

Enhanced Care Management (ECM)

Expectations for ECM Provider Networks & Approved Exceptions

Updated 1/30/2023

Expectations for Formation of ECM Provider Networks

Enhanced Care Management (ECM) is a statewide Medi-Cal benefit that addresses clinical and non-clinical needs of the highest-need Medi-Cal Managed Care Plan (MCP) enrollees through intensive coordination of health and health-related services. ECM is intended to be a whole-person, interdisciplinary approach to care provided by community-based entities with experience and expertise providing intensive, in-person care management services to individuals in one or more of the ECM Populations of Focus.

As written in DHCS's contract with MCPs, MCPs "must develop and manage a network of ECM Providers. Contractor must ensure sufficient ECM Provider capacity to meet the needs of all ECM Populations of Focus." ECM Providers may include, but are not limited to the following entities:

- Counties
- Federally Qualified Health Centers (FQHCs)
- Indian Health Service Programs
- SUD Treatment Providers
- Organizations Serving Justice-Involved Individuals
- School-Based Health Centers
- County Behavioral Health Providers
- Community-Based Organizations (CBOs)
- Local Health Departments
- Community-Based Adult Services (CBAS) Providers
- California Children's Services Providers
- PCPs, Specialists, or Physician Groups
- Hospitals Or Hospital-Based Physician Groups Or Clinics
- Behavioral Health Entities
- Skilled Nursing Facilities (SNFs)
- Regional Centers
- Community Health Centers (CHCs)
- Rural Health Clinics (RHCs)
- Community Mental Health Centers
- Organizations Serving Individuals Experiencing Homelessness
- First 5 County Commissions
- Other qualified providers or entities that are not listed here, as approved by DHCS

Available Exceptions for MCPs to Provide ECM Through Plan-Based Staff

DHCS recognizes that there may not be a sufficient number of qualified ECM Providers to serve members of all Populations of Focus (POFs) in all counties, particularly at the time of launch of each new ECM Population of Focus. Therefore, the MCP Contract includes the policy that an MCP may request DHCS approval for a time-bound exception that authorizes it to use its own staff to provide ECM.

To obtain such an exception, an MCP must have made good faith efforts to meet the needs of all ECM Populations of Focus through contracts with community-based ECM Providers. MCPs must meet at least one of the following criteria:

- There are insufficient ECM Providers, or a lack of ECM Providers with qualifications and experience, to provide ECM for one or more of the POFs in one or more counties;
- There is a justified quality of care concern with one or more of the otherwise qualified ECM;
- Contractor and the ECM Providers are unable to agree on rates
- ECM Providers are unwilling to contract;
- ECM Providers are unresponsive to multiple attempts to contract;
- ECM Providers who have a state-level pathway to Medi-Cal enrollment but are unable to comply with the Medi-Cal enrollment process or Contractor's verification requirements for ECM Providers; or
- ECM Providers without a state-level pathway to Medi-Cal enrollment that are unable to comply with Contractor's verification requirements for ECM Providers.

DHCS's expectation is that any MCP who secures an exception will build its network of community-based ECM Providers over time and will transition away from providing ECM through plan-based staff. During any exception period approved by DHCS, an MCP must take steps to continually develop and increase its ECM Provider network capacity.

Approved ECM Provider Exceptions for 2023

DHCS has granted 12-month approvals for the following MCPs to provide ECM through plan-based staff in calendar year 2023.

- **Kaiser Permanente:**
 - *Applicable Counties:* Sacramento, San Diego, Placer, El Dorado, Amador.
 - *Applicable POFs:* All POFs that were live as of January 1, 2023 (which includes Adults Living in the Community and At Risk for Long Term Care Institutionalization and Adult Nursing Facility Residents Transitioning to

the Community)

- *Additional Note:* This is approval applies only where Kaiser Permanente is the prime MCP; it does not apply where Kaiser is a subcontractor.
- **Partnership HealthPlan of California:**
 - *Applicable Counties:* Mendocino, Del Norte, Shasta, Humboldt, Lake, Lassen, Modoc, Siskiyou, Solano, Trinity, Yolo, Marin, Sonoma, Napa
 - *Applicable POFs:* Adult Nursing Facility Residents Transitioning to the Community
- **Kern Family Health Care:**
 - *Applicable County:* Kern
 - *Applicable POFs:* Adults and their Families Experiencing Homelessness

DHCS has reviewed requests for exceptions for all Populations of Focus that were live as of Jan 1, 2023. **No other MCPs have been approved to provide ECM with plan-based staff for these POFs.**

Requests to provide ECM though plan-based staff for POFs launching after Jan 1, 2023 – including the Children and Youth POFs – must be submitted to DHCS separately and will be considered at a later date.

Please direct any questions about ECM to CaAIMECMILOS@dhcs.ca.gov.

For additional information about ECM and provider network expectations for ECM, see Exhibit A, Attachment III, Section 4.4 of the Primary Operations [Contract for MCPs](#), Section 7 of the [ECM Policy Guide](#), and Question 16 in the [DHCS CalAIM Enhanced Care Management and Community Supports Frequently Asked Questions](#).

