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CalAIM
Enhanced Care Management
Model of Care Template Addendum I



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Enhanced Care Management Model of Care Template Addendum I: Enhanced Care Management

May 2022

Due dates to DHCS: July 1, 2022 and September 1, 2022

Overview

In preparation for the implementation of Enhanced Care Management (ECM) and Community Supports, in June 2021, the California Department of Health Care Services (DHCS) released a Model of Care (MOC) Template for Medi-Cal managed care plans (MCPs) to complete and submit to DHCS demonstrating their operational readiness. The original June 2021 MOC Template was then later revised in February 2022 to its current version, the [ECM and Community Supports MOC Legacy Template](#).

To demonstrate operational readiness for new ECM Populations of Focus going live on **January 1, 2023**, DHCS is requiring MCPs to complete this MOC Template Addendum I and to update specific other MOC Template questions, as indicated below.

ECM Populations of Focus going live statewide on January 1, 2023 include:

1. Adults Living in the Community who are at risk of Long-Term Care (LTC) Institutionalization
2. Nursing Facility Residents Transitioning to the Community

Responses to the MOC Template Addendum I are due as follows:

| Updated MOC Template Questions¹ | Due Date |
|--|--------------------------|
| Questions 3, 10 (if applicable), 11, 12, 19 and 24 | July 1, 2022 |
| Question 60 | September 1, 2022 |

This Addendum does **not** require MCPs to submit information regarding Individuals Transitioning from Incarceration or Children and Youth Populations of Focus. DHCS will release another MOC Template Addendum in Fall 2022 with submission instructions and questions pertaining to these Populations of Focus.

DHCS understands that identifying and serving the Individuals Transitioning from Incarceration Population of Focus is new to MCPs. To help MCPs plan for that population, the following are the areas and issues that MCPs will be required to address in the subsequent Addendum.

1. The data sources MCPs will use to identify Members who meet the Population of Focus;
2. Existing partnerships the MCP may have with community partners or other entities to help identify Members who meet the Population of Focus;

¹ These questions align with the numbering of the most current version of the MOC Template, [ECM and Community Supports MOC Legacy Template \(February 2022\)](#).

3. How the MCP intends to develop new partnerships with prisons, jails, or youth correctional facilities; and
4. How the MCP will accept referrals from ECM Providers, other Providers, and other entities serving Members in this Population of Focus including probation and parole offices and courts.

This Addendum also does **not** address Community Supports. MCPs may update their Community Supports selections every six months. Please refer to the separate Community Supports MOC Template for more information.

Updated MOC Template Questions due July 1, 2022

Directions: Respond to each of the updated MOC Template questions below by making **redline** edits to previously submitted responses and Policies and Procedures. Please note all updated language has been bolded and the numbering of the updated MOC Template questions corresponds to the most current version of the MOC Template, [ECM and Community Supports MOC Legacy Template \(February 2022\)](#).

In this MOC Template Addendum I submission to DHCS, MCPs must attach all updated responses and Policies and Procedures and include a summary table that indicates the number of the updated MOC Template question being responded to, the file name of the attachment(s) for the responses and Policies and Procedures, and page number(s) that correspond to the question.

MCPs may also submit any other ECM Policies and Procedures from any previous MOC submissions that have changed. If doing so, MCPs must include in the summary table the number of the MOC Template question the update is being submitted for along with the implementation phase in which it was originally submitted (as this indicates to DHCS which MOC Template version the question came from) in addition to the file name of the attachment(s) for the updated Policies and Procedures.

Question 3:

Using the MCP's previously submitted response, provide a **redlined** update on the status of the ECM Provider network development activities, by county (i.e., complete, on-track, or delayed/off-track) and reasons if delayed/off-track. **Please be sure to address all network development activities specific to the Populations of Focus going live January 1, 2023 (Adults Living in the Community who are at risk of LTC Institutionalization and Nursing Facility Residents Transitioning to the Community)**. Describe mitigation strategies for any anticipated challenges, specifying to which county/service area they apply. Word limit: 500 words.

Question 10 (if applicable):

For MCPs that previously requested an exception to use MCP staff to provide ECM services in the MOC process, please provide an update about how the MCP is continuing to build a sustainable network of community based ECM Providers.

Please provide redlined updates for each county/service area for which an exception had been requested.

Submit a **redlined** justification for any **new** county/service areas in which the MCP seeks an exception in order to use MCP staff to provide ECM services. The request must adhere to the allowable exceptions outlined in [ECM/Community Supports MCP Contract](#) Section 4 and must detail the reason for the request by county/service area. The justification must include sufficient detail and/or supporting documentation to convey **the reasons outlined in the [ECM/Community Supports MCP Contract](#) Section 4** have been met. The justification must clearly describe the timeline of when the MCP anticipates it can phase out of using its own staff, as well as how MCP staff will provide ECM in an in-person, community based manner during the requested exception period.

Question 11:

Using the MCP's previously submitted response, provide redlined Policies and Procedures describing how the MCP will use available MCP data to identify Members for ECM who are (1) Adults Living in the Community who are at risk of LTC Institutionalization and (2) Nursing Facility Residents Transitioning to the Community.

Please be as specific as possible in describing the applicable data sources (e.g., Plan Data Feed, the Minimum Data Set (MDS) Survey data administered in Nursing Homes, Section 1915(c) waiver wait lists). MCPs must include explicit reference to each of the data sources listed in Section 6 of the [ECM/Community Supports MCP Contract](#). Include in the MCP's answer how frequently data will be refreshed to identify newly eligible Members.

Question 12:

Using the MCP's previously submitted response, provide redlined Policies and Procedures to describe the MCP's process for accepting and acting on referrals from ECM Providers, other Providers, and other entities serving (1) Adults Living in the Community who are at risk of LTC Institutionalization and (2) Nursing Facility Residents Transitioning to the Community.

Please be as specific as possible in describing applicable Providers who serve Members who meet these Populations of Focus (e.g., Nursing Homes, Home Health Agencies, Community Based Adult Services (CBAS) Providers, Home and Community Based Waiver Providers, Area Agencies on Aging, Centers for Independent Living). Describe how the MCP will inform Providers and other entities serving their Members about how to request ECM on behalf of a Member and how the MCP will accept the request and communicate back the status of the request.

Question 19:

Using the MCP's previously submitted response, provide redlined Policies and Procedures describing the requirements and process for ECM Providers to assign a

Lead Care Manager and allow for Members to change their Lead Care Manager at any time, **to take into account (1) Adults Living in the Community who are at risk of LTC Institutionalization and (2) Nursing Facility Residents Transitioning to the Community. Policies and Procedures must confirm the Lead Care Manager will be trained in person-centered planning, as required by federal law² for Members with long-term services and supports (LTSS) needs.**

Question 24:

Using the MCP’s previously submitted response, provide redlined Policies and Procedures for the Comprehensive Assessment and Care Management Plan to take into account (1) Adults Living in the Community who are at risk of LTC Institutionalization and (2) Nursing Facility Residents Transitioning to the Community.

For Members with LTSS needs, Policies and Procedures must describe how the Lead Care Manager will conduct the assessment and develop care plans in accordance with federal requirements,³ and ensure that DHCS’s standardized LTSS referral questions are included in the Comprehensive Assessment.⁴

Updated MOC Template Question due September 1, 2022

Question 60:

MCP’s must update the supplementary Excel template titled “MOC Excel File ECM Provider Capacity” to list the MCP’s ECM Providers by county, including the information **below** for each **provider for each of the new ECM Populations of Focus set to go live on January 1, 2023: (1) Adults Living in the Community who are at risk of LTC Institutionalization; and (2) Nursing Facility Residents Transitioning to the Community.**

- i. Organization name;
- ii. National Provider Identifier (NPI) number;
- iii. Provider type:
 - a. County;
 - b. County behavioral health Provider;

² Per [42 CFR § 438.208](#) the care plan must be developed by a person trained in person-centered planning using a person-centered process and plan as defined in 42 CFR [§ 441.301\(c\)\(1\) and \(2\)](#)

³ See source 2.

⁴ As established in All Plan Letter (APL) 17-013:

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-013.pdf>

- c. Primary Care Physician or Specialist or Physician group;
 - d. Federally Qualified Health Center;
 - e. Community Health Center;
 - f. Hospital or hospital-based Physician group or clinic (including public hospital and district/municipal public hospital);
 - g. Rural Health Clinic/Indian Health Service Program;
 - h. Local health department;
 - i. Behavioral health entity;
 - j. Community mental health center;
 - k. Substance use disorder treatment Provider;
 - l. MCPs;
 - m. Community Based Adult Services (CBAS) Providers;
 - n. In Home Supportive Services (IHSS) Providers;
 - o. Skilled Nursing Facility;
 - p. Organization serving individuals experiencing homelessness;
 - q. Organization serving justice-involved individuals; and
 - r. Other qualified Providers or entities that are not listed above (describe).
- iv. Counties in which the ECM Provider will operate;
 - v. ECM Population(s) of Focus that will be served by Provider;
 - vi. **Anticipated** number of Members **within the county**, from each applicable Population of Focus, that the MCP expects to assign to the ECM Provider, at implementation;
 - vii. **Anticipated** number of Members **within the county**, from each applicable Population of Focus, that the ECM Provider will have the capacity to serve, at implementation;
 - viii. **Anticipated** number of Members **within the county**, from each applicable Population of Focus, that the MCP expects to assign to the ECM Provider, 12 months after initial implementation;
 - ix. **Anticipated** number of Members **within the county**, from each applicable Population of Focus, that the ECM Provider will have the capacity to serve, 12 months after initial implementation.