CalAIM Enhanced Care Management & Community Supports

‘Action Plan’ to Refine & Improve the Services

March 2024

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Background

What Is Enhanced Care Management (ECM)?

ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs.

- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.
- ECM is the **highest tier of care management** for Medi-Cal MCP Members.

Medi-Cal MCP Care Management Continuum

What are Community Supports?

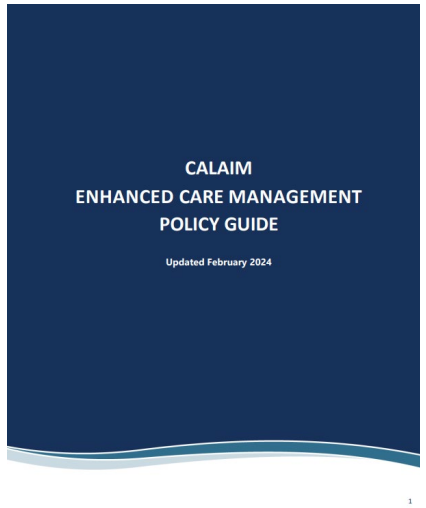
DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs are strongly encouraged but not required to offer as substitutes for utilization of other services or settings.

Pre-Approved DHCS Community Supports include:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post-Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Meals/Medically-Tailored Meals or Medically-Supportive Foods
- Sobering Centers
- Asthma Remediation

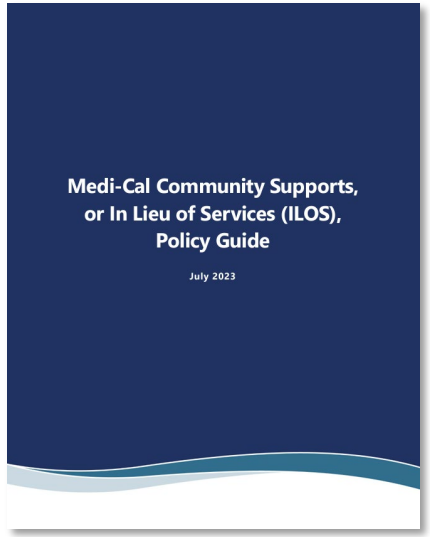
See Community Supports Elections Spreadsheet on DHCS website for MCP selections statewide.

Key Policy Documents



ECM Policy Guide

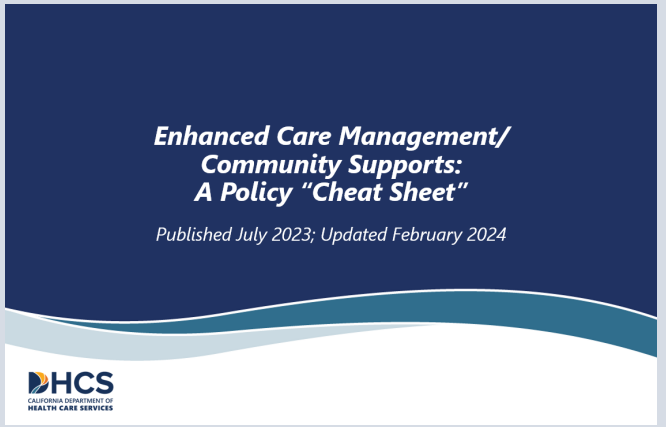
https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf



Community Supports Policy Guide

https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

ECM & Community Supports Policy "Cheat Sheet"



https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Policy-Cheat-Sheet.pdf

Data on ECM & Community Supports Implementation

DHCS publishes data on ECM and Community Supports implementation each quarter.

Access the report here:

https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

DHCS Regularly Seeks Inputs that Inform Updates to ECM and Community Supports

Stakeholder Advisory Groups

Surveys

Interviews

DHCS Leadership Listening Tours

Data Submitted from MCPs

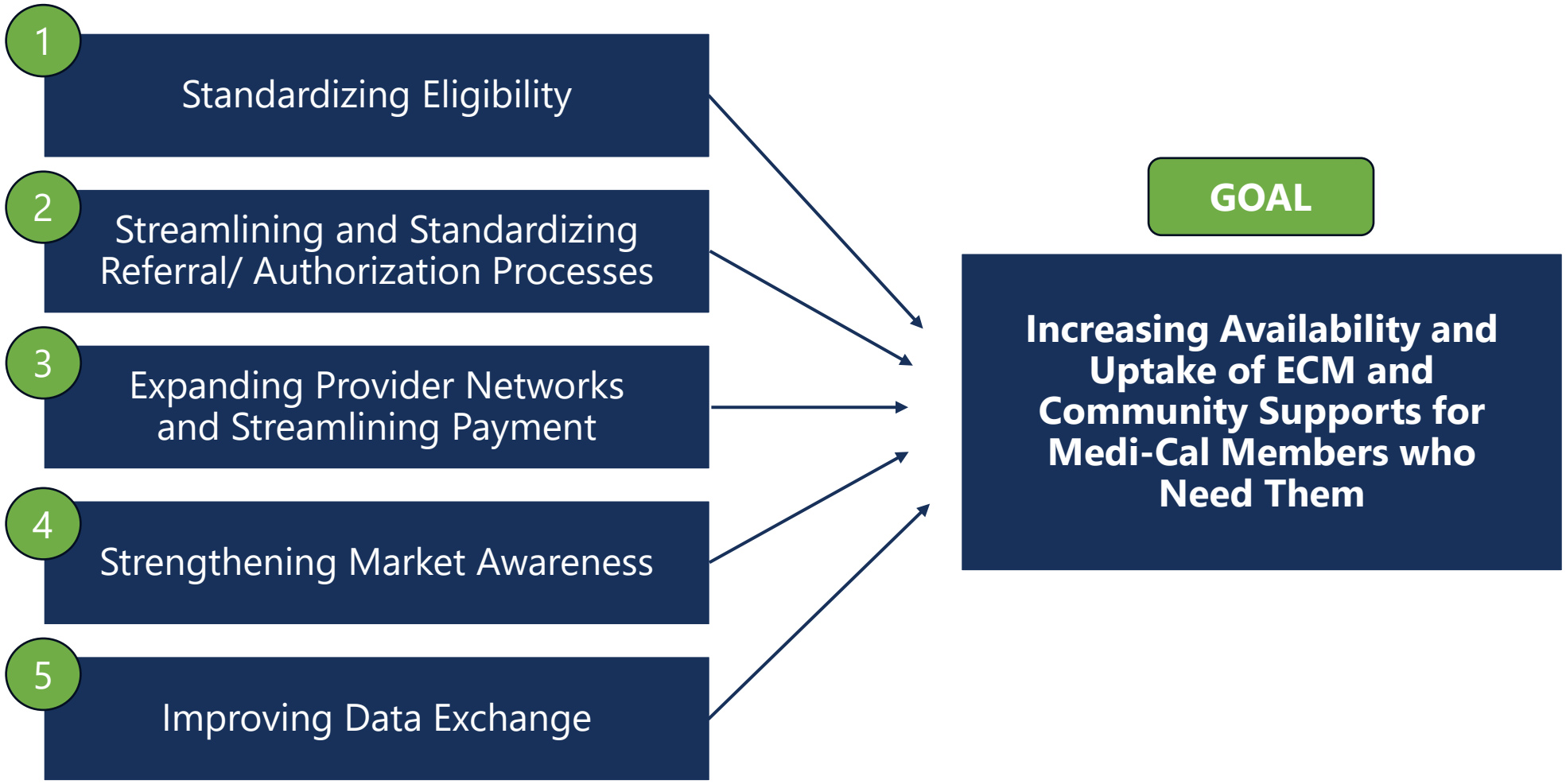
DHCS' Approach to Continuous Improvement

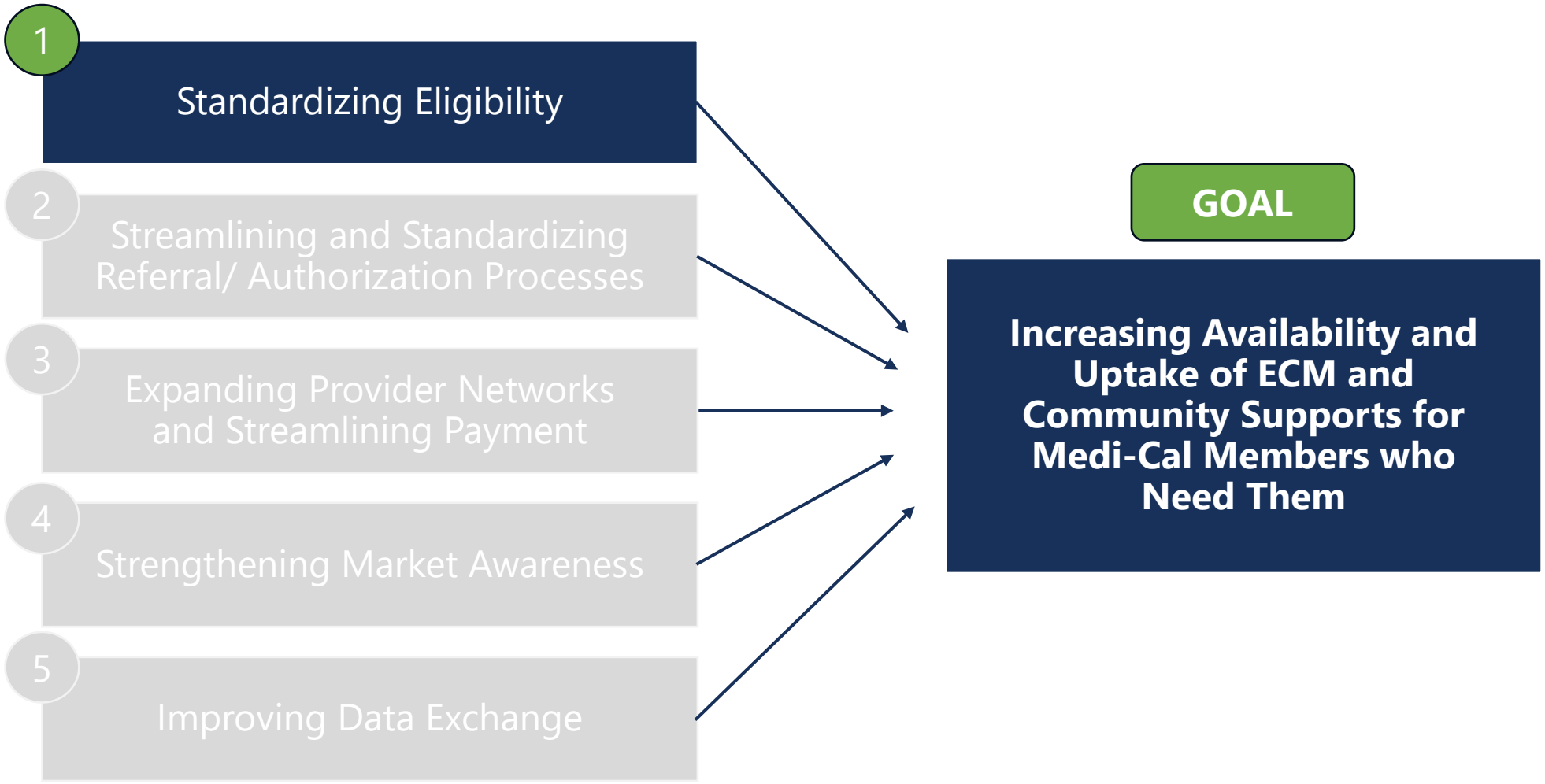
- At program launch, DHCS standardized some aspects of the design while allowing flexibility for MCPs in other aspects through the "Model of Care" process.
- DHCS consistently hears feedback from providers and CBOs, as well as some MCPs, that increased standardization of the program design is needed. In particular, providers and CBOs point to heavy administrative burden, reimbursement gaps, and significant operational differences between MCPs.
- To address these challenges, DHCS developed a set of ECM and Community Supports policy updates which were introduced to MCP CEOs/CFOs in May 2023 and at an in-person MCP Summit in June 2023.
- In July 2023, DHCS published an initial set of updates to the ECM and Community Supports Policy Guides, and it will continue to release updates as longer-term refinements to the benefits are finalized.

DHCS 'Action Plan'
Areas of Focus & Policy Refinements for ECM & Community Supports

Includes excerpts from presentations originally made to MCPs in June 2023, with updates as of February 2024

Logic Model:
Areas of DHCS Focus in Response to Data and Feedback




1
Standardizing Eligibility
2
Streamlining and Standardizing Referral/ Authorization Processes
3
Expanding Provider Networks and Streamlining Payment
4
Strengthening Market Awareness
5
Improving Data Exchange
GOAL
Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: Variation in how MCPs are applying ECM Population of Focus criteria is causing confusion and limiting uptake.

Excerpt from the Action Plan

ECM Actions: Reinforcement of Existing Expectations in ECM Policy Guide

- ECM is a statewide benefit.
- MCPs **must** use the DHCS-established ECM Populations of Focus eligibility criteria to evaluate if Members qualify for ECM. DHCS does not intend to further modify the existing eligibility criteria at this time.
- **MCPs may not impose additional requirements to authorize ECM services** beyond the DHCS established eligibility criteria. For example:
  - An MCP may not add any clinical or social factors to the eligibility criteria.
  - An MCP may not require that the ECM Provider have a certain number of contacts with the Member as a condition of authorization.
- **MCPs may expand POF criteria to broaden eligibility for the "Individuals At Risk for Avoidable Hospital or ED Utilization ECM POF"** (e.g. decrease the number of ED visits in 6 months that allows a Member to be eligible).

Issue: Some MCPs are narrowing Community Supports eligibility criteria relative to the DHCS Service Definitions, limiting the number of individuals who can access these services.

Excerpt from the Action Plan

Community Supports Action #1: Increasing Standardization

- MCPs must **remove any previously approved restrictions or limitations and adhere with the full Community Supports service definitions by 1/1/2024.**
    - For example, if an MCP currently excludes Members from Recuperative Care who require the use of oxygen, they must remove that restriction by 1/1/2024.
- MCPs will **no longer have the option to narrow the eligibility criteria or impose additional limitations** on the service definitions (which include eligibility criteria), geographic or otherwise.

In the second half of 2023 and beyond, DHCS will refine and clarify the Community Supports service definitions in response to feedback. The Department looks forward to working with MCPs to provide input.

Issue: Some MCPs are narrowing Community Supports eligibility criteria relative to the DHCS Service Definitions, partly due to the perception that the plan is responsible for determining cost effectiveness.

Excerpt from the Action Plan

Community Supports Action #2: Clarifying the Concept of Cost Effectiveness

- MCPs do **not** need to actively report on cost effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirements.
- Consistent with federal regulations, **DHCS has determined the preapproved Community Supports to be cost-effective and medically appropriate substitutes for covered Medi-Cal services or settings.**

Updates on Eligibility

As of February 2024

DHCS Actions Taken

ECM:

- MCPs may not impose additional requirements for authorization for ECM services beyond POF eligibility criteria.
- MCPs may expand criteria to broaden eligibility for Individuals at Risk for Avoidable Hospitalization or ED Utilization POF.

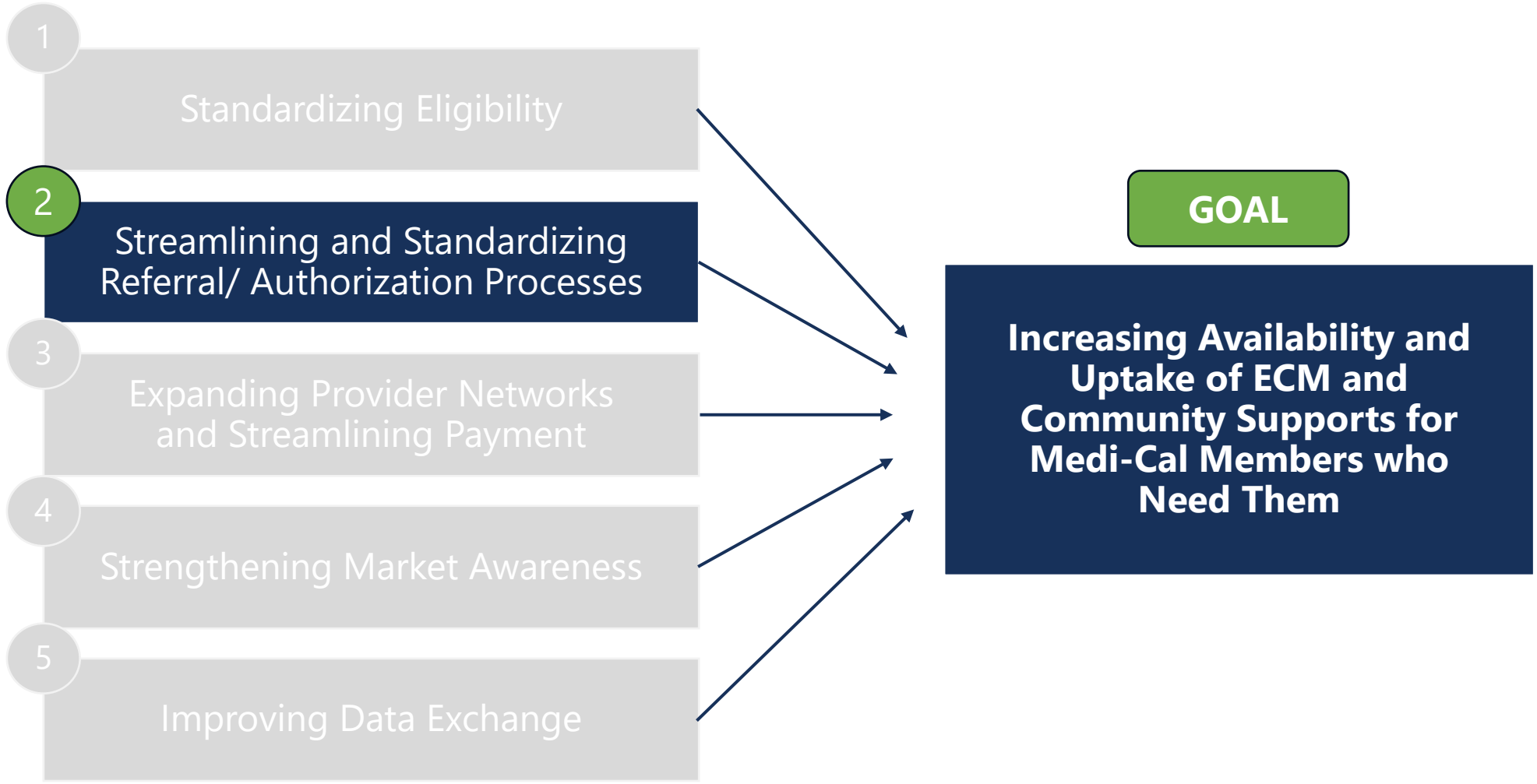
Community Supports:

- MCPs cannot restrict eligibility and must adhere to service definitions by 1/1/2024.

Sources: ECM and Community Supports Policy Guides

Upcoming DHCS Actions

Community Supports: Begin updating service definitions for adoption in mid-2024.


1
Standardizing Eligibility
2
Streamlining and Standardizing Referral/ Authorization Processes
3
Expanding Provider Networks and Streamlining Payment
4
Strengthening Market Awareness
5
Improving Data Exchange
GOAL
Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: MCPs have disparate timeframes for initial ECM authorization, reauthorization and reassessment decisions. This creates lack of parity for Medi-Cal Members around the state, as well as administrative burden for providers who are contracted with more than one MCP.

Excerpt from the Action Plan

ECM Actions:

#1. Standardizing authorization and reauthorization timeframes for ECM

- **Effective July 1, 2023**, for all Members authorized to receive ECM:
  - The initial authorization period will be **12 months.**
  - Reauthorization periods thereafter will be **6 months**.

#2. Modifying the approach for how Members can be reassessed

- MCPs must no longer apply blanket reassessment timeframes to determine if a Member should continue receiving ECM. Instead, progress toward reaching care plan goals may be reassessed at the discretion of the ECM Provider throughout the 12-month authorization period based on the Member's needs (e.g., hospitalization, change in member medical/social status). Plans may still perform periodic chart review.

Same Issue for Community Supports: MCPs have disparate timeframes for initial Community Supports authorization and reauthorization decisions within and across services. This creates administrative burden for providers who are contracted with more than one plan and a lack of parity in the delivery of similar services for Members across the state.

Excerpt from the Action Plan

Community Supports Action: Standardizing authorization and reauthorization timeframes for Community Supports

In the second half of 2023, DHCS will work to **standardize Community Supports authorization and reauthorization periods** for implementation in 2024.

Issue: Presumptive authorization arrangements with trusted providers can help streamline access, yet MCPs have not widely adopted these arrangements so far.

Excerpt from the Action Plan

ECM & Community Supports Action: DHCS **strongly encourages** MCPs to implement presumptive authorization

ECM

- DHCS strongly encourages MCPs to allow trusted providers to screen members for ECM eligibility, attest to the member's presumed eligibility, and begin offering ECM services at the point of care.
- For the Justice-Involved ECM Populations of Focus, DHCS will **require** presumptive authorization for ECM.

Community Supports

- The authorization process for **Recuperative Care** and **Short Term Post-Hospitalization** are currently creating high barriers to access.
- DHCS strongly encourages MCPs to implement presumptive authorization for these services, including from inpatient settings, EDs and SNFs.

Issue: Disparate input, forms and processes for referrals and authorizations across MCPs creates high administrative burden for providers.

Excerpt from the Action Plan

ECM & Community Supports Actions (future design priority): DHCS will begin developing statewide referral standards in late 2023.

- **DHCS expects MCPs to source most ECM & Community Supports referrals from the community**. Use of internal data to identify should be balanced with active community-based outreach and engagement.
- In late 2023, DHCS will begin developing **statewide standards containing the information needed to evaluate authorizations for both ECM and some Community Supports.**
- DHCS will engage directly with MCPs and ECM/Community Supports Providers in the design work.
- DHCS anticipates rolling out the referral standards for statewide adoption in 2024.

Connection with the Incentive Payment Program (IPP)

IPP measures incentivize MCPs to provide training and TA on ECM and Community Supports referrals to all contracted providers.

Updates on Referral and Authorization Processes

As of February 2024

DHCS Actions Taken

ECM

- Standardized authorization and re-authorization timelines.

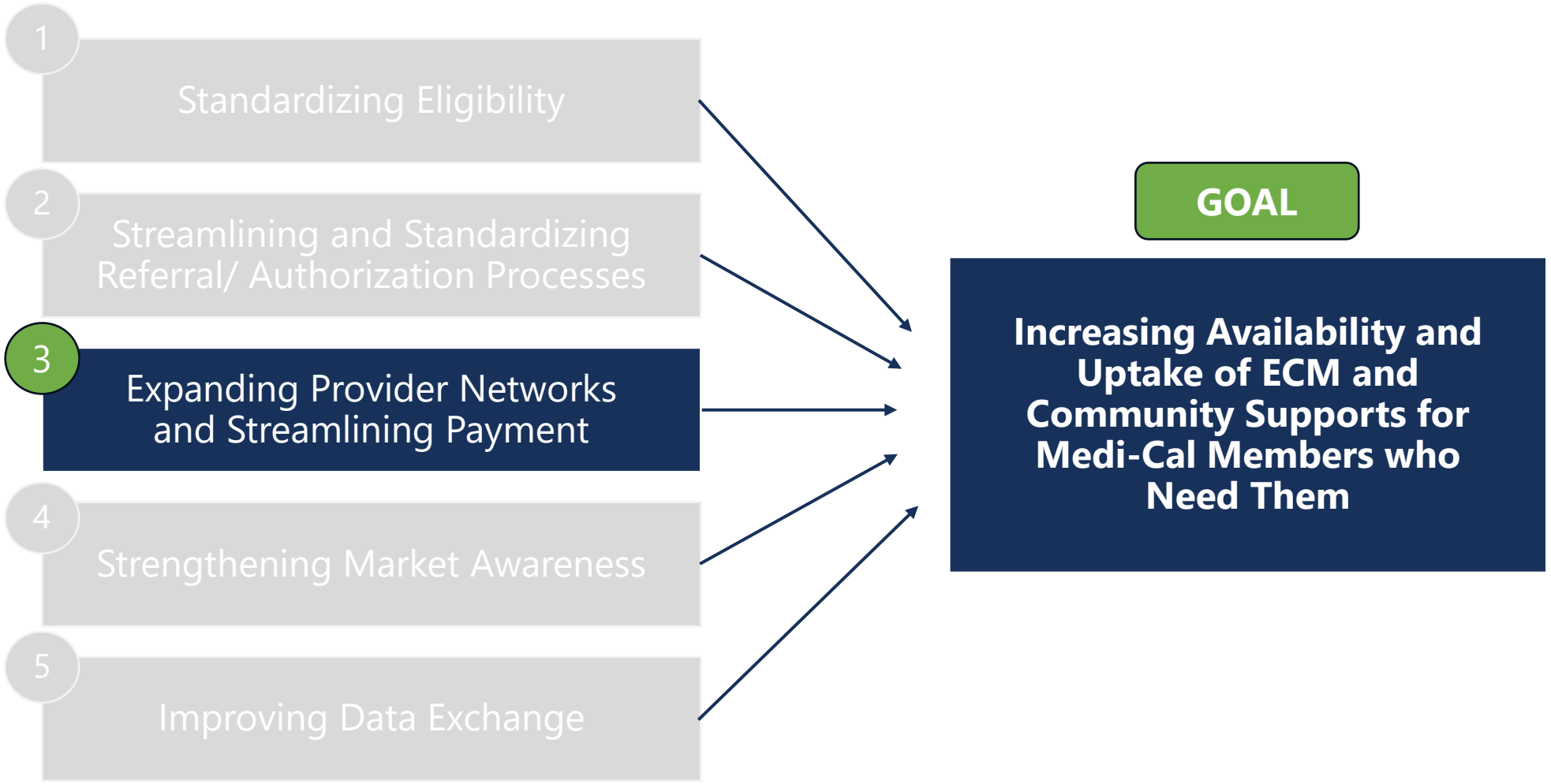
ECM & Community Supports

- Encouraged presumptive authorization.
- Reinforced expectation that majority of referrals should be sourced from the community.

Sources: ECM and Community Supports Policy Guides

Upcoming DHCS Actions

- **ECM:** Design ECM referral standards for statewide adoption in 2024.
- **Community Supports:** Begin developing referral standards for select Community Supports.


1
Standardizing Eligibility
2
Streamlining and Standardizing Referral/ Authorization Processes
3
Expanding Provider Networks and Streamlining Payment
4
Strengthening Market Awareness
5
Improving Data Exchange
GOAL
Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: MCPs often rely on clinic-based providers as "one size fits all" ECM Providers, missing opportunities for partnering with a diverse group of additional providers that have specialized skills/expertise that may best serve Members with specialized needs.

Excerpt from the Action Plan

ECM Actions: New policies requiring partnerships with specific provider types.

- MCPs must prioritize contracting with ECM Providers specializing in each of the specific Populations of Focus *(see next slide for examples)*, in addition to clinic-based providers who may serve a generalist role.
- MCPs should think creatively about how to engage providers in both ECM and the new CHW benefit.
- MCPs' network directories must indicate which specific Population(s) of Focus each ECM Provider is equipped to serve.

Connection with the IPP

IPP measures incentivize MCPs to increase uptake of the new CHW benefit in 2023-2024.

Suggested ECM Providers by POF (Non-Exhaustive)

DHCS will begin monitoring MCP network data to confirm that MCPs are actively contracting with diverse provider types, which are strongly encouraged to include the following:

ECM Populations of Focus	Example Priority Provider Types
Adults with Serious Mental Health and/or SUD Needs	• County Departments of Behavioral Health • Community-Based Behavioral Health and Medication-Assisted Treatment (MAT) providers who also provide SMHS and/or DMC/DMC-ODS services
Individuals and Families Experiencing Homelessness	• Street Medicine providers • Homeless Navigation Centers • Transitional Housing for Homeless Youth
Adults At Risk for Avoidable Hospital or ED Utilization	• Providers that align with a Member's specific needs and preferences, such as Primary Care Providers or Behavioral Health Providers
Adult Nursing Facility Residents Transitioning to the Community	• California Community Transitions Lead Organizations • Affordable Housing Communities • Memory Care, Assisted Living, and Independent Living Organizations • Alzheimer's Association
Adults Living in the Community and At Risk for LTC Institutionalization	• Area Agencies on Aging, Centers for Independent Living • CBAS Centers, Home Health Agencies • Alzheimer's Association • Memory Care, Assisted Living, and Independent Living Organizations

Suggested ECM Provider Types By Population of Focus (Non-Exhaustive) (2)

ECM Population of Focus	Example Priority Provider Types
Children with Serious Mental Health and/or SUD Needs (includes children with high ACEs scores)	• School-based clinics/BH providers • Public Health & Social Service Programs • CBOs serving children and families with social needs • County behavioral health services
Children and Youth Enrolled in California Children's Services (CCS)	• CCS paneled providers, including specialty care centers, and pediatric acute care hospitals
Children and Youth At Risk for Avoidable Hospitalization or ED Use	• School-based clinics • Medical providers depending on underlying reasons for ED utilization
Children and Youth Involved in Child Welfare	• CBOs, Public Health & Social Service Programs: First5, Help Me Grow, WIC, Black Infant Health Program, etc.
Birth Equity Population of Focus	• OB/GYNs • Family Medicine Physicians • Doulas • Promotoras • Midwives

Issue: MCPs may be missing opportunities to contract with Community Supports Providers that have special skills or expertise, and who know Members best.

Excerpt from the Action Plan

Community Supports Action: New policies requiring partnerships with specific provider types with experience serving individuals with specialized needs in the region.

- MCPs must contract with locally available community-based organizations that have experience working with eligible populations and delivering the outlined Community Supports services (e.g., Supportive housing providers, Skilled Nursing Facilities).

Issue: The DHCS ECM and Community Supports HCPCS code set is being applied differently by different MCPs leading to increased administrative burden for providers.

Excerpt from the Action Plan

ECM & Community Supports Action: DHCS will re-issue the HCPCS Coding with clarification that MCPs **must** use the HCPCS coding options for Community Supports and ECM, as defined by DHCS, **without additional codes or modifiers**, **even if the MCP and ECM/Community Supports Provider mutually agree to the additional codes/modifiers.**[1]

1. DHCS is working individually with select MCPs who are currently allowing or requiring additional codes/modifiers beyond those established by DHCS. If your organization has any questions about the DHCS-established ECM and Community Supports HCPCS codes, please email: CalAIMECMILOS@dhcs.ca.gov

Issue: Widespread reports of non-payment or delayed invoice payments by MCPs, especially to CBOs new to billing Medi-Cal.

Excerpt from the Action Plan

ECM & Community Supports Action: Reinforce existing timely provider payment requirements.

- ECM and Community Supports services are subject to the standard reimbursement timelines for other Medi-Cal services as specified in:
  - **The managed care boilerplate contract:** MCPs must pay 90% of all clean claims within 30 days of the date of receipt and 99% of all clean claims within 90 days.
  - **California Health and Safety Code Section 1371:** MCPs must reimburse claims or any portion of any claim, as soon as practicable, but no later than 30 working days after receipt of the claim and are subject to interest payments if failing to meet the standards.
- **These requirements pertain to both claims and invoices.**
- MCPs are required to train their contracted network of ECM and Community Supports Providers on how to submit a clean claim. Furthermore, the MCP must have personnel available to troubleshoot issues.

Future Guidance Priority:
Later in 2023, DHCS will issue an APL offering clarifying guidance about timeliness of processing claims.

Issue: Providers are not consistently reimbursed for ECM outreach.

Excerpt from the Action Plan

ECM Actions:

- **MCPs are expected to reimburse ECM Providers for outreach, including for unsuccessful outreach that did not result in a Member enrolling into ECM.**
- **MCPs' ECM rates already include assumptions about the cost of outreach** that providers must undertake, which include multiple attempts and outreach to Members who do not ultimately enroll in ECM. We will cover this further in the Rates session.
- DHCS is launching a Supplemental Data Request (SDR) to better understand the rates that ECM Providers are being paid, including for outreach.
- DHCS intends to **further standardize the thresholds that should trigger payment** to ECM Providers, including for initial outreach ***(future guidance priority).***

Updates on Provider Payment & Networks

As of February 2024

DHCS Actions Taken

ECM:

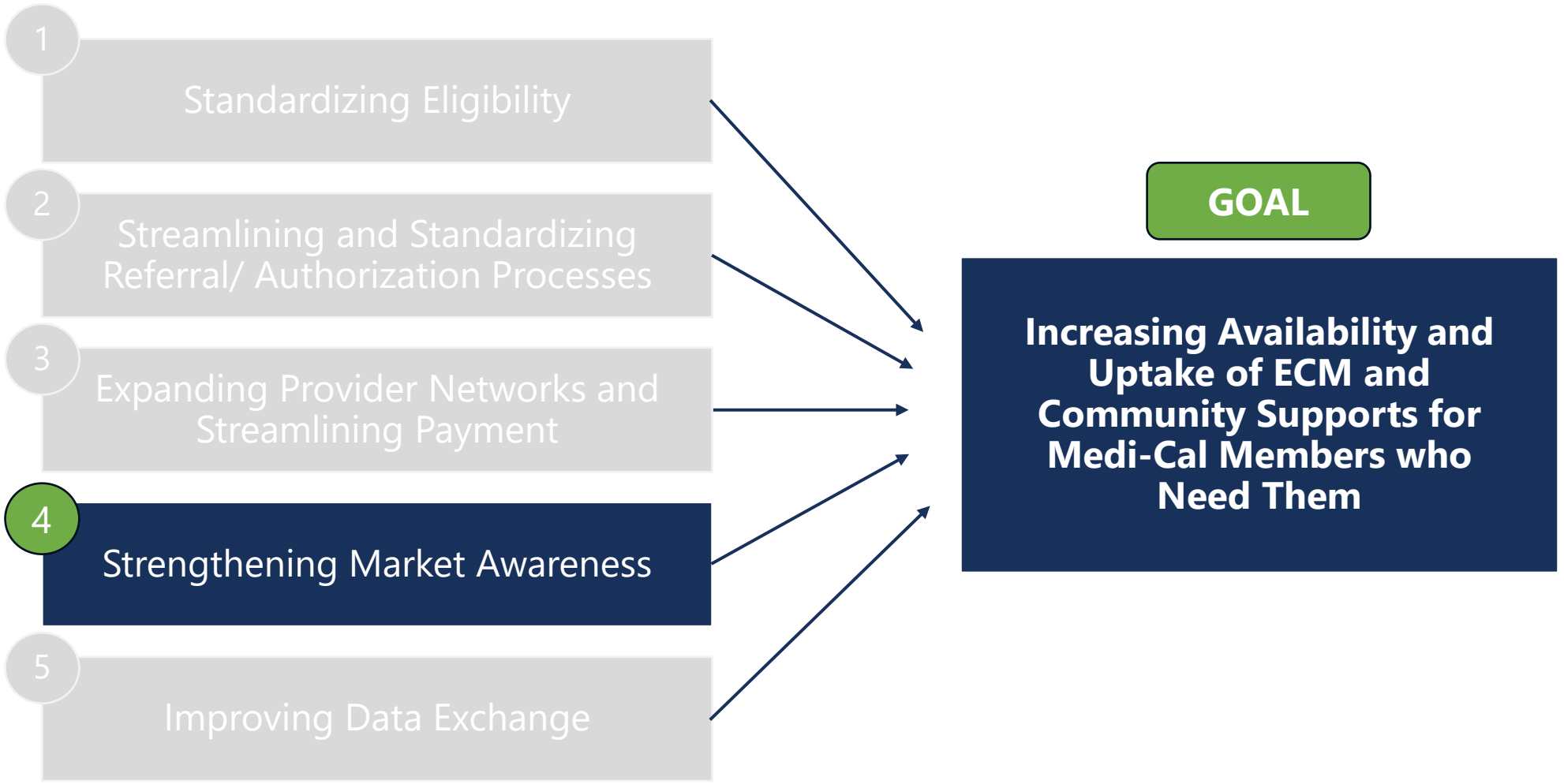
- Clarified DHCS' expectation that MCPs are strongly encouraged to contract with specific ECM Provider types specializing in each POF.

ECM & Community Supports:

- Reinforced requirements to MCPs for timely provider payments.
- Released updated HCPCS Coding Guidance clarifying MCPs may not require or allow ECM and Community Supports Providers to report codes or modifiers for ECM and Community Supports services beyond those included in the ECM and Community Supports HCPCS Coding Guidance.
- Conducted Supplemental Data Request to better understand the rates that ECM Providers are being paid, including for outreach.

Upcoming DHCS Actions

- **ECM:** Further standardize thresholds for ECM PMPM payments to providers based on SDR findings.
- **Community Supports:** Continue to refine Community Supports rate setting.


1
Standardizing Eligibility
2
Streamlining and Standardizing Referral/ Authorization Processes
3
Expanding Provider Networks and Streamlining Payment
4
Strengthening Market Awareness
5
Improving Data Exchange
GOAL
Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: Low awareness among contracted providers and MCP internal staff about ECM and Community Supports and how to access them.

Excerpt from the Action Plan

ECM & Community Supports Actions: Reinforcement of Existing Guidance

- MCPs must proactively **ensure their contracted networks of providers are aware** of the ECM benefit and Community Supports services, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to the MCP.
- MCPs must also train their **call centers** about how to take referrals for ECM & Community Supports.

Connection with the IPP

IPP measures incentivize MCPs to implement a strategy for comprehensive provider education and training on ECM and Community Supports to their entire contracted provider networks.

Issue: Low awareness in the community about ECM and Community Supports and how to access them.

Excerpt from the Action Plan

ECM & Community Supports Actions: Reinforcement of Existing Guidance

- As a reminder, MCPs must ensure public-facing **websites, Member Handbooks, and Provider Directories** include the most up-to-date information about ECM Populations of Focus and the Community Supports offered and how to access them.
    - DHCS has begun monitoring websites and handbooks and will follow up with MCPs where gaps are seen.
- The DHCS ECM and Community Supports website contains fact sheets and other language that MCPs may use.
- DCHS welcomes and encourages additional and creative ways of getting the word out.

Issue: Some MCPs may be delivering services to address Members' social drivers of health (SDOH) needs that are funded through other mechanisms outside of Community Supports (e.g., value-added services).

Excerpt from the Action Plan

Community Supports Action: MCPs that are delivering such services must evaluate and determine the feasibility of transitioning them into the Community Supports program[1].

- Doing so will increase the awareness of Community Supports across the communities where other similar services are currently being provided and will drive enrollment into Community Supports.
- This strategy will also allow MCPs to take advantage of the funding DHCS has allocated for Community Supports.
- Evaluating the feasibility of transitioning existing services to Community Supports may involve modifying current eligibility criteria and confirming existing providers can meet the requirements to serve as a Community Supports provider.

1. Per 42 CFR 438.3(e)(1), MCPs may continue to provide value added services if they determine those services cannot transition to the Community Supports program.

Updates on Market Awareness

As of February 2024

DHCS Actions Taken

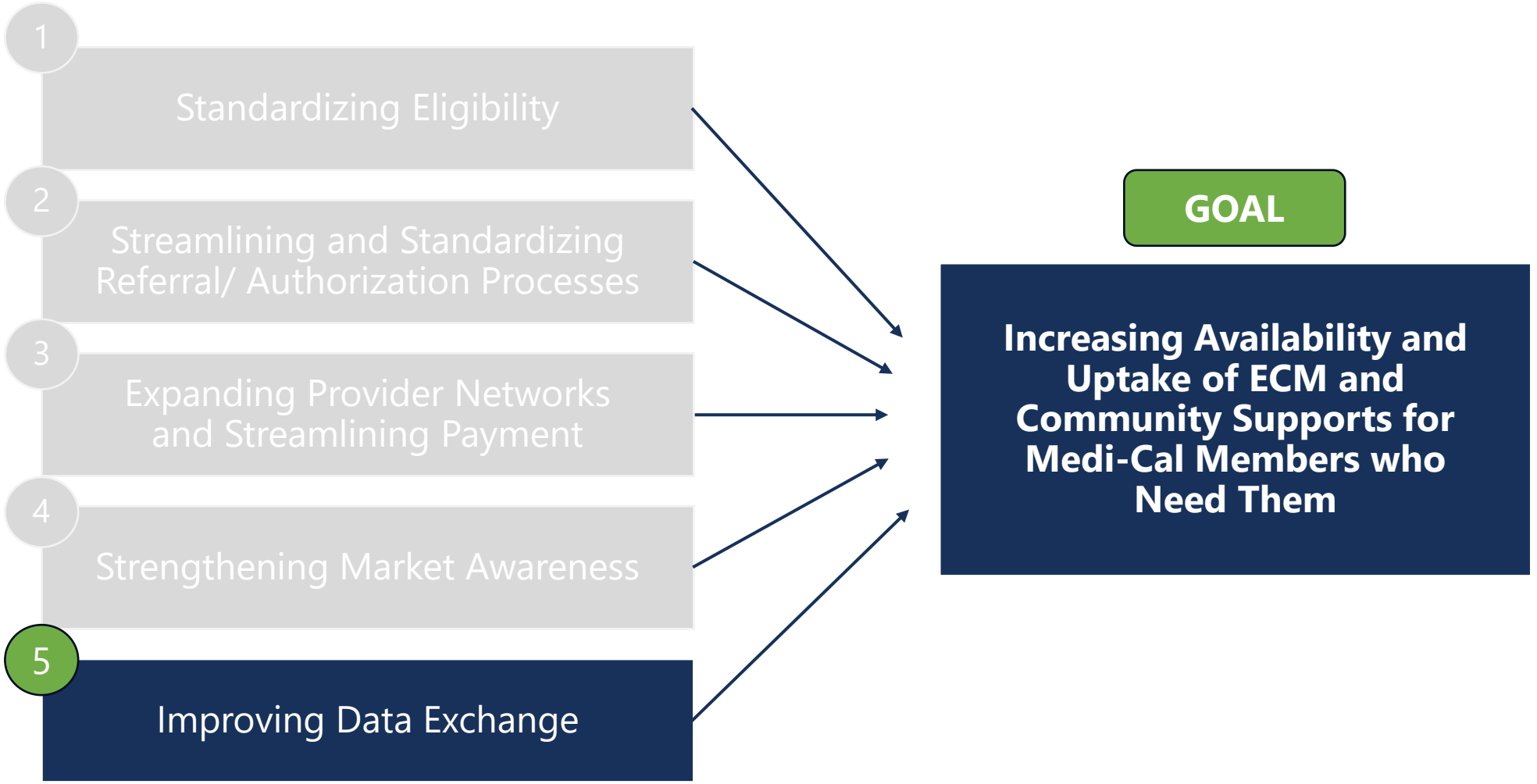
ECM & Community Supports

- Added additional requirements for MCPs' public Provider Directories.
- Reviewed MCP websites and handbooks to ensure they include the most up-to-date information about ECM and Community Supports. *(ongoing)*
- Developed an outreach and marketing strategy to promote provider awareness of ECM & Community Supports and PATH opportunities (including the Collaborative Planning Initiative, CITED grants, and the TA Marketplace).

Sources: ECM and Community Supports Policy Guides

Upcoming DHCS Actions

- Launch a new set of "on-demand" TA Marketplace resources for entities interested in understanding the basics of engaging with CalAIM as an ECM or Community Supports provider.
- Release simple "stock" marketing materials to be shared with and disseminated by MCPs to their contracted networks of Providers promoting awareness of ECM and Community Supports.


1
Standardizing Eligibility
2
Streamlining and Standardizing Referral/ Authorization Processes
3
Expanding Provider Networks and Streamlining Payment
4
Strengthening Market Awareness
5
Improving Data Exchange
GOAL
Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Issue: Many Providers and CBOs are being required to document the detail of their ECM and Community Supports delivery in plan-specific IT portals.

Excerpt from the Action Plan

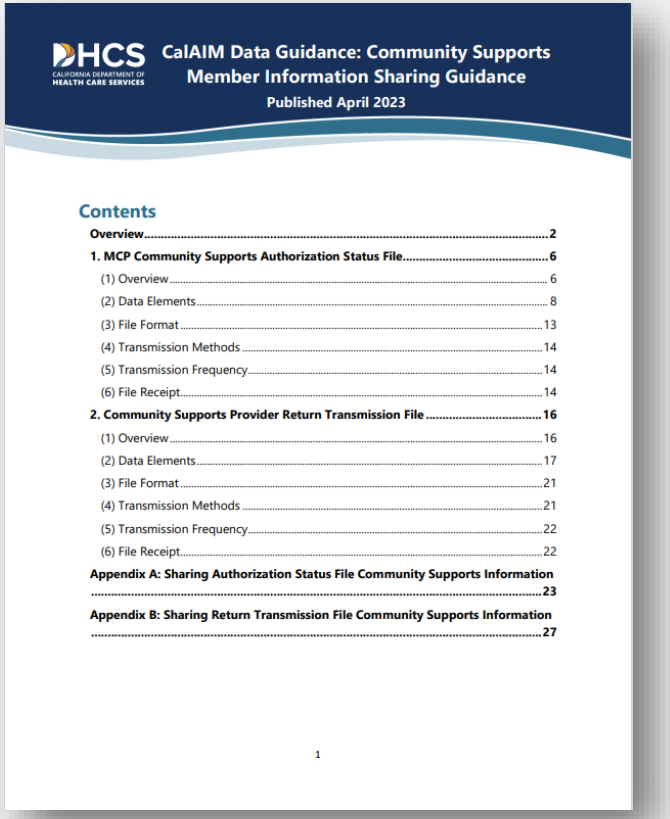
DHCS Action: Clarifications of Current Policy:

- **MCPs must not require ECM (or Community Supports) Providers to use an MCP-specific portal for day-to-day documentation of services.**
- MCPs **may** use their own portals to exchange member engagement lists and authorization information.

Issue: For the first year of the implementation, DHCS issued data standards for information exchange between MCPs and ECM, but not Community Supports Providers.

Excerpt from the Action Plan

DHCS Action: In April 2023, DHCS released the NEW Community Supports Member Information Sharing Guidance to standardize Community Supports member information exchange.



DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

CalAIM Data Guidance: Community Supports Member Information Sharing Guidance

Published April 2023

Contents

Overview 2
1. MCP Community Supports Authorization Status File 6
(1) Overview 6
(2) Data Elements 8
(3) File Format 13
(4) Transmission Methods 14
(5) Transmission Frequency 14
(6) File Receipt 14
2. Community Supports Provider Return Transmission File 16
(1) Overview 16
(2) Data Elements 17
(3) File Format 21
(4) Transmission Methods 21
(5) Transmission Frequency 22
(6) File Receipt 22
Appendix A: Sharing Authorization Status File Community Supports Information 23
Appendix B: Sharing Return Transmission File Community Supports Information 27

1

ECM & Community Supports Data Sharing Guidance Documents

At the start of the programs, DHCS developed guidance to standardize information exchange between MCPs, and ECM and Community Supports Providers, as well as between MCPs and DHCS. Standardization is designed to promote efficiency and reduce administrative burden.

- DHCS initially released standards for information sharing and reporting in 2021.
- In April 2023, DHCS released new and updated ECM and Community Supports data sharing guidance documents:

(New April 2023)

  - Community Supports Member Information Sharing Guidance

(Updated April 2023)

  - Member-Level Information Sharing Between MCPs and ECM Providers
  - Quarterly Implementation Monitoring Report Guidance
  - ECM and Community Supports Billing and Invoicing Guidance

(Updated January 2024)

  - Updated HCPCS Coding Guidance Document for ECM and Community Supports

Consolidated Timeline for Implementing New/Updated Data Sharing Standards

MCPs are expected to work with their ECM and Community Supports provider partners to implement the new / updated standards based on the timelines indicated below.

Data Guidance Requirements	Implemented By:
• MCPs cannot add their own codes or modifiers beyond those established by DHCS in the Enhanced Care Management and Community Supports Coding Options guidance document	**Effective Immediately**
Updates/Changes to the • Member-Level Information Sharing Between MCPs and ECM Providers Guidance • Billing and Invoicing Guidance	**July 1, 2023**
NEW Community Supports Member Information Sharing Guidance	**September 1, 2023**
NEW CalAIM Data Sharing Authorization Guidance Version 2.0	**October 2023**
MCPs Submit Quarterly Implementation Monitoring Report (QIMR) Using the Updated Template	**November 14, 2023** *New template/reporting requirements to be adopted for the 2023 Q3 Submission*

Updates on Data Exchange

As of February 2024

DHCS Actions Taken

ECM & Community Supports

- Released updated ECM and Community Supports data sharing guidance
  - Community Supports Member Information Sharing Guidance - *NEW*
  - ECM Provider Member Information Sharing Guidance
  - Billing & Invoicing Guidance
  - Updated HCPCS Coding Guidance with clarification that MCPs may not require or allow ECM and Community Supports Providers to report codes or modifiers beyond those included in this guidance.
- Reinforcement that MCPs must not require ECM or Community Supports Providers to use an MCP-specific portal for day-to-day documentation of services.

Sources: ECM and Community Supports Policy Guides

Upcoming DHCS Actions

ECM & Community Supports

- Move MCP implementation data reporting to DHCS from Excel-based quarterly reports to monthly JSON submissions, with the transition period expected to last at least 18 months.