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I. Introduction

CalAIM is a new initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal Members by implementing broad delivery system, program and payment reform across the Medi-Cal program. A key feature of CalAIM is the introduction of Enhanced Care Management (ECM) statewide, as well as a new menu of in lieu of services (ILOS), which, at the option of a plan and a Member, can substitute for covered Medi-Cal services as cost-effective alternatives. Medi-Cal Managed Care Plans (MCPs) will be responsible for administering both ECM and ILOS. For more information about CalAIM, see DHCS' [Revised CalAIM Proposal](#) released on 1/8/21.¹

DHCS' requirements for MCPs to implement ECM and ILOS are contained in the ECM and ILOS Contract Template (ECM and ILOS Contract), which will become part of the MCPs' contract with DHCS, and contained in DHCS' ECM and ILOS Standard Provider Terms and Conditions.² ECM and ILOS are separate initiatives, and some Medi-Cal Members will qualify for only ECM or only ILOS. However, together, ECM and ILOS will support a combined and seamless offering for many high-need MCP Members, with the ECM Provider contracting with the MCP to assume responsibility for coordinating ILOS alongside those Members' other clinical and other non-clinical services. Thus, the combination of ECM and ILOS within CalAIM represents an opportunity for MCPs to work with Providers, Counties, and community-based organizations to knit together a stronger set of supports for those who need it most, supported entirely within the managed care delivery system.

As part of the implementation and ongoing administration of ECM and ILOS, each MCP will be required to develop and submit for DHCS approval an ECM and ILOS Model of Care (MOC) using this ECM and ILOS MOC Template (MOC Template). The MOC will be each MCP's plan for providing ECM and ILOS. Each MCP's MOC will include its overall approach to ECM and ILOS; its detailed policies and procedures for partnering with the Providers, including non-traditional Medi-Cal Providers, for the administration of ECM and ILOS; its ECM and ILOS Provider capacity; and the contract language that will define its arrangements with its ECM and ILOS Providers.

ECM and ILOS are ambitious reforms that will take time and support to implement, and DHCS recognizes that California MCPs and communities will be working to operationalize these new initiatives and transition smoothly from existing initiatives, most notably the Whole Person Care Pilots and Health Homes Program, at the same time as they recover from the COVID-19 Public Health Emergency. Starting in early 2021, DHCS will offer a range of technical assistance and support, including new

¹ Revised CalAIM Proposal. Available at <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf>.

² Refer to the draft DHCS-MCP ECM and ILOS Contract and DHCS [MMCD Boilerplate Contracts](#) for definitions of capitalized terms within this document.

implementation material posted on our [ECM and ILOS website](#), FAQs, webinars, and other opportunities for discussion. DHCS will publish rate information in spring 2021. Please submit questions regarding CalAIM generally, or the ECM and ILOS initiatives specifically, to CalAIM@dhcs.ca.gov.

a. Enhanced Care Management

Enhanced Care Management (ECM) will be comprehensive and address the clinical and non-clinical needs of high-need, high-cost Medi-Cal Members through systematic coordination of services and comprehensive care management. ECM is part of a broader population health system design within CalAIM, under which MCPs will systematically risk stratify their enrolled populations and offer a menu of care management interventions at different levels of intensity, with ECM at the highest intensity level. ECM will be implemented ahead of broader population health requirements, which will start in 2023. See the [CalAIM Proposal](#) for more information.

DHCS has long understood that the need for care management and coordination increases with clinical and social complexity and has worked for several years to build capacity for a more comprehensive approach to care management and coordination within managed care. In 2016, DHCS launched the [Whole Person Care \(WPC\) Pilots](#) as part of its [Medi-Cal 2020 Section 1115 Demonstration](#). WPC Pilots have tested interventions to coordinate physical, behavioral and social services in a patient-centered manner, including interventions that improve access to housing and supportive services, and have built significant infrastructure to ensure local collaboration for improved outcomes. In 2018, DHCS launched the [Health Homes Program](#) (HHP). The HHP serves eligible Medi-Cal Members with complex medical needs and chronic conditions who may benefit from intensive care management and coordination, and coordinates the full range of physical health, behavioral health, and community-based long-term services and supports (LTSS).

ECM will build on both the design and the learning from the WPC Pilots and the HHP. ECM, with ILOS, will replace both models, scaling up the interventions to form a statewide care management approach. ECM will offer comprehensive, “whole person” care management to high-need, high-cost Medi-Cal managed care Members, with the overarching goals of:

- Improving care coordination;
- Integrating services;
- Facilitating community resources;
- Improving health outcomes; and
- Decreasing inappropriate utilization and duplication of services.

To accomplish these goals, ECM will be interdisciplinary, high-touch, person-centered and provided primarily through in-person interactions with Members where they live, seek care or prefer to access services.

DHCS has identified seven (7) mandatory ECM “target populations.” MCPs must proactively identify their high-need, high-cost Members who meet the target population criteria and offer them ECM. These target populations are:³

- Children or youth with complex physical, behavioral, or developmental health needs (e.g., California Children’s Services, foster care, youth with Clinical High-Risk syndrome or first episode of psychosis);
- Individuals experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions;
- High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits;
- Individuals at risk for institutionalization who are eligible for long-term care services;
- Nursing facility residents who want to transition to the community;
- Individuals who are at risk for institutionalization who have co-occurring chronic health conditions and:
 - Serious Mental Illness (SMI, adults);
 - Serious Emotional Disturbance (SED, children and youth); or
 - Substance Use Disorder (SUD);
- Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.

ECM, as well as ILOS, will be available to those dually eligible for Medicare and Medicaid if they are enrolled in MCPs and otherwise meet criteria. However, ECM and ILOS are not available to Cal MediConnect members because Cal MediConnect already incorporates care coordination and Care Plan Option Services, which are similar to ILOS.⁴

DHCS may provide additional refinement and definition of the ECM mandatory target populations in forthcoming guidance. MCPs may, with DHCS’ approval, identify additional target populations for ECM in order to tailor ECM to their local Members’ unique needs.

To ensure that ECM is offered primarily through in-person interaction where Members and their families and support networks live, seek care, and prefer to access services, MCPs will be required to contract with Providers (ECM Providers), including (but not limited to) those that their Members already see regularly for their health care. A wide range of entities may operate as ECM Providers, including Counties, behavioral health Providers, Primary Care Providers (PCP), and community-based organizations. MCPs will be required to develop an ECM Provider capacity that is sufficient to provide ECM to all Members receiving ECM in each County with special requirements applying to MCPs operating in Counties with WPC Pilots and HHP to promote continuity from those initiatives. MCPs will not be permitted to offer or administer ECM directly, unless approved

³ See Appendix I of the [CalAIM Proposal](https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf) for more detail about each ECM target population. Proposal available at <https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf>.

⁴ Care Plan Options Services. Duals Plan Letter: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/DPL2018/DPL18-003.pdf>

by DHCS under the limited exceptions set forth in the ECM and ILOS Contract. As described further below, MCPs are required to provide detailed information on their ECM Provider capacity to DHCS as part of their MOC(s) and to maintain Provider capacity over time.

b. ILOS

In Lieu of Services (ILOS) are medically appropriate and cost-effective alternatives to services covered under the State Plan. Federal regulations allow states to offer ILOS as an option for Medicaid MCPs.⁵ These can be highly valuable services to Members and, as such, DHCS encourages MCPs to offer a menu of ILOS to comprehensively address the needs of Members with the most complex health challenges, including social determinants of health. ILOS are optional services for MCPs to provide as alternatives for State Plan services, and are optional for managed care Members.

The ILOS option within CalAIM builds upon the work done in WPC Pilots to address social needs, with ILOS to be provided as a substitute for, or to avoid, higher-cost covered services such as hospital or nursing facility admissions, discharge delays, and emergency department (ED) use as determined appropriate for the Member's needs.

Starting in January 2022, DHCS will authorize the following ILOS in its ECM and ILOS Contract with all MCPs:⁶

- 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, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF);
- Community Transition Services/Nursing Facility Transition to a Home;
- Personal Care and Homemaker Services;
- Environmental Accessibility Adaptations (Home Modifications);
- Meals/Medically Tailored Meals;
- Sobering Centers; and
- Asthma Remediation.

MCPs may elect to offer some or all of these pre-approved ILOS and are expected to detail their ILOS offerings in their MOCs. MCPs may also propose other ILOS outside of the State's pre-approved menu. MCPs may choose to offer different ILOS in different Counties. However, if an MCP elects to offer an ILOS in a particular County, it must make

⁵ 42 CFR 438.3(e)(2).

⁶ See Appendix J of the January 2021 [CalAIM Proposal](#) for more detail about each ILOS option.

the ILOS available to all Members in that County who qualify for the ILOS, even if the Member is not receiving ECM. MCPs may add or remove pre-approved ILOS at defined intervals: every six (6) months for an addition and annually for a removal. MCPs should also anticipate that they will be asked to submit additional, detailed information to DHCS about their elected ILOS in addition to the MOC, including information about how they will track and record the use of the ILOS.

Because the pre-approved list of ILOS that are part of CalAIM is by nature rooted in the community, MCPs will be expected to contract with community-based organizations including homeless service Providers, housing authorities, medically tailored meal Providers, and Counties as ILOS Providers. ECM Providers may also serve as ILOS Providers if they have the appropriate experience. To assist with the development of payment models and facilitate contracting between MCPs and ILOS Providers, DHCS plans to release guidance on pricing for ILOS in mid-2021.

DHCS' ILOS design will place California at the leading edge of states' efforts to integrate social supports with Medicaid. DHCS highly encourages all MCPs to offer ILOS starting in 2022, and expects that WPC Members will be seamlessly transitioned to applicable ILOS in WPC Counties, where many Medi-Cal managed care Members are already successfully receiving services included on the ILOS menu.

c. Transitions from Existing Initiatives to ECM and ILOS

The work on WPC and HHP over the past four (4) years provides a strong starting point for ensuring the success of ECM and ILOS. Collectively, 26 Counties are currently participating in either HHP, WPC or both with approximately 239,000 Medi-Cal Members across California receiving one (1) or both types of services (see Appendix A for current WPC and HHP participation by County). There are 26 WPC Lead Entities in operation, providing and coordinating non-medical supports, 22 of which are Counties. For HHP, as of September 2020, there were more than 400 "Community-Based Care Management Entities" (CB-CMEs) already providing care management and coordination in partnership with MCPs in twelve (12) Counties.^{7,8} DHCS recognizes the significant investment in infrastructure, as well as the existing expertise, by local County and other public/private partners through WPC and HHP.

DHCS is focused on ensuring a smooth transition for beneficiaries and ensuring that the successful work that MCPs, Counties, cities, community-based organizations, and Providers have done to implement WPC and HHP is maintained, leveraged and transitioned to ECM and ILOS. As described in the ECM and ILOS launch timelines

⁷ HHP Interim Evaluation. UCLA. September 2020. Available at <https://healthpolicy.ucla.edu/publications/Documents/PDF/2020/First-Interim-Evaluation-CA-HHP-Report-sep2020.pdf>

⁸ Whole Person Care Enrollment Report. January 2021. UCLA Center for Health Policy Research. Available at https://www.dhcs.ca.gov/services/Documents/MCQMD/WPC_Documents/WPC-UCLA-Evaluation-Enrollment-Report-to-Jun20.pdf

below, MCPs in Counties with WPC or HHP will implement ECM and ILOS in those Counties first, with additional Counties implementing six (6) months later. To provide smooth transitions between the current initiatives and ECM/ILOS, the ECM and ILOS Contract includes two key requirements:

1. **Requirements for transitions of specific populations served by HHP and WPC into ECM and ILOS:** When ECM and ILOS first launch in January 2022 (see timelines below), MCPs will be required to implement ECM **for all their enrolled Members who meet the ECM target population criteria that align with the populations currently served by HHP and/or WPC in each County.** MCPs will be required to automatically authorize ECM for all Members currently enrolled in, or in the process of enrolling in, HHP, and all Members enrolled in a WPC Pilot who are identified by the WPC Pilot Lead Entity as belonging to an ECM target population. DHCS strongly encourages MCPs to include the ILOS that allow continuity of the services that Members currently receive under the WPC Pilots. See “ECM and ILOS Launch Timelines” below for further detail.
2. **Provider contracting requirement:** MCPs in WPC/HHP Counties must contract with each WPC Lead Entity and HHP CB-CME as ECM Providers and (if offering ILOS) as ILOS Providers, unless limited exceptions apply. MCPs, WPC Lead Entities and HHP CB-CMEs are expected to work toward meeting these contracting requirements. Guidance covering the exceptions request process will be released separately from this MOC Template.

DHCS recognizes that these requirements compel significant reorganization of today’s delivery system in order to achieve the goal of alignment and consolidation of services within the managed care delivery system for Medi-Cal managed care Members. In particular, Counties, cities and community-based organizations today operating as WPC Lead Entities have not traditionally contracted with MCPs at scale. In order to prepare for transition (and for the completion of the required transition questions within the MCP MOC Template), DHCS urges MCPs to begin or resume conversations with WPC Lead Entities and HHP CB-CMEs as soon as possible to plan for the above contracting and transition requirements. DHCS will offer a number of supports for this work in the coming months, including by releasing additional guidance and offering other opportunities to engage stakeholders (e.g., webinars, forums, etc.).

d. ECM and ILOS Launch Timelines

MCPs are required to implement ECM in phases as described below, and are encouraged to offer the new menu of ILOS from January 2022.⁹

For ECM, MCPs will be required to meet different ECM phase-in timelines for Counties with HHP and/or WPC Pilots, versus Counties without HHP or WPC Pilots. For ILOS, all

⁹ MCPs may roll out ECM faster than the timelines provided in this section, and should give their anticipated schedule within the MOC Template.

MCPs in all Counties may launch ILOS starting in January 2022. MCPs operating in HHP and WPC Counties are expected to build upon the experience gained in HHP and WPC and to design a transition approach that maximizes continuity of services for their Members transitioning from HHP and WPC.

See Appendix A for Counties participating in WPC Pilots and HHP.

ECM Implementation Timeline for Counties with HHP

The HHP targets MCP Members with multiple chronic conditions, hospital or ED utilization history in the past year, as well as chronic homelessness.¹⁰ In HHP Counties, all MCPs must roll out ECM to the following three ECM target populations, effective January 1, 2022:

- Individuals experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions;
- High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits; and
- Individuals who are at risk for institutionalization who have co-occurring chronic health conditions and:
 - Serious Mental Illness (SMI, adults);
 - Serious Emotional Disturbance (SED, children and youth); or
 - Substance Use Disorder (SUD).

MCPs must offer ECM to all Members who meet these ECM target population descriptions, not just those Members who are currently served by the HHP.

Individuals currently served by the HHP must be authorized to receive ECM at launch, until reassessment. MCPs have the option to include additional ECM target populations as of January 1, 2022, with prior DHCS approval. In HHP Counties, MCPs are expected to expand ECM to all additional target populations by January 2023, and are expected to align the implementation of ECM by target population with other MCPs operating in a particular county. See figures below.

MCPs are required to automatically authorize ECM for Members currently being served by HHP or in the process of enrolling in HHP and are strongly encouraged to offer appropriate ILOS to these Members, including ILOS that align with services currently offered under HHP, beginning on January 1, 2022. Within six (6) months of these Members receiving ECM, the MCP must ensure that each transitioned Member is reassessed to determine the most appropriate level of care management or coordination of services, whether that is continued ECM or a lower level of care management or coordination.

¹⁰ See [Health Homes Program Guide](#), p. 14, for existing HHP target populations.

Figure 1: Timeline for Counties with HHP

Counties with HHP		
Date	ECM	ILOS
January 1, 2022	<ul style="list-style-type: none"> • Make ECM available for all MCP Members who meet target population criteria listed below in each County currently served by HHP:¹¹ <ul style="list-style-type: none"> ○ Homeless; ○ High Utilizer; ○ SMI/SED/SUD • Transition Members currently served by HHP or Members in the process of enrolling in HHP, into ECM and reassess within 6 months. 	<ul style="list-style-type: none"> • Statewide launch of ILOS. MCPs are strongly encouraged to implement ILOS that allow transitions of previous services.
July 1, 2022	<ul style="list-style-type: none"> • Expand ECM to include additional target populations, working with other MCPs in each county to align as applicable 	<ul style="list-style-type: none"> • MCPs may add pre-approved ILOS by updating their MOCs.
January 1, 2023	<ul style="list-style-type: none"> • Provide ECM to all target populations, including the <i>Individuals Transitioning from Incarceration</i> target population. 	<ul style="list-style-type: none"> • MCPs may add pre-approved ILOS by updating their MOCs.

In the MOC Template below, MCPs in HHP Counties must describe how they plan to sustain current HHP services through ECM and (to the greatest extent possible) ILOS.

ECM Implementation Timeline for Counties with WPC Pilots

WPC Pilots are currently serving the following six populations:

1. High utilizers of avoidable emergency department, hospitals or nursing facilities (high utilizers);
2. Individuals with two or more chronic physical conditions;
3. Individuals with severe mental illness and/or substance use disorder (SMI/SUD);
4. Individuals experiencing homelessness (homeless);

¹¹ MCPs may roll out ECM faster than the timelines provided in this table, and should give their anticipated schedule within the MOC Template.

5. Individuals at risk of homelessness; and

6. Individuals released from institutions, including jail or prison (justice involved).

These groups align with ECM target populations, although not all WPC Pilots serve all these populations, and there are some WPC enrollees who will not align with ECM target populations.¹²

DHCS expects MCPs in WPC Pilot Counties to launch ECM on January 1, 2022, to all ECM target populations that align with those served today by the WPC Pilot in each County; this will vary by County but will ensure smooth transition of services for MCP members through WPC.¹³ **MCPs must offer ECM to all Members who meet ECM target population descriptions, not just those Members who are currently served by the WPC Pilot.** For example, if a WPC Pilot in a particular County has served populations who are homeless or who are high-utilizers, the MCPs in that County must offer ECM beginning in January 2022, to all Members who meet criteria for *Homeless* and *High Utilizer* ECM target populations.

To ensure smooth transition and continuity of services, MCPs are required to automatically authorize and transition individual Members currently enrolled in WPC who are identified by the WPC Lead Entity in the County as meeting ECM Target Population criteria, and are strongly encouraged to offer appropriate ILOS to these Members beginning on January 1, 2022. Within six (6) months of these Members receiving ECM, the MCP must ensure that each transitioned Member is reassessed to determine the most appropriate level of care management or coordination of services, whether that is continued ECM or a lower level of care management or coordination.

MCPs will expand ECM for all remaining target populations, except the *Individuals Transitioning from Incarceration* target population in July 2022 (unless the WPC Pilot currently services individuals released from institutions, including jail or prison). All remaining ECM target populations must be added, including the *Individuals Transitioning from Incarceration*, in these Counties by January 2023.

DHCS recognizes that the current WPC Pilots vary in the level of data sharing between WPC Lead Entities and MCPs. To support transition of Members between WPC and ECM, DHCS will require WPC Lead Entities to create transition rosters in the second half of 2021 to identify enrollees, by MCP, who meet ECM target population criteria.

¹² Whole Person Care Pilot Standard Terms and Conditions. Available at <https://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/1115/downloads/ca/ca-medi-cal-2020-ca.pdf>

¹³ DHCS will publish a crosswalk of WPC and ECM target populations by County on or before finalization of this MOC Template.

The MOC Template contains questions that require MCPs to describe in detail how they will transition WPC to a combination of ECM and ILOS. Adoption of ILOS to continue services available under WPC Pilots is strongly encouraged.¹⁴

Figure 2: Timeline for Counties with WPC Pilots

Counties with WPC Pilots		
Date	ECM	ILOS
January 1, 2022	<ul style="list-style-type: none"> Launch ECM for all MCP Members in the ECM target populations who align to those populations currently served in each County by WPC Pilots.¹⁵ Automatically transition Members currently served by WPC, or in the process of enrolling in WPC (as identified by WPC Lead Entities) into ECM and reassess within 6 months. 	<ul style="list-style-type: none"> Statewide launch of ILOS. MCPs are strongly encouraged to implement ILOS that allow continuation of previous services.
July 1, 2022	<ul style="list-style-type: none"> Make ECM available for all MCP Members in the ECM target populations that align to those populations currently served in each County by WPC Pilots.¹⁶ Transition Members currently served by WPC or in the process of enrolling in WPC, into ECM and reassess within 6 months. 	<ul style="list-style-type: none"> MCPs may add pre-approved ILOS by updating their MOCs.
January 1, 2023	<ul style="list-style-type: none"> Expand ECM to include all target populations, including the <i>Individuals Transitioning from Incarceration</i> target population.* 	<ul style="list-style-type: none"> MCPs may add pre-approved ILOS by updating their MOCs.

*Note: If the WPC Pilot, prior to 2022, already served the *Individuals Transitioning from Incarceration* target population, the MCP must include that population **in the January 1, 2022, launch.**¹⁷

¹⁴ Transition requirements in this section do not apply to any WPC counties that opt out of WPC prior to the transition to ECM and ILOS.

¹⁵ MCPs may roll out ECM faster than the timelines provided in this table, and should give their anticipated schedule within the MOC Template.

¹⁶ MCPs may roll out ECM faster than the timelines provided in this table, and should give their anticipated schedule within the MOC Template.

In the MOC Template below, MCPs in WPC Counties must describe how they plan to transition and sustain current WPC services through ECM and (to the greatest extent possible) ILOS.

ECM Implementation Timeline for Counties with Both HHP and WPC Pilots

MCPs in Counties with both HHP and WPC Pilots must transition all populations as required by both the HHP and WPC schedules, above.

Timeline for Counties without HHP or WPC Pilots

Counties without HHP or WPC Pilots must begin ECM implementation by July 1, 2022, and ramp up ECM to full implementation for all ECM target populations by January 1, 2023. In the Model of Care Template below, MCPs must describe their implementation plan for ECM beginning July 1, 2022, including which ECM target populations they will prioritize. MCPs in Counties with more than one MCP are strongly encouraged to align ECM implementation approaches to mitigate the burden on Members and ECM Providers.

Counties without existing HHP or WPC Pilots are encouraged to offer ILOS starting January 1, 2022.

¹⁷ Whole Person Care Pilot Applications available at <https://www.dhcs.ca.gov/services/Pages/WholePersonCarePilotApplications.aspx>.

Figure 3: Timeline for Counties without HHP or WPC Pilots

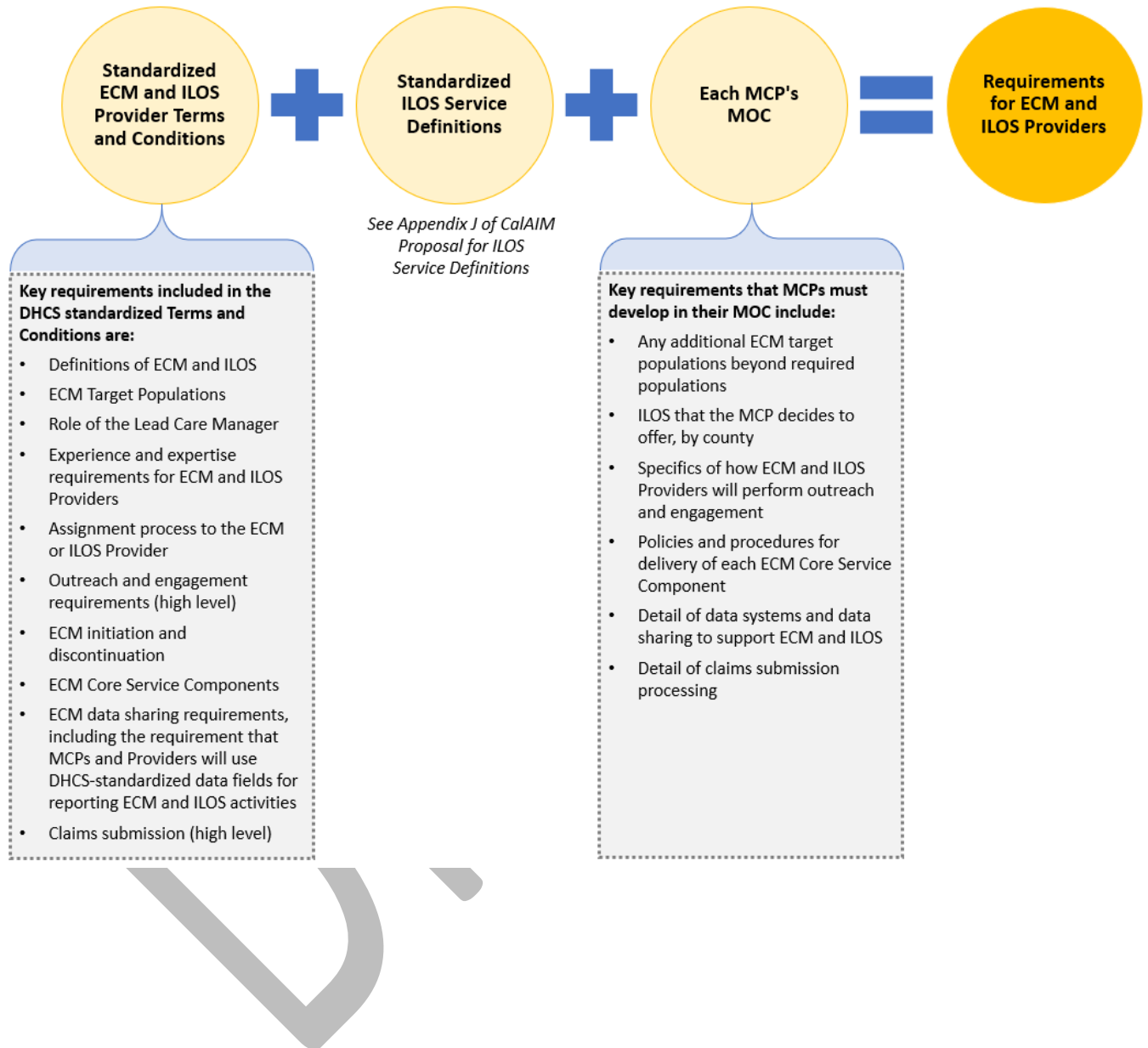
Counties without HHP or WPC Pilots		
Date	ECM	ILOS
January 1, 2022		<ul style="list-style-type: none"> • Statewide launch of ILOS. All MCPs may offer ILOS.
July 1, 2022	<ul style="list-style-type: none"> • Begin implementation of ECM. MCP must set an implementation schedule in this MOC by ECM target population. Alignment of ECM implementation among MCPs within each County is strongly encouraged. 	<ul style="list-style-type: none"> • MCPs may add pre-approved ILOS by updating their MOCs.
January 1, 2023	<ul style="list-style-type: none"> • Complete implementation ECM to all ECM target populations. 	<ul style="list-style-type: none"> • MCPs may add pre-approved ILOS by updating their MOCs.

II. The ECM/ILOS Model of Care

The ECM and ILOS MOC will describe each MCP’s plan for providing ECM and ILOS. Each MCP’s MOC will include its overall approach to ECM and ILOS; its detailed policies and procedures for partnering with the Providers, including non-traditional Providers, for the administration of ECM and ILOS; capacity of ECM and ILOS Providers; and the contract language that will define key aspects of its arrangements with its ECM and ILOS Providers. The MOC also contains specific “Transition and Coordination” content for MCPs operating in WPC and/or HHP Counties, in which these MCPs must describe how they will ensure smooth transitions for their Members in Counties with existing initiatives. DHCS will use the MOC Template (described below) to determine each MCP’s readiness to meet ECM and ILOS requirements.

In order to balance statewide consistency with the ability of MCPs to innovate in their design of ECM and any ILOS, DHCS is standardizing certain design aspects of ECM and ILOS, while allowing MCPs the flexibility to develop a plan that will best meet the needs of their Members and communities. The combination of the elements contained in the MOC will make up the ECM and ILOS model that will be reflected in each MCP’s contracts with ECM and ILOS Providers (see Figure 4).

Figure 4: Elements of ECM and ILOS Provider Requirements



a. MOC Template and Submission Timelines

The “ECM and ILOS MOC Template” is the vehicle for the submission of the MOC to DHCS for approval. Each MCP is required to submit the MOC Template to DHCS in two (2) parts (Part 1 and Part 2).

- In **Part 1**, due six (6) months before the applicable implementation phase, MCPs must describe how they will meet each requirement for ECM (and any ILOS) contained in the MCP ECM and ILOS Contract and submit Policies and Procedures describing how the MCP will administer ECM and any ILOS.
- In **Part 2**, due three (3) months before the applicable implementation phase, MCPs must submit detailed information on its ECM and ILOS Provider capacity for each County and the contract language they are using in their agreements with ECM and ILOS Providers.

MCPs must submit the completed MOC Template by due dates indicated below, updating the MOC as necessary at each six-month interval to account for phased implementation of ECM target populations. MCPs must notify DHCS at least 60 days prior to implementation for any other modifications to the MOC.

Figure 5: Timeline for MOC Template Submissions to DHCS

Phase Go-Live Date	MOC Template	Submission Due Date
January 1, 2022	MOC Part 1	July 1, 2021
	MOC Part 2	October 1, 2021
July 1, 2022	MOC Part 1	January 1, 2022
	MOC Part 2	March 1, 2022
January 1, 2023	MOC Part 1	July 1, 2022
	MOC Part 2	October 1, 2022

After statewide implementation of ECM and ILOS, DHCS will no longer require updates to the MOC Template and will monitor MCPs’ implementation using encounter data and supplementary data reporting. After launch of ECM and ILOS, any revisions to the MCP’s approved Policies and Procedures shall be submitted to DHCS, using the

standard deliverables submission process, for review and approval at least 60 days prior to implementation.

Approval of MOCs by DHCS

DHCS will review and provide feedback on the MOC submissions using DHCS' "Deliverable Review Process." DHCS will provide final approval of each MOC no later than 30 days prior to each go-live date.¹⁸ DHCS will begin a monthly check-in process from between Phase Part 1 submission and Phase Part 2 submission dates with MCPs to gauge MCP's provider capacity development for ECM. Additional information on the review process is forthcoming.

b. How to Complete the MOC Template: Guidance for MCPs

Using the MOC Template below, each MCP is required to provide details about how the MCP will administer ECM and any ILOS.

The MOC Template is closely aligned with the DHCS-MCP ECM and ILOS Contract and the ECM and ILOS Standard Provider Terms and Conditions. Before beginning work on the MOC Template, MCPs should carefully review these documents. All questions in the MOC Template build directly on the requirements contained in the ECM and ILOS Contract.

Structure of the MOC Template

The MOC Template is organized into two parts as follows:

- **Part 1** requires MCPs to describe how they will meet each Contract requirement for ECM and any ILOS. Part 1 questions require a narrative and/or submission of Policies and Procedures.
- **Part 2** requires MCPs to submit their expected composition of ECM and ILOS Provider capacity for each County and to submit for DHCS approval the Contract language they are utilizing with ECM and ILOS Providers. As set out in the ECM and ILOS Contract, MCPs may request permission from DHCS to conduct ECM using their own staff in exceptional circumstances. DHCS will provide further details on the ECM Provider exception process in forthcoming guidance.

Consistent with the CalAIM Proposal, MCPs operating in WPC and HHP Counties must submit a "Transition and Coordination Plan" to DHCS that demonstrates how the MCP will transition existing programs into ECM and ILOS.¹⁹ The "Transition and Coordination Plan"

¹⁸ Further guidance on the review/approval process is forthcoming with the finalized MOC Template.

¹⁹ Revised CalAIM Proposal. Available at

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-Updated-1-8-21.pdf>.

is incorporated in this MOC Template, and relevant questions are labeled “Transition and Coordination Question for MCPs operating in WPC and HHP Counties.” MCPs that are not currently operating in WPC and HHP Counties should not answer these questions.

Subcontractors and Delegated Arrangements

The MOC Template takes into account delegated arrangements between MCPs and other entities (including partner MCPs, independent physicians associations (IPAs) and management services organizations (MSOs)). MCPs may subcontract with other entities to administer ECM and ILOS, within the guidelines described in the ECM and ILOS Contract. All MCPs directly contracted with DHCS are responsible for ECM and ILOS implementation in accordance with DHCS’ requirements, including for the compliance of subcontracted entities to which the MCP has delegated responsibility for ECM and/or ILOS. MCPs are also responsible for ensuring that ECM and any ILOS are available to Members on an equal basis throughout each County, regardless of whether and how Members are served by Subcontractors.

Each MCP directly contracted with DHCS is responsible for completing and submitting the MOC Template. Within their MOC Template responses, MCPs should include details of subcontracted arrangements as they relate to the implementation of ECM and ILOS, clearly describing how roles and responsibilities will be divided between and among the MCP and Subcontractors.

How MCPs Should Group Information by County

MCPs that operate in more than one County should submit a single MOC Template covering ECM and ILOS across all Counties in their Service Area. Some questions, including the ILOS questions, specifically prompt the MOC to provide responses by County. Even if not prompted, other variations by County should be noted within the MOC Template. If details vary substantially between Counties, MCPs may submit multiple responses to questions or sections of the MOC Template, clearly labeled by County. In Part 2, all Provider capacity information for ECM and ILOS should be provided by County as indicated in the instructions.

Completing and Submitting the MOC Template with Attachments

To complete the ECM and ILOS MOC Template, copy and paste all questions into a separate Word document and complete with your responses. MCPs may use separate attachments, clearly labeled, as necessary. When complete, MCPs should email their completed MOC, along with attachments (clearly labeled). MCPs should submit any questions on the MOC process to DHCS.

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III. Model of Care Template: Part 1

1. Managed Care Plan Details

Fill in the table below. Complete the header of this document to indicate the MCP and the Counties to which this MOC applies.

Additionally, fill out the headers on each page.

1. MCP Name	
2. Day-to-Day Point of Contact for this MOC	
First and Last Name	
Title/Position	
Phone	
Email	
3. MCP Counties contained in this MOC Template	
List the Counties in which MCP operates that are currently participating in HHP	
List the Counties in which MCP operates that are currently participating in WPC Pilots	
List all other Counties in MCP's Service Area	

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2. ECM

a. Target Populations for ECM

Summary of Requirements (see ECM and ILOS Contract, Section 2):

- *ECM is designed for populations who have the highest levels of complex health care needs as well as social factors influencing their health.*
- *The mandatory ECM target populations are:*
 - *Children or youth with complex physical, behavioral, or developmental health needs (e.g., California Children’s Services, foster care, youth with Clinical High-Risk syndrome or first episode psychosis);*
 - *Individuals experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless, with complex health and/or behavioral health conditions;*
 - *High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits;*
 - *Individuals at risk for institutionalization who are eligible for long-term care services;*
 - *Nursing facility residents who want to transition to the community;*
 - *Individuals who are at risk for institutionalization who have co-occurring chronic health conditions and:*
 - *Serious Mental Illness (SMI, adults);*
 - *Serious Emotional Disturbance (SED, children and youth); or*
 - *Substance Use Disorder (SUD); and*
 - *Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.*
- *MCPs may elect to add additional target populations.*

1. **Provide a schedule by County in your Service Area indicating when the MCP plans to adopt ECM for each mandatory ECM target population, following the requirements set out in the ECM and ILOS Contract and the guidance in the introduction to this MOC Template.²⁰**

²⁰ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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- 2. Will the MCP provide ECM to any populations beyond the ECM target populations required by DHCS? If so, describe the proposed additional target population(s), eligibility criteria, rationale for including each additional population, and when the MCP proposes to provide ECM to the additional population(s).**

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b. MCP Development of ECM Provider Capacity

Summary of Requirements (see ECM and ILOS Contract, Sections 3-4):

- *ECM must be provided by community-based Providers and through primarily in-person interaction in a setting most appropriate and convenient to the Member. For this reason, MCPs must contract with community-based entities (ECM Providers) for the provision of ECM in the Counties they serve.*
- *DHCS will evaluate ECM Provider capacity separately from general Network Adequacy; ECM Provider capacity does not alter general Network Adequacy for medical services.*
- *MCPs are encouraged to collaborate with Behavioral Health Agencies and Public Health Agencies on the development of sufficient ECM Provider capacity.*
- *If an MCP is unable to provide sufficient capacity to meet the needs of all ECM target populations in a community-based manner through contracts with ECM Providers, the MCP may offer ECM functions using its own staff if:*
 - *There are insufficient Providers with experience and expertise to provide ECM for one (1) or more target populations in one (1) or more Counties;*
 - *There is a justified quality-of-care concern with one or more of the otherwise qualified Providers;*
 - *MCP and Provider(s) are unable to agree on contracted rates;*
 - *Provider(s) is/are unwilling to contract;*
 - *Provider(s) is/are unresponsive to multiple attempts to contract; and/or*
 - *Provider(s) is/are unable to comply with the Medi-Cal or MCP Provider enrollment process.*
- *Pursuant to Federal regulations, MCPs must demonstrate that there are sufficient Indian Health Clinics participating as ECM Providers to ensure timely access to services available under the contract from such Providers for American Indian enrollees who are eligible to receive ECM, and shall make best efforts to contract with each American Indian Health Service Program set forth in Title 22 CCR Sections 55120-55180 to provide ECM.*

- 1. Describe the MCP's strategy for building and ensuring sufficient ECM Provider capacity at launch, and expanding provider capacity over time to be able to serve all Members of target populations as they are phased in to ECM. Describe, with reference to specific Counties or regions, anticipated challenges that may cause the MCP to rely on the exceptions process outlined in Section 4 of the ECM and ILOS Contract. Describe mitigation strategies for any anticipated challenges.**

Note: Composition of provider capacity is due within Part 2 of the MOC. During the contracting exceptions request process, MCPs will be required to submit amended

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Policy and Procedures describing how the MCP will ensure ECM can be provided in a community-based, person centered manner.

- 2. Describe the MCP's coordination with Tribal partners, as applicable in the Counties the MCP serves, to ensure sufficient and timely ECM Provider access for American Indian enrollees who are eligible to receive ECM.**

- 3. Transition and Coordination question for MCPs in Counties in which a local government agency operates a Targeted Case Management (TCM) program.**

List the Targeted Case Management (TCM) populations that local government agencies (LGAs) are serving in each County. In the box below, explain how the MCP will coordinate with the LGA to ensure that Members receiving ECM do not receive duplicative TCM services.²¹

²¹ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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c. Transition of Whole Person Care and Health Homes Program to ECM

Summary of Requirements (see ECM and ILOS Contract, Section 6):

- MCPs are responsible for promoting continuity between the WPC Pilots/Health Homes Program and ECM.
- MCPs must roll out ECM on the schedule defined by DHCS. **Once an ECM target population is active on this schedule, ECM must be offered to all eligible members, not just those transitioning from a different program.**
- To ensure continuity from HHP for those already served by HHP, Contractor must automatically authorize ECM for Members enrolled in or in the process of enrolling in HHP who are part of ECM target populations.
 - Within six (6) months of authorization of these Members for ECM, the MCP must ensure each Member is assessed to determine the most appropriate level of services, whether that is ECM or a lower level of care coordination.
- To ensure continuity from WPC Pilots for those already served by the Pilots, MCPs must automatically authorize all Members enrolled in a WPC Pilot who are identified by the WPC Lead Entity as belonging to an ECM target population.²²
 - Within six (6) months of authorization of these Members for ECM, the MCP must ensure each Member is assessed to determine the most appropriate level of services, whether that is ECM or a lower level of care coordination.
- To provide Members with ongoing care coordination previously provided in HHP and WPC Pilot Counties, MCPs must contract with each WPC Lead Entity and/or HHP CB-CME as an ECM Provider, except as indicated in the requirement below.
- MCPs will submit to DHCS for prior approval any requests for exceptions to the contracting requirement with a WPC Lead Entity or HHP CB-CME as an ECM Provider. Permissible exceptions to contracting are:
 - There is a justified quality-of-care concern with one or more of the otherwise qualified Providers;
 - Contractor and Provider(s) are unable to agree on contracted rates;
 - Provider(s) is/are unwilling to contract;
 - Provider(s) is/are unresponsive to multiple attempts to contract; and/or
 - Provider(s) is/are unable to comply with the Medi-Cal enrollment or Contractor credentialing or background check process.

For each question in this section, attach MCP's Policies and Procedures. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked. See Section 3 below for Transition of HHP and WPC to ILOS.

²² Specific guidance on this process is forthcoming.

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Transition and Coordination Questions for MCPs operating in HHP Counties:

1. Provide Policies and Procedures describing:

- i. The MCP’s approach to informing HHP Members of the transition to ECM. If the MCP will utilize written notices and/or call scripts for informing Members of the transition, submit the template notice/s and call scripts for review as part of this MOC.**
- ii. The MCP’s approach to reassessment of each Member transitioning from HHP within a period of six (6) months including how the MCP will determine the most appropriate level of services for each Member, whether that is ECM or a lower level of care coordination.**
- iii. How “warm handoffs” to ECM Providers will occur, if different from CB-CMEs.**
- iv. How the HHP population will be assigned to ECM Providers in a way that accounts for past history and Member preference.**
- v. How the MCP will mitigate adverse impacts to Members in relation to the transition.**
- vi. How the MCP will account for HHP Members participating in a Model II or Model III HHP.²³**

Use the box to add additional information, as needed.

²³ Model II: HHP program in which care management is handled by a community-based entity or staff member within the existing MCP care management department, which will act as the CB-CME.

Model III: Care coordinators located in regional offices, utilizing technology and other monitoring and communication methods, such as visiting the Member at their location, will become CB-CMEs who can be geographically close to rural Members and/or those Members who are assigned to a solo practitioner who may not have enough membership to meet Model I or II.

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2. List the CB-CMEs with which the MCP currently contracts as part of the HHP, which Health Home Population(s) each currently serves, whether each CB-CME will continue to provide services as an ECM Provider and which ECM target population(s) each will serve. If the MCP anticipates that it will not contract with any listed CB-CME, due to meeting contracting exceptions in Section 6 of the Contract, indicate the reasons for not contracting, including by listing which of the exceptions may apply.²⁴ If the MCP is currently operating a Model II or Model III approach to HHP, summarize in the box below how Members will continue receiving care coordination services under ECM and what the MCP's plan is to begin contracting with community-based Providers. MCPs are also expected to submit a comprehensive list of providers, including those identified as transitioning from HHP to ECM, with part 2 of their MOC submission.

²⁴ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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- 3. Provide Policies and Procedures describing the MCP’s approach to transitioning HHP agreements with CB-CMEs to new ECM Provider agreements. Use the box to briefly include additional information, as needed.**

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Transition and Coordination Question for MCPs operating in WPC Counties:

4. Provide Policies and Procedures describing:

- i. How the MCP will work with WPC Lead Entities to enroll all Members of ECM target populations transitioning into ECM, including those not previously served by WPC.**
- ii. The MCP’s approach to reassessment of the WPC population within six (6) months including:
 - a. How the MCP will assess whether existing WPC Members fall into ECM target populations; and**
 - b. How the MCP will determine the most appropriate level of services for each Member, whether that is ECM or a lower level of care coordination.****
- iii. How the MCP will work with WPC Lead Entities to inform Members receiving WPC services about the transition from WPC to ECM.
 - a. If the MCP will utilize written notices and/or call scripts for informing Members of the transition, submit the template notice/s and call scripts for review as part of this MOC.****
- iv. How “warm handoffs” (i.e., a transfer of care between the WPC Lead Entity and the ECM Provider) to ECM Providers will occur.**
- v. How the MCP will avoid adverse impacts to Members in relation to the transition.**

Use the box to add additional information, as needed.

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5. **In the box below, describe the MCP's approach to forming agreements with existing WPC Pilot Lead Entities.**

6. **Using the Excel attachment,²⁵ list the WPC Lead Entities operating in each County, the WPC populations that each Lead Entity currently serves, whether each will continue to provide services as an ECM Provider and which ECM target population(s) each will serve. If the MCP anticipates not contracting with any listed Lead Entity, relying on the exceptions in Section 6 of the ECM and ILOS Contract, indicate why not by listing which of the exceptions may apply.**

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²⁵ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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d. Identifying Members for ECM

Summary of Requirements (see ECM and ILOS Contract, Section 7):

- *MCPs must proactively identify Members who can benefit from ECM and who are Members of the mandatory ECM target populations.*
 - *To identify such Members, MCPs must consider Members' health care utilization; needs across behavioral, developmental, physical and oral health; health risks; needs due to social determinants of health; and community-based long-term services and supports (LTSS) needs.*
 - *MCPs must conduct regular data analysis of their own enrollment, claims, and other relevant data and information to identify Members who can benefit from ECM and who meet ECM target population descriptions.*
- *MCPs must have a process for receiving referrals for ECM from external sources, including ECM Providers and other Providers and programs serving Members.*
- *MCPs must have a process for allowing Members and their family member(s), guardian, caregiver and/or authorized support person(s) to request ECM.*

For each question in this section, attach MCP's Policies and Procedures. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

1. **Using Policies and Procedures, describe how the MCP will use available MCP data to identify Members for ECM, including explicit reference to each of the data sources listed in Section 7 of the ECM and ILOS Contract. Include the approach to identifying Members in each DHCS-defined ECM target population and how the approach may vary by target population. Include in your answer how frequently data will be refreshed to identify potentially newly eligible Members and shared with Providers.**

Use the box to add additional information, as needed.

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- 2. Using Policies and Procedures, describe the MCP's process for accepting and acting on referrals from ECM Providers and other Providers, or external sources serving Members. Using Policies and Procedures, describe how the MCP will inform Providers and other external entities about how to request ECM on behalf of a Member.**

Use the box to add additional information, as needed.

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3. Describe the MCP’s approach to informing Members, their family member(s), guardian, caregiver, and/or authorized support person(s) about ECM, how to request ECM and how the MCP will communicate back to them regarding the status of their request.

Use the box to add additional information, as needed.

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e. Authorizing Members for ECM

Summary of Requirements (see ECM and ILOS Contract, Section 8):

- MCPs are responsible for authorization of ECM for Members, regardless of how they are identified for ECM.
- The authorization, or decision not to authorize, must occur as soon as possible and in accordance with DHCS Timeframes for Medical Authorization and Grievance and Appeal requirements (i.e., within five (5) working days for routine authorizations and within 72 hours for expedited requests).
- MCPs are encouraged to authorize ECM for a minimum of six (6) months for all Members who receive it.
- MCPs must inform Members that ECM has been authorized, using its standard notifications process.

For each question in this section, attach MCP Policies and Procedures. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

1. Summarize the MCP's approach to authorizing ECM for Members. Include in your response:
 - i. Specific timeframes in which the MCP will make determinations.
 - ii. Specific timeframes in which the MCP will communicate determinations back to the referring entity or Members, their families, caregivers or support networks.
 - iii. Processes and timeframes for reauthorizing ECM.
 - iv. Whether the MCP will apply a minimum ECM duration of six (6) months or more as DHCS encourages.

Use the box to add additional information, as needed.

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f. Assignment to an ECM Provider

Summary of Requirements (see ECM and ILOS Contract, Section 9):

- *MCPs are required to assign each Member authorized for ECM to an ECM Provider within ten (10) business days of authorization, for individuals not currently receiving HHP or WPC.*
- *MCPs must follow Members' known preferences and must align assignment with PCP assignment where appropriate.*
- *If the Member's assigned PCP is a contracted ECM Provider, the MCP must assign the Member to the PCP as the ECM Provider, unless the Member has expressed a different preference or Contractor identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.*
- *If a Member receives services from a specialty Mental Health Plan for SED, SUD, and/or SMI and the Member's Behavioral Health Provider is a contracted ECM Provider, the MCP must assign that Member to that Behavioral Health Provider as the ECM Provider, unless the Member has expressed a different preference or the Contractor identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.*
- *MCPs must allow Members to change ECM Providers at any time and must make the change within 30 days of when a Member requests it.*

For each question in this section, attach MCP Policies and Procedures. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

- 1. Provide the Policies and Procedures describing the methodology the MCP will use to assign Members to ECM Providers. Include in your answer:**
 - i. The algorithm the MCP will use to assign Members to ECM Providers.**
 - ii. How the MCP will ensure assignment occurs within ten (10) business days of ECM authorization.**
 - iii. How the MCP will account for Member preference, need and existing Provider relationships.**
 - iv. How the MCP will comply with DHCS requirements to assign preferentially to Behavioral Health Providers and Assigned PCPs who are ECM Providers, where applicable.**
 - v. How the MCP will match ECM Provider experience and skill set to Members.**
 - vi. How the MCP will document Member assignment.**
 - vii. Process for the MCP to notify each ECM Provider about new assignments.**
 - viii. Process for notifying each Member's PCP and other key Providers about assignments, if different from the ECM Provider.**

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- ix. **How the MCP will incorporate feedback from prospective ECM Providers and Member PCPs about appropriateness of the Member's assignment to an ECM Provider.**

Use the box to add additional information, as needed.

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- 2. **Provide Policies and Procedures for the process for Members to follow if they wish to change ECM Providers. Include how the MCP will accommodate such requests within thirty (30) days, including how the MCP will respond to requests to change ECM Providers as soon as possible to meet the Member's needs.**

Use the box to add additional information, as needed.

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g. Outreach and Engagement into ECM

Summary of Requirements (see ECM and ILOS Contract, Section 10):

- *All ECM Providers must assume responsibility for conducting outreach and engaging each assigned Member into ECM.*
- *The MCP must have detailed Policies and Procedures describing how its contracted ECM Providers will perform outreach to and engagement of ECM-authorized Members.*
- *MCPs must require ECM Providers to:*
 - *Conduct outreach primarily in person prioritizing in-person contact where the Member lives, seeks care, or is accessible;*
 - *Conduct outreach promptly after ECM authorization;*
 - *Engage all target populations for which each ECM Provider is responsible;*
 - *Prioritize engagement of those with the most immediate needs;*
 - *Establish contact with the Member through multiple community-based modalities as appropriate to each Member;*
 - *Use the following modalities, as appropriate, if in-person modalities are unsuccessful or to reflect a Member's stated contact preferences:*
 - *Mail*
 - *Email*
 - *Texts*
 - *Telephone calls*
 - *Other*
 - *Make a required number of attempts to engage the Member;*
 - *Adhere to MCP's time limits on the outreach process;*
 - *Provide culturally and linguistically appropriate Member communication; and*
 - *Share information and data between Contractor and ECM Providers on a real-time or frequent basis to ensure when Members cannot be engaged or choose not to participate in ECM, Contractor can reassess them for other care management programs.*

For each question in this section, attach the MCP Policies and Procedures. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

- 1. Provide Policies and Procedures related to process of ECM Providers' initial outreach to Members, including:**
 - i. Requirements for conducting outreach primarily through in-person contact.**
 - ii. How the ECM Provider will conduct outreach promptly after ECM authorization.**
 - iii. Use of multiple modalities for outreach.**
 - iv. Number of required attempts.**

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- v. **Engagement of all target populations for which the ECM Provider is responsible.**
- vi. **Prioritization of those with the most immediate needs.**
- vii. **Approach to conducting outreach to populations who are traditionally hard to reach.**
- viii. **Culturally and linguistically appropriate communication.**
- ix. **Real-time or frequent information sharing between the MCP and ECM Providers, to ensure that the MCP can assess Members for other programs if they cannot be reached or decline ECM.**
- x. **How the MCP will facilitate information sharing between ECM Providers and the MCP in a way that meets local, State, and Federal privacy and security rules and regulations.**
- xi. **How the policies and procedures differ by ECM target population.**

Use the box to add additional information, as needed.

MCP Policies and Procedures: MCP's Policies and Procedures must address all required items in Section 10 of the ECM and ILOS Contract.

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h. Initiating Delivery of ECM

Summary of Requirements (see ECM and ILOS Contract, Section 11):

- *The MCP must initiate ECM for each authorized Member when the Member gives verbal or written consent to both receipt of ECM and related data sharing, in accordance with Federal, State and local laws.*
- *The MCP must require ECM Providers to assume responsibility for obtaining and documenting Members' consent, consistent with the MCP's policies and procedures.*
- *Each Member receiving ECM must have a Lead Care Manager to be assigned by the ECM Provider.*
- *The MCP is responsible for ensuring accurate and up-to-date Member-level records are maintained for all Members authorized to receive ECM.*

For each question in this section, provide MCP Policies and Procedures. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

- 1. Provide MCP's Policies and Procedures that ECM Providers must follow to obtain consent from assigned Members. Include:**
 - i. What process ECM Providers will be required to follow to obtain and document Members' consent to receive ECM and transmit the consent to the MCP.**
 - ii. What process ECM Providers will be required to follow to obtain and document Members' authorization to share personal health information.**
 - iii. What process ECM Providers will be required to follow to obtain Members' consent to communicate electronically with the ECM Provider.**
 - iv. What process ECM Providers will use to obtain Member consent to communicate electronically with the Member and/or family member(s), guardian, caretaker, and/or authorized support person(s), if it intends to do so.**

Use the box to add additional information, as needed.

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2. **Provide MCP’s Policies and Procedures that ECM Providers must follow to assign a Lead Care Manager and allow for Members to switch at any time. Include:**
- i. **How the ECM Provider will assign a Lead Care Manager to each Member with the expertise and skills that meet the unique the needs of each Member.**
 - ii. **How the ECM Provider will take Members’ preferences into account.**
 - iii. **The process to allow a switch of Lead Care Manager.**

Use the box to add additional information, as needed.

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i. Discontinuation of ECM

Summary of Requirements (see ECM and ILOS Contract, Section 12):

- *MCPs must ensure that Members are able to decline or stop participation in ECM at any time, including upon initial outreach and engagement.*
- *MCPs are responsible for developing procedures for discontinuing ECM when the Member is no longer authorized for ECM, has met care plan goals, or declines or stops participation, or when the ECM Provider has been unable to engage the Member.*
- *MCPs must have processes for transitioning Members into lower levels of care, when appropriate.*
- *MCPs must have a process for informing Members and ECM Providers of ECM discontinuation that aligns with DHCS' Notice of Action (NOA) process.*

Provide MCP Policies and Procedures below. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

- 1. Provide the MCP's Policies and Procedures for discontinuing ECM consistent with criteria in Section 12 of the ECM and ILOS Contract. Include:**
 - i. How ECM Providers will be expected to notify the MCP when discontinuation criteria are met.**
 - ii. How the MCP will work with ECM Providers on transitions to lower levels of care management/coordination to meet Members' needs, when appropriate.**
 - iii. How the MCP will ensure that ECM Providers work with Members with significant barriers to care to engage them in ECM to avoid discontinuation whenever possible.**
 - iv. How the MCP will notify the ECM Provider when it discontinues ECM.**
 - v. How the Member will be notified when ECM is discontinued.**

Use the box to add additional information, as needed.

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Last Updated:

MCP Policies and Procedures:

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j. Core Service Components of ECM

Summary of Requirements (see ECM and ILOS Contract, Section 13):

- *The MCP must ensure that ECM contains all the following Core Service Components for each Member receiving ECM:*
 - *Comprehensive Assessment and Care Management Plan;*
 - *Enhanced Coordination of Care;*
 - *Health Promotion;*
 - *Comprehensive Transitional Care;*
 - *Member and Family Supports; and*
 - *Coordination of and Referral to Community and Social Support Services.*
- *The MCP must ensure that Members are engaged primarily through in-person contact.*

For each question in this section, attach the MCP Policies and Procedures. In the table, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

ECM Core Service Components: Overview

1. **Provide Policies and Procedures describing the MCP’s approach to ensuring that ECM Providers engage Members primarily through in-person interaction. Include:**
 - i. **Standards and expectations for interacting with Members primarily through in-person contact.**
 - ii. **Any necessary modifications for mitigation of COVID-19 transmission risk.**
 - iii. **MCP’s approach to appropriate use of secure videoconferencing and evidence-based digital tools for engagement in place of in-person contact.**

Use the box to add additional information, as needed.

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2. Provide Policies and Procedures describing the MCP’s approach to ensuring that ECM is rendered in a culturally relevant and person-centered manner.

Include:

- i. How the MCP will recruit diverse ECM Providers into the Network.**
- ii. How the MCP will ensure that ECM Providers demonstrate cultural and linguistic competency and humility.**
- iii. How the MCP will ensure that ECM Providers target outreach and engagement to underserved communities and populations that experience health disparities.**
- iv. How the MCP will identify and address disparities in engagement, access, or utilization of ECM services at the level of the whole MCP population receiving ECM.**

Use the box to add additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

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ECM Core Service: Comprehensive Assessment and Care Management Plan

3. **Submit Policies and Procedures as required below. Use the box to add additional information, as needed.**

MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Engaging with Members authorized to receive ECM through primarily in-person contact. When in-person communication is unavailable or does not meet the needs of the Member, the ECM Provider shall use alternative methods to provide culturally appropriate and accessible communication.		
2	Developing a comprehensive, individualized and person-centered care plan by working with the Member to assess risks, needs, goals and preferences and collaborating with Member as part of the ECM process that leverages input from care team members, support networks and caregivers, as appropriate.		
3	Incorporating needs into the development of a Member’s care plan related to physical and developmental health, mental health, dementia, SUD, community-based LTSS, oral health, palliative care, trauma-informed care, necessary community-based and social services, and housing.		
4	Timing of initial Member assessment and frequency of reassessment. Include information about tools used, sources of data that will inform care plan development, staffing requirements for conducting assessments, and settings.		

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ECM Core Service: Enhanced Coordination of Care

4. **Submit Policies and Procedures for Enhanced Coordination of Care as required below. Use the box to add additional information, as needed.**

MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Organizing patient care activities, as laid out in the care plan, sharing information with the Member's key care team, and implementing the Member's care plan.		
2	Ensuring care is continuous and integrated among all service Providers and referring to and following up with primary care/physical and developmental health, mental health, SUD treatment, community-based LTSS, oral health, palliative care, trauma-informed care, necessary community-based and social services, ILOS, and housing, as needed.		
3	Providing support for Member treatment adherence including coordination for medication review/reconciliation, scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to address other barriers to adherence.		
4	Communicating Members' needs and preferences timely to all Members of the Members' care team in a manner that ensures safe, appropriate and effective person-centered care.		
5	Ensuring regular contact with the Member, consistent with the care plan.		

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ECM Core Service: Health Promotion

5. **Submit Policies and Procedures on Health Promotion as required below. Use the box to add additional information, as needed.**

MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Working with Members to identify and build on resiliencies and potential family or community supports.		
2	Providing services to encourage and support Members to make lifestyle choices based on healthy behavior, with the goal of supporting Members' ability to successfully monitor and manage their health.		
3	Supporting the Member in strengthening skills that enable them to identify and access resources to assist them in managing their conditions and preventing other chronic conditions.		

ECM Core Service: Comprehensive Transitional Care

6. **Submit Policies and Procedures on Care Transitions as required below. Use the box to add additional information, as needed.**

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MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Developing strategies to reduce avoidable Member admissions and readmissions across all Members receiving ECM.		
2	<p>For Members who are experiencing or are likely to experience a care transition:</p> <ul style="list-style-type: none"> • Developing and regularly updating a transition plan for the Member; • Evaluating a Member’s medical care needs and coordinating any support services to facilitate safe and appropriate transitions from and among treatment facilities, including admissions and discharges; • Tracking each Member’s admission or discharge to/from an emergency department, hospital inpatient facility, skilled nursing facility, residential/treatment facility, incarceration facility, or other treatment center and communicating with the appropriate care team members; • Coordinating medication review/reconciliation; and • Providing adherence support and referral to appropriate services. 		
3	Technologies, tools and services that can be deployed and used to provide real-time alerts that notify ECM and care team members about care transitions (acute and subacute care facilities, ED, residential treatment facilities, incarceration, etc.) and other critical health and social determinant status changes (e.g., housing and employment).		

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ECM Core Service: Member and Family Supports

7. **Submit Policies and Procedures on Member and Family Supports as required below. Use the box to add additional information, as needed.**

MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Documenting a Member's chosen caregiver(s) or family/support person.		
2	Including activities that ensure that the Member and chosen family/support persons, including guardians and caregivers, are knowledgeable about the Member's condition(s) with the overall goal of improving the Member's care planning and follow-up, adherence to treatment, and medication management, in accordance with Federal, State and local privacy and confidentiality laws.		
3	Ensuring the Member's ECM Lead Care Manager serves as the primary point of contact for the Member and their chosen family/support persons.		
4	Identifying supports needed for the Member and chosen family/support persons to manage the Member's condition and assist them in accessing needed support services.		
5	Providing for appropriate education of the Member, family members, guardians and caregivers on care instructions for the Member.		
6	Ensuring that the Member has a copy of his/her Care Plan and information about how to request updates.		

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ECM Core Service: Coordination of and Referral to Community and Support Services

8. **Submit Policies and Procedures on Community and Support Services as required below. Use the box to add additional information, as needed.**

MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Determining appropriate services to meet the needs of Members, including services that address social determinants of health needs, including housing, and services that are offered by the MCP as ILOS.		
2	Coordinating and referring Members to available community resources and following up with Members to ensure services were rendered (i.e., “closed loop referrals”).		

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k. Data System Requirements and Data Sharing to Support ECM

Summary of Requirements (see ECM and ILOS Contract, Section 14):

- *MCPs must have information technology and analytics capabilities and processes to:*
 - *Consume and use claims and encounter data, and share encounter information with ECM Providers;*
 - *Assign Members to ECM Providers;*
 - *Keep records showing that all Members receiving ECM have given consent to receive ECM and to share personal physical, behavioral and social service information (whether obtained by ECM Provider or by Contractor);*
 - *Securely share data with ECM Providers;*
 - *Receive and process claims, encounters and invoices from ECM Providers, and send encounters to DHCS that are compliant with the Department's published standard specifications;*
 - *Send ECM supplemental reports to DHCS; and*
 - *Open, track and manage referrals to ILOS Providers.*
- *MCPs must follow DHCS guidance on data sharing with ECM Providers and must share, at minimum:*
 - *Member assignment files defined as a list of Medi-Cal Members authorized for ECM and assigned to the ECM Provider;*
 - *Encounter and claims data;*
 - *Physical, behavioral, administrative and social determinants of health (SDOH) data (e.g., Homeless Management Information System (HMIS) data) for all assigned Members; and*
 - *Reports of performance on quality measures and/or metrics, as required.*
- *MCPs must use defined Federal and State standards, specifications, code sets, and terminologies when sharing data and comply with State and Federal reporting requirements.*

For the questions in this section requiring Policies and Procedures, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

- 1. Describe the IT infrastructure the MCP has in place today and identify all gaps and updates that will be necessary in order to meet DHCS requirements for ECM support as laid out in the ECM and ILOS Contract, Section 14.**

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2. **Summarize how the MCP intends to share each of the data elements that the ECM and ILOS Contract requires MCPs to share with ECM Providers, i.e.:**
 - i. **Member assignment files.**
 - ii. **Encounter and claims data.**
 - iii. **Physical, behavioral, administrative and SDOH data (e.g., HMIS data).**
 - iv. **Reports of performance on quality measures/metrics, as requested.**

Use the box to add additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

3. **Transition and Coordination Question for MCPs Operating in HHP and WPC Counties:** Specify how the MCP will leverage systems and infrastructure that were built as part of HHP and/or WPC to support ECM functions, including identification, authorization and exchange of data with ECM and ILOS Providers. List the specific systems and infrastructure by County and provide a response on each. If the MCP will not use a system put in place to support HHP or WPC, describe why not.

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- 4. Describe how the MCP will use data to support ongoing quality improvement of the plan's administration of ECM. Include in your answer how the MCP will gather data from ECM Providers to support quality improvement.**

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I. Oversight of ECM Providers

Summary of Requirements (see ECM and ILOS Contract, Section 15):

- *MCPs must oversee ECM Providers, holding them accountable for all elements of ECM.*
- *To develop ECM contracts with ECM Providers, MCPs must use DHCS' ECM and ILOS Standard Provider Terms and Conditions and must incorporate into their ECM Provider contracts all ECM Provider requirements as reviewed and approved as part of this MOC.*
- *To streamline ECM implementation:*
 - *MCPs must hold ECM Providers responsible for the same reporting requirements as those required by DHCS and not impose additional or alternative reporting requirements.*
 - *MCPs are encouraged to collaborate with other MCPs within the same County on oversight of ECM Providers.*
- *MCPs must not utilize tools developed or promulgated by National Committee for Quality Assurance (NCQA) to perform oversight of ECM Providers, unless by mutual consent with the ECM Provider.*
- *MCPs are responsible for providing training and technical assistance to ECM Providers, including in-person sessions, webinars, and/or calls, as necessary.*

For the questions in this section requiring Policies and Procedures, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

1. **Provide Policies and Procedures describing MCP's approach to oversight of ECM Providers, including:**
 - i. **Approach to holding ECM Providers accountable for all the Core Service components as set out in the ECM and ILOS Contract and ECM and ILOS Standard Provider Terms and Conditions.**
 - ii. **Approach to ensuring that Subcontractors are holding ECM Providers accountable for all the Core Service components as set out in the ECM and ILOS Contract and ECM and ILOS Standard Provider Terms and Conditions (as applicable).**
 - iii. **Approach to holding ECM Providers accountable for conducting outreach to assigned Members, including those that are traditionally hard to reach.**
 - iv. **How frequently the MCP will review measures and metrics from ECM Providers.**
 - v. **MCP's planned strategy for audits and/or case reviews;**
 - vi. **Approach to ensuring ECM Providers meet specific reporting requirements as specified by DHCS.**
 - vii. **Approach to providing ECM training and technical assistance to ECM Providers.**

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Use the box to add additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

2. **Describe how the MCP will identify and provide supports to ECM Providers, as needed, to ensure quality, compliance and model fidelity. Include an ECM Provider training plan (e.g., trainings, technical assistance, etc.).**

3. **Describe specific steps the MCP will take to work with other MCPs in each County to align ECM Provider requirements and reduce burden. *Note: this question is applicable only to MCPs operating in Counties where there are other MCPs.***

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m. Payment

Summary of Requirements (see ECM and ILOS Contract, Section 15):

- *MCPs must pay ECM Providers for the provision of ECM, including outreach.*
- *Initial payment to ECM Providers must meet all the following requirements:*
 - *Ensures ECM Providers are eligible to receive payment when ECM is initiated for any given Member;*
 - *Includes compensation for outreach efforts that occurred prior to the initiation of services; and*
 - *Establishes financial incentives to engage hard-to-reach populations.*
- *MCPs are encouraged to tie payments to ECM Providers to achieving outcomes related to high-quality care and improved health status.*

For the questions in this section requiring Policies and Procedures, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

- 1. Summarize the payment model(s) (e.g., per member per month capitated approach, fee for service, or a combination) the MCP plans to use to reimburse ECM Providers in year one (1) of ECM. Include MCP's plan for establishing financial incentives for ECM Providers to engage hard-to-reach populations and describe how the MCP will accommodate ECM Providers with limited billing capacity. Note: MCP does not need to include proposed rate amounts in the response to this question.**

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2. Describe how the MCP will tie ECM Provider payments to achieving high-quality care and improved health status, if planning to do so within the first year of implementation.

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3. ILOS

All MCPs are encouraged to offer ILOS. Complete the following section to describe the MCP's strategy and timeline for offering ILOS.

a. ILOS Selection

Summary of Requirements in ECM and ILOS Contract:

- MCPs are authorized and encouraged to provide any of the fourteen (14) DHCS pre-authorized ILOS listed in the ECM and ILOS Contract.
- To offer ILOS, MCPs may select from the list of ILOS that have been authorized by DHCS as medically appropriate and cost-effective substitutes for covered services or settings under State Plan services.
- MCPs may offer different ILOS in different Counties.
- MCPs must make every effort to provide continuity of care to individuals transitioning from HHP and WPC, including using ILOS, where appropriate, to do so.

b. Indicate which of the DHCS pre-approved ILOS listed below the MCP plans to provide, indicating which County or Counties for each.²⁶ Note that the MCP will be required to submit more detailed information outside of the MOC Template, for future rate setting and other purposes.

- i. **Housing Transition Navigation Services**
- ii. **Housing Deposits**
- iii. **Housing Tenancy and Sustaining Services**
- iv. **Short-Term Post-Hospitalization Housing**
- v. **Recuperative Care (Medical Respite)**
- vi. **Respite Services**
- vii. **Day Habilitation Programs**
- viii. **Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for the Elderly (RCFE) and Adult Residential Facilities (ARF)**
- ix. **Community Transition Services/Nursing Facility Transition to a Home**
- x. **Personal Care (beyond In-Home Services and Supports) and Homemaker Services**
- xi. **Environmental Accessibility Adaptations (Home Modifications)**
- xii. **Meals/Medically Tailored Meals**
- xiii. **Sobering Centers**
- xiv. **Asthma Remediation**

²⁶ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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b. ILOS Provider Capacity

Summary of ECM and ILOS Contract Provisions:

- *If MCPs offer ILOS, they must ensure that there are contracted ILOS Providers in place in each County to provide ILOS to all eligible Members.*
- *To offer ILOS, MCPs may select from the list of ILOS that have been authorized by DHCS as medically appropriate and cost-effective substitutes for covered services or settings under State Plan services.*
- *If an MCP elects to offer ILOS in a County, the MCP must ensure that those ILOS are available to all Members in the County who qualify, regardless of Members' location within the County, coverage of Members by Subcontractors, or other factors.*
- *MCPs must ensure that contracted ILOS Providers have sufficient capacity to receive referrals for ILOS and provide the agreed-upon ILOS to Members who are authorized for such services.*

For the questions in this section requiring Policies and Procedures, give the file name of the attachment(s) for the Policies and Procedures and page number(s) within the Policies and Procedures that correspond to the question asked.

1. **Describe the MCP's approach to ensuring sufficient ILOS Provider capacity in each County in which the MCP elects to offer ILOS. Cross-refer to the ECM Provider Network strategy and WPC/HHP transition strategy above, as appropriate.**

2. **Transition and Coordination Question for MCPs Operating in WPC Counties:**²⁷
List all the WPC services provided by WPC Pilot, by County, and describe whether or not the MCP intends to transition each to ILOS. For those WPC services that the MCP does not transition to a related ILOS in the County, explain how the needs of the Members previously receiving these services will be met. Use the box to add any additional explanation.

²⁷ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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3. **Provide the written notices and/or call scripts for informing Members of the transition to ILOS. Submit the template notice/s and call scripts for review.**

MCP Notices:

File Name(s)	Page #(s)

4. **Transition and Coordination Question for MCPs Operating in HHP and WPC Counties:** If the MCP will offer ILOS, confirm that the MCP will contract with existing CB-CMEs and/or WPC Lead Entities (as appropriate) as ILOS Providers. If the MCP anticipates that it will not develop contracts with these entities as ILOS Providers, give the reasons.

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IV. Model of Care Template: Part 2

1. ECM

a. Submission of Key ECM Provider Contract Terms

1. **Attach the MCP’s planned ECM Provider contract language that the MCP will use in addition to DHCS’ required ECM and ILOS Standard Provider Terms and Conditions. The MCP’s ECM Provider contract language must cover all domains of this MOC. The MCP is not required to include ECM Provider rates.**

ECM Provider Contract Language:

	ECM MOC Element	Provider Contract Page #
1	Identifying Members for ECM	
2	Authorizing Members for ECM	
3	Assignment to an ECM Provider	
4	Outreach and Engagement into ECM	
5	Initiating Delivery of ECM	
6	Discontinuation of ECM	
7	Core Service Components of ECM	
8	Data System Requirements and Data Sharing to Support ECM	
9	Oversight and Monitoring	
10	Payment (excluding Rates)	

b. ECM Provider Capacity

1. **List the MCP’s ECM Providers by County.²⁸ Information requested as part of this submission will include for each ECM Provider:**
 - i. **Organization name and contact information**
 - ii. **National Provider Identifier (NPI) Number**
 - iii. **Provider type**
 - a. **County;**
 - b. **County behavioral health Provider;**
 - 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;**

²⁸ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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- i. Behavioral health entity;**
 - j. Community mental health center;**
 - k. Substance use disorder treatment Provider;**
 - l. Organization serving individuals experiencing homelessness;**
 - m. Organization serving justice-involved individuals; and**
 - n. Other qualified Providers or entities that are not listed above (describe);**
- iv. Counties in which the Provider will operate as ECM Provider;**
- v. ECM target population(s) that will be served by Provider;**
- vi. Number of individuals, from each applicable target population, that the ECM Provider will have the capacity to serve, at implementation;**
- vii. Number of individuals, from each applicable target population, that the MCP expects to assign to the ECM Provider, at implementation;**
- viii. Number of individuals, from each applicable target population, that the ECM Provider will have the capacity to serve;**
- ix. Number of individuals, from each applicable target population, that the MCP expects to assign to the ECM Provider;**
- x. Number of individuals from each applicable target population that can be served by the ECM Provider;**
- xi. Experience providing community-based, face-to-face care management to Medi-Cal Members, and/or the target population to be served (yes/no); and**
- xii. Experience working with the target population(s) to be served in a culturally and linguistically relevant manner (yes/no).**

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2. ILOS

a. ILOS Provider Capacity

1. List MCP's contracted ILOS Providers by County and indicate expected Member assignment for each ILOS Provider Member.²⁹

Information requested as part of this submission will include for each DHCS pre-authorized ILOS that the MCP will offer, in each County:

- i. Provider Organizations' Names/Contact Information.
- ii. Provider Organizations' Expertise Providing This ILOS.
- iii. Provider Organizations' Projected Capacity.

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²⁹ DHCS will publish an Excel template for this question upon finalization of the MOC Template.

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Appendix A: Enhanced Care Management Implementation Dates by County

Phase 1: Counties with Whole Person Care and/or Health Homes³⁰ (Begin ECM implementation on 1/1/22)		Phase 2: Counties without Whole Person Care or Health Homes (Begin ECM implementation on 7/1/22)
Alameda	HHP, WPC	Alpine
Contra Costa	WPC	Amador
Imperial	HHP	Butte
Kern	HHP, WPC	Calaveras
Kings	WPC	Colusa
Los Angeles	HHP, WPC	Del Norte
Marin	WPC	El Dorado
Mariposa	WPC	Fresno
Mendocino	WPC	Glenn
Monterey	WPC	Humboldt
Napa	WPC	Inyo
Orange	HHP, WPC	Lake
Placer	WPC	Lassen
Riverside	HHP, WPC	Madera
Sacramento	HHP, WPC	Merced
San Benito	WPC	Modoc
San Bernardino	HHP, WPC	Mono
San Diego	HHP, WPC	Nevada
San Francisco	HHP, WPC	Plumas
San Joaquin	WPC	San Luis Obispo
San Mateo	WPC	Santa Barbara
Santa Clara	HHP, WPC	Sierra
Santa Cruz	WPC	Siskiyou
Shasta	WPC	Stanislaus
Solano	WPC	Sutter
Sonoma	WPC	Tehama
Tulare	HHP	Trinity
Ventura	WPC	Tuolumne
		Yolo
		Yuba

³⁰ List is subject to change based on WPC Pilots' decisions to continue operating through 2021.