

Introducing New Enhanced Care Management (ECM) and Community Supports Resources for Providers

Welcome!

- » All participants will be on mute during the presentation.
- » Please submit questions via the Q&A feature.
 - » We will be monitoring the Q&A throughout the webinar and address questions at the end.
- » The slide deck and other meeting materials will be made available following the webinar.

Agenda

- » ECM and Community Supports Background, Implementation Update, and Provider Roles
- » Review of New Provider Resources
 - » Released 12/22
 - » ECM Provider Toolkit
 - » Community Supports Explainer
 - » Upcoming Release
 - » ECM Outreach Toolkit
 - » ECM Member Toolkit
- » Q&A

ECM & Community Supports – Background

Enhanced Care Management

A Medi-Cal managed care benefit that addresses the clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

Community Supports

Services that Medi-Cal managed care plans are strongly encouraged but not required to provide to help avoid utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.

ECM and Community Supports build on the design and learnings from California's **Whole Person Care Pilots (WPC)** and **Health Homes Program (HHP)** and replaced both models to scale interventions to a statewide care management approach.

ECM & Community Supports – Implementation Update

ECM implementation will occur in stages, by Population of Focus.

Populations of Focus	Go-Live Timing
1. Individuals and Families Experiencing Homelessness 2. Adult High Utilizers 3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)	January 2022 (WPC/HHP counties); July 2022 (other counties)
4. Incarcerated and Transitioning to the Community 5. At Risk for Institutionalization and Eligible for LTC 6. Nursing Facility Residents Transitioning to the Community	January 2023
7. Children / Youth Populations of Focus	July 2023

Note: This timeline is simplified. Stakeholders can refer to the more detailed timelines [here](#).

Community Supports launched as an option statewide in January 2022.

ECM & Community Supports –Provider Roles

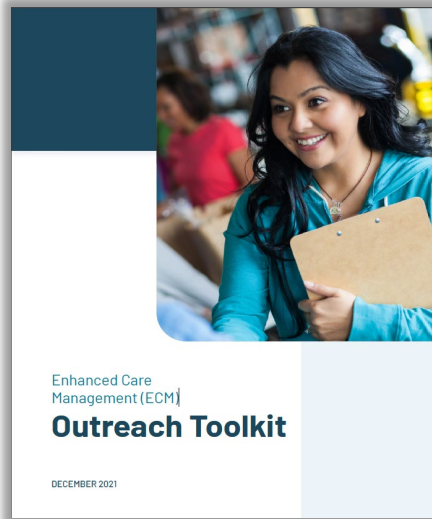
Providers

- » ECM providers
- » Community Supports providers
- » Care team
- » Community partners

Roles

- » Service delivery
- » Care Coordination
- » Referrals
- » Member education

ECM & Community Supports Provider Resources

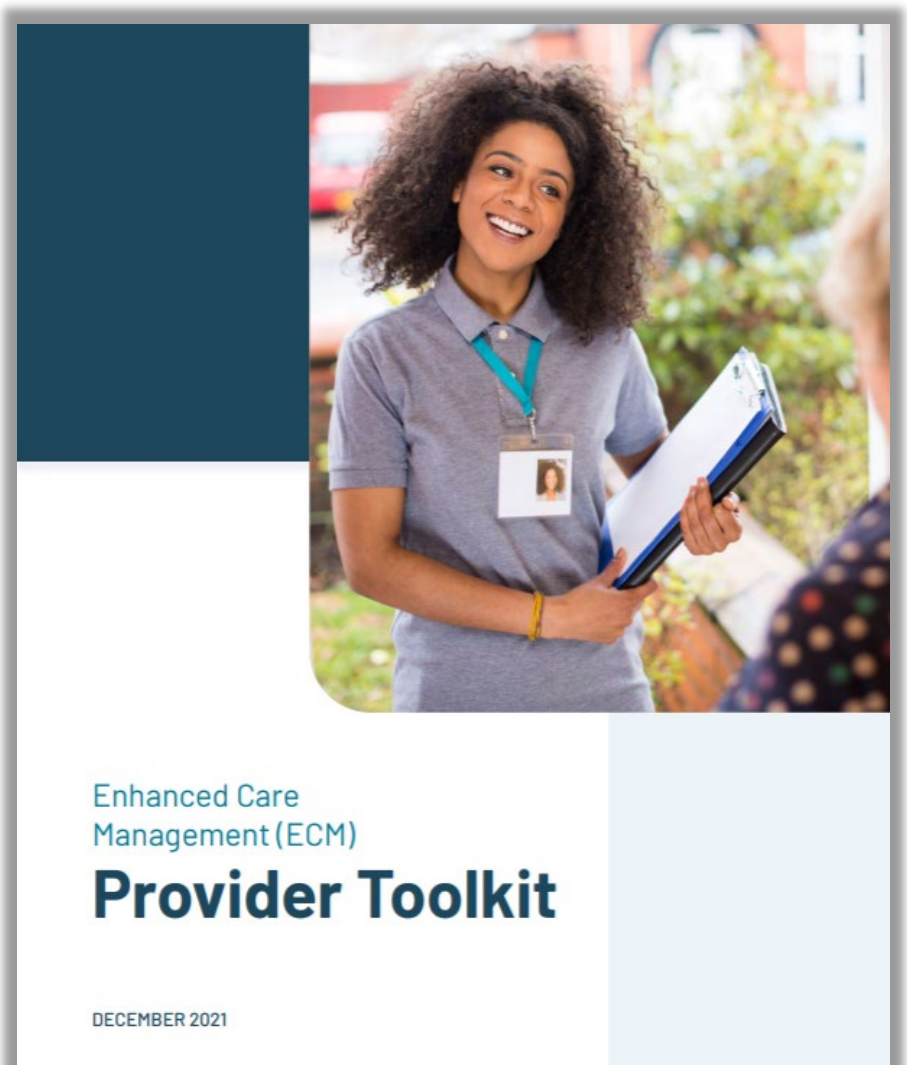


ECM & Community Supports Provider Resources - Audience

- » ECM & Community Supports providers
- » Those interested in becoming ECM & Community Supports providers
- » Medi-Cal managed care health plans, community partners, and others involved in the implementation of ECM & Community Supports
- » Medi-Cal Members



ECM Provider Toolkit



ECM Provider Toolkit – Purpose

- » Provide information to help providers understand:
 - » What ECM is,
 - » Who it serves,
 - » What is expected of those who provide ECM, and
 - » Other important policy and programmatic details.
- » Serve as an actionable and easy-to-use resource.
 - » Each section of the toolkit can function as a standalone document that may be shared with colleagues and key stakeholders.

ECM Provider Toolkit – Contents

- » Overview
- » Eligibility and Enrollment
- » The Seven ECM Core Services
- » Care Management Through ECM
- » Roles and Responsibilities
- » Information Sharing, Reporting, and Payment
- » Expressing Interest and Applying to Become an ECM Provider
- » Resources
- » Glossary of Key Terms



Overview

- » What Is ECM?
- » Who Can Access the ECM Benefit?
- » What Services Does ECM Offer?
- » Who Provides ECM?
- » How Do Qualified Medi-Cal Members Access the ECM Benefit?
- » Can Members Receive the ECM Benefit While Receiving Services from Other State Programs?



Eligibility and Enrollment (1/2)

- » Who Qualifies for the ECM Benefit?
 - » Adult Populations of Focus
 - » Children/Youth Populations of Focus
 - » How Is “experiencing homelessness” Defined?
- » How Do Members Access the ECM Benefit?
- » How Do Members Enroll in ECM and Get Assigned an ECM Provider?
- » Tips for Talking to Members about ECM
- » ECM and Other State Programs

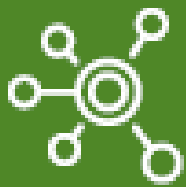


Tips for Talking to Members about ECM

ECM is intended for high-risk Medi-Cal managed care members with the most complex medical and social needs. ECM will provide these members with long-term help coordinating their services across delivery systems to successfully address their needs.

Medi-Cal health plans, providers, and community-based entities play key roles in explaining ECM to members. When talking to members, consider sharing the following messages:

- ✓ You will have a dedicated **lead care manager** that works with you and your other providers to help you get the care you need.
- ✓ You will receive **extra services at no cost** as part of your Medi-Cal benefits, including help with:
 - Finding doctors and making appointments.
 - Understanding your prescription drugs.
 - Setting up transportation to your doctor visits.
 - Getting follow-up services after you leave the hospital.
 - Connecting to and applying for community programs and services, including food benefits or in-home help.
- ✓ Your care manager works with your current doctors, nurses, and other providers, giving you an **added layer of support**.
- ✓ To get the ECM benefit, you must have complex needs that make it difficult for you to manage your health without additional support, which could include health conditions and/or other challenges, such as not having a place to live.
- ✓ There will be no changes to your health plan and you can see the same doctors.
- ✓ We can work with you and help you talk to your health plan to determine if you are eligible for ECM.



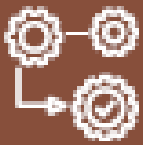
The Seven ECM Core Services

- » What Services Does ECM Offer?
- » Where Do Members Access the ECM Benefit?
- » What Transportation Services Are Offered?

What Services Does ECM Offer?

ECM offers seven core services to members who qualify:

- | | |
|---|---|
| 1. Outreach and Engagement | 5. Comprehensive Transitional Care |
| 2. Comprehensive Assessment and Care Management Planning | 6. Member and Family Supports |
| 3. Enhanced Coordination of Care | 7. Coordination of and Referral to Community and Social Supports |
| 4. Health Promotion | |



Care Management Through ECM

- » What Is a Care Plan?
- » Who Provides Services?
- » How Is a Care Plan Used?
- » ECM and Other Services, including features on:
 - » ECM & Adult Palliative Care
 - » ECM & Behavioral Health

ECM & Adult Palliative Care

Palliative care can help people with serious illness manage their pain and other burdensome symptoms or side effects of treatment, consider how their treatment plan aligns with their personal goals and values, and improve their quality of life. California law ([SB 1004](#)) requires that Medi-Cal health plans provide this service to members who qualify. Some people who qualify for ECM may also qualify for Medi-Cal palliative care services, and ECM providers can help connect those members to these specialized supports.



Palliative care focuses on helping people manage symptoms and improve their quality of life. ECM providers may work with patients, families, and others to help them understand their conditions, manage their symptoms, and access needed support.

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ECM & Behavioral Health

Individuals who qualify for ECM often have extensive physical and behavioral health needs. For those receiving behavioral health services, particularly those with serious mental illness (SMI), serious emotional disturbance (SED), or substance use disorder (SUD), coordination across delivery systems will be an important component of ECM. DHCS expects Medi-Cal health plans to contract and closely collaborate with county behavioral health providers, who are often the primary providers for members with significant behavioral health needs. Further, if a member receives services from a County Behavioral Health Delivery System (i.e., Mental Health Plans, Drug Medi-Cal/Drug Medi-Cal Organized Delivery Systems, also referred to as Behavioral Health Plans) for SMI or SUD, and their behavioral health provider is a contracted ECM provider, the health plan must assign them as the member's ECM provider unless the member has expressed a different preference.

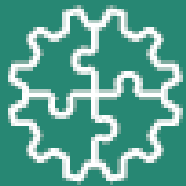
Regardless of whether members' behavioral health providers serve as ECM providers, close coordination, including involvement in care plan development and execution, is expected and necessary to meet member goals and facilitate better-coordinated, whole-person care.





Roles and Responsibilities

- » ECM Roles at a Glance
- » Medi-Cal Health Plan Roles and Responsibilities
- » ECM Provider Roles and Responsibilities
- » ECM Provider Examples
- » Role of Community-Based Entities (if not serving as ECM providers)



Information Sharing, Reporting, and Payment

- » Is Member Information Shared Across Entities?
- » Are Providers Required to Have Certain Systems or Technology?
- » Are Data Sharing Agreements Required?
- » What Are the Reporting Requirements?
- » What Are the ECM Service Codes?
- » How Do ECM Payments Work?



Expressing Interest and Applying to Become an ECM Provider (1/2)

- » How Does an Interested Provider Become an ECM Provider?
 - » Tips: Prior to Health Plan Engagement
 - » Tips: Signaling Interest
 - » Demonstrating Readiness
- » What Medicaid Provider Enrollment Requirements Must an ECM Provider Meet?
 - » How to Obtain a National Provider Identifier



Expressing Interest and Applying to Become an ECM Provider (2/2)

Tips: Prior to Health Plan Engagement

Before engaging health plans, providers should understand the services they currently provide, the individuals they serve, and potential areas of alignment with ECM. Providers may also consider:

- Whether the individuals they serve would benefit from increased coordination across service providers;
- The percentage of individuals they serve that are currently enrolled in or eligible for Medi-Cal managed care;
- The technical sophistication of their data systems and ability to share and report information with external partners; and
- Whether existing staff can adequately support contract negotiation and execution with health plans.

Tips: Signaling Interest

Providers should consider preparing the following information for initial conversations with health plans:

- Rationale for participation, including how they already serve (or are capable of serving) Populations of Focus and how participation will benefit the health plan's members;
- Key strengths and areas of alignment between existing programs and ECM;
- Notable gaps or areas for improvement to meet requirements of ECM; and
- Questions for health plans about their model of care, provider expectations, or other program elements.



Resources

- » Implementation Timeline
- » Policy Guidance and Information
- » [DHCS ECM/Community Supports webpage](#)

Populations of Focus	Eligibility Timing
1. Individuals and Families Experiencing Homelessness	January 2022 (Whole Person Care/Health Homes Program counties);
2. Adult High Utilizers	
3. Adults with Serious Mental Illness (SMI) / Substance Use Disorder (SUD)	July 2022 (other counties)
4. Incarcerated and Transitioning to the Community	January 2023
5. At Risk for Institutionalization and Eligible for Long Term Care	
6. Nursing Facility Residents Transitioning to the Community	
7. Children/Youth Populations of Focus	July 2023

Policy Guidance and Information

- [Finalized DHCS-MCP ECM and ILOS Contract Template](#)
- [Finalized CalAIM ECM and ILOS Model of Care Template](#)
- [Finalized ECM Key Design Implementation Decisions](#)
- [NPI Application Guidance](#)
- [CalAIM Program Updates - Provider Focus](#)
- [CalAIM Program Updates - Provider Focus Part 2](#)

Additional resources, including Provider Terms and Conditions, ECM Policy Guide, Community Supports Elections, and Frequently Asked Questions, can be found on the [ECM and Community Supports webpage](#).



Glossary of Key Terms

Centers for Medicare & Medicaid Services (CMS): CMS is a federal agency within the United States Department of Health and Human Services that administers the Medicare program, works in partnership with state governments to administer Medicaid and the Children's Health Insurance Program (CHIP), and oversees state and federal health insurance marketplaces.

Claim: A standardized medical bill that is sent by a provider to a health plan for payment. Often, claim refers to 837 files, which are HIPAA-compliant documents and typically sent electronically.

Community-Based Entities: Provider entities that are based and deliver services in the community. Examples of these entities include Federally Qualified Health Centers (FQHCs) and other community clinics, county and social service agencies, community-based organizations (CBOs), and other community-based entities.

Community Supports: Services that Medi-Cal health plans are required to provide as a substitute for utilization of other services, such as skilled nursing facility admissions, discharge delays, or emergency department visits.

Community Supports Provider: An individual or entity that contracts with Medi-Cal health plans or ECM providers to deliver specific Community Supports.

Credentialing: Processes, including confirmation of licensure and verification of professional experience to provide services to patients.

ECM Provider: An entity that contracts with Medi-Cal health plans to deliver ECM services.

Enhanced Care Management (ECM): A whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high-cost members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.

Invoice: An itemized breakdown of all services provided and associated costs that can serve as a bill for payment. In the ECM and Community Supports programs, an invoice is typically used when a provider is unable to submit a claim.

Medi-Cal: Medi-Cal (California's Medicaid program) is a public health insurance program that provides health care coverage for low-income individuals and families who meet defined eligibility requirements.

Medi-Cal Health Plans: Health plans that contract with DHCS to administer Medi-Cal coverage and services. "Medi-Cal health plans," "Medi-Cal managed care health plans," and "health plans" are used interchangeably throughout this toolkit.

Medi-Cal Managed Care: In Medi-Cal Managed Care, DHCS contracts with health plans to provide Medi-Cal benefits and additional services. Through this arrangement, each participating health plan is responsible for administering Medi-Cal coverage and assuming full financial risk for all covered services.



Medi-Cal Community Supports Explainer



Medi-Cal Community Supports Explainer

DECEMBER 2021

Community Supports Explainer – Purpose

- » Serve as a high-level resource for providers or other stakeholders that are interested in learning more about:
 - » What Community Supports are,
 - » What services are available,
 - » What is expected of those who provide Community Supports, and
 - » Other important policy and programmatic details.

Community Supports Explainer – Contents

- » What Are Community Supports?
- » What Services Are Available Through Community Supports?
- » How Do Members Access Community Supports?
- » How Might Community Supports and ECM Work Together?
- » Who Provides Community Supports?
- » What Are the Responsibilities of a Community Supports Provider?
- » What Requirements Must a Community Supports Provider Meet?
 - » How to Obtain a National Provider Identifier
- » How Do Community Supports Payments Work?
- » What Questions Should Interested Providers Consider?

Community Supports Explainer – Example (1/3)

What Services Are Available Through Community Supports?

The California Department of Health Care Services (DHCS) has pre-approved fourteen (14) Community Supports that Medi-Cal health plans may offer:

- **Housing Transition Navigation Services**, which assist individuals with obtaining housing.
- **Housing Deposits**, which assist with identifying, coordinating, securing, or funding one-time services and modifications necessary to enable a person to establish a basic household that do not constitute room and board.
- **Housing Tenancy and Sustaining Services**, which aim to help individuals maintain safe and stable tenancy once housing is secured.
- **Short-Term Post-Hospitalization Housing**, which provides those who do not have a residence, and who have high medical or behavioral health needs, the opportunity to continue their medical, psychiatric, or substance use recovery immediately after exiting an inpatient institutional setting.
- **Recuperative Care (Medical Respite)**, which provides short-term integrated and clinical care for individuals who no longer require hospitalization but still need to heal from an injury or illness (including behavioral health conditions).

Community Supports Explainer – Example (2/3)

How Might Community Supports and ECM Work Together?

Community Supports and ECM can work together to address the medical and social needs of individuals who qualify for both services. The following is a fictional story that helps illustrate how ECM and Community Supports may work together to meet member needs.

Meet Antonio

Antonio has hypertension, diabetes, back pain, and depression. As a result, he's been in and out of the hospital four times in the past six months. He struggles to manage his conditions, including keeping up with his medications, maintaining a healthy diet, and getting to appointments. Due to his back pain, he also needs help with grocery shopping and cooking.



At an appointment with one of his doctors, Antonio was referred to ECM. Antonio began receiving ECM and has seen improvements in his health over the last year. Antonio's ECM care manager works with him to better manage his conditions, including managing his medications. To provide additional support, Antonio's ECM care manager connected him with a Community Supports provider who offers medically tailored meals, which has helped him maintain a healthy diet.

With these new supports in place, Antonio is healthier and needs less care overall.

Community Supports Explainer – Example (3/3)

What Questions Should Interested Providers Consider?

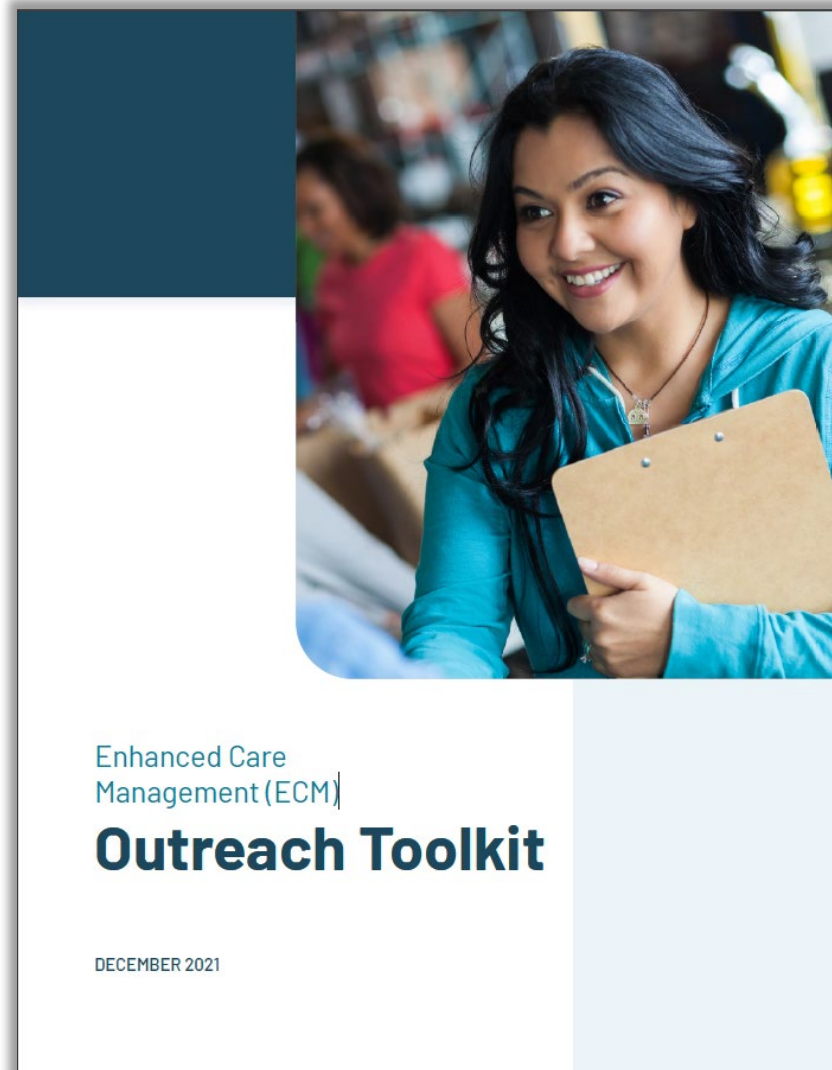
Community-based entities interested in serving as Community Supports providers should consider a number of factors to help determine whether and in what capacity they participate. Initial questions to consider include:

- ☐ Does the organization have experience providing these types of services?
- ☐ Does the organization have the capacity to provide services to existing and new individuals, including outreach and engagement activities?
- ☐ Can the organization maintain staffing to make sure individuals receive services that are timely, high-quality, patient- and family-centered, and culturally and linguistically appropriate?
- ☐ Can the organization generate and report the required data?
- ☐ Does the organization have a clear understanding of the costs of delivering these services to inform payment negotiations and a sustainable financial plan?
- ☐ Can the organization generate and submit claims or invoices?

ECM Outreach Toolkit

Purpose

- » Outline key challenges to outreach and engagement.
- » Identify strategies and share promising practices or ECM provider outreach and Medi-Cal health plan oversight.
- » Support ECM provider outreach staff and health plans.



ECM Outreach Toolkit – Contents

- » Overview
- » Building Your Outreach Team
- » Training and Supporting Outreach Staff
- » Leveraging Community Partnerships
- » Locating Eligible Members
- » Engaging Eligible Members
- » Reaching Members Experiencing Homelessness
- » Reaching Members of the LGBTQI+ Community
- » Ongoing Member Engagement
- » Safety Tips and Outreach Supplies

ECM Member Toolkit

Purpose

- » Provide key information about ECM for Medi-Cal Members.
- » Highlight where members can go for additional information.
- » Serve as resource for ECM providers, Medi-Cal health plans, and community-based partners to educate Members about the program.



Enhanced Care
Management (ECM)

Member Toolkit

DECEMBER 2021

ECM Member Toolkit – Contents

- » ECM Overview
- » What Is ECM?
- » Who Can Get ECM Services?
- » Who Provides ECM Services?
- » What Services Does ECM Offer?
- » Frequently Asked Questions
- » Member Worksheet
- » Rights and Responsibilities

Q&A

Please type questions into the Q&A box



Thank you!

