests that there may have been insufficient outpatient follow-up services subsequent to the first admission. Please document why these services were not received. Note any problems related to provider's appointment capacity, client's refusal, client's non-compliance, etc.

Reviewer's Name: _____

Supervisor's Name: _____

Date: _____

Date: _____

Reviewer's Signature: _____

Supervisor's Signature: _____

**Please return this form to: ValueOptions Colorado/ Attn: Quality Management Department
7150 Campus Drive, Suite 300, Colorado Springs, CO 80920
Or via fax: (719) 538-1456**