



State of California—Health and Human Services Agency
Department of Health Care Services
 CalAIM Enhanced Care Management (ECM) and
 In Lieu of Services (ILOS)
Model of Care Template



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Contents

I. Model of Care Template: Part 1..... 4

ECM 4

 a. **ECM Provider Capacity**..... 4

 b. **Transition of Whole Person Care and Health Homes Programs to ECM (WPC and HHP Counties Only)**..... 6

ILOS..... 8

 a. **ILOS Election**..... 8

 b. **ILOS Provider Capacity** 9

 c. **Transition and Coordination Questions for MCPs Operating in WPC Counties**..... 10

II. Model of Care Template: Part 2..... 12

ECM 12

 a. **MCP Development of ECM Provider Capacity** 12

 b. **Transition of Whole Person Care and Health Homes Programs to ECM (WPC and HHP Counties Only)**..... 12

 c. **Identifying Members for ECM** 15

 d. **Authorizing Members for ECM** 17

 e. **Assignment to an ECM Provider** 19

 f. **Outreach and Engagement into ECM**..... Error! Bookmark not defined.

 g. **Initiating Delivery of ECM**..... 20

 h. **Discontinuation of ECM**..... 22

 i. **Core Service Components of ECM**..... 22

 j. **Data System Requirements and Data Sharing to Support ECM** 31

 k. **Oversight of ECM Providers** 33

 l. **Payment** 35

 m. **Submission of ECM Provider Contract Boilerplate** 36

ILOS..... 37

 a. **Final Pre-Approved ILOS Election** 37

 b. **ILOS Policies and Procedures** 38

Data System Requirements and Data Sharing to Support ILOS..... 44



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Proposing Additional ILOS	48
III. Model of Care Template: Part 3	50
ECM	50
n. ECM Provider Capacity	50
ILOS	51
o. ILOS Provider Capacity	51

Cover Sheet

Fill in the table below. Complete the header of this document to indicate the MCP and the counties to which this MOC applies (header should repeat across all pages).

1. MCP Name	
2. Primary Point of Contact for This MOC	
First and Last Name	
Title/Position	
Phone	
Email	
3. MCP counties Contained in This MOC Template and Related Implementation Date	
List the counties in which the MCP operates that are currently participating in HHP	
List the counties in which the MCP operates that are currently participating in WPC Pilots	
List all other counties in which the MCP operates that are not participating in HHP and/or WPC.	

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

I. Model of Care Template: Part 1

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 those documents. All questions in the MOC Template build directly on the requirements contained in the ECM and ILOS Contract and are referenced, where appropriate, throughout.

ECM

a. ECM Provider Capacity

For requirements for ECM Provider Capacity, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 4: ECM Provider Capacity.

- 1. Describe the MCP’s ongoing approach for ECM Provider network development and ensuring it has sufficient capacity to meet the needs of the ECM Population of Focus in a community-based manner through contracts with ECM Providers. Word limit: 500 words.**

- 2. 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 within each mandatory Population of Focus by 2024. Word limit: 500 words.**

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

3. Provide an update on the status of the ECM Provider network development activities (i.e., complete, on-track, or delayed/off-track) and reasons if delayed/off-track. Describe any 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, specifying to which county/service area they apply. Word limit: 500 words.

4. 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. Word limit: 500 words.

5. For MCPs in counties in which a local government agency (LGA) operates a Targeted Case Management (TCM) program: List the TCM populations that LGAs are serving in each county, and explain how the MCP will coordinate with the LGA to ensure that Members receiving ECM do not receive duplicative TCM services. Word limit: 500 words.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

6. Describe how the MCP will prioritize engagement of county behavioral health staff/providers to serve as the ECM Provider for the ECM adult Population of Focus with SMI or SUD, provided they agree and are able to coordinate all services needed by those Populations of Focus, not just their behavioral health services. Word limit: 500 words.

b. Transition of Whole Person Care and Health Homes Programs to ECM (WPC and HHP Counties Only)

For ECM requirements related to the transition of WPC and HHP, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 6: Transition of Whole Person Care and Health Homes Programs to ECM.

7. Transition and Coordination Questions for MCPs Operating in WPC and HHP Counties. Using the supplementary Excel template titled “MOC Excel File Part 1 ECM WPC-HHP Transition” provide the following information:
- i. The Whole Person Care Lead Entities (LEs) and Community-Based Care Management Entities (CB-CMEs) currently providing HHP and WPC care coordination services;
 - ii. Which Target Populations, respectively, each currently serves;
 - iii. Whether the MCP has contracted or intends to contract with the existing WPC LE or HHP CB-CME Providers to provide services as an ECM Provider and the ECM Population(s) of Focus each will serve; and
 - iv. If the MCP anticipates that it will not contract or is not able to affirmatively report contracting status for a WPC LE or HHP CB-CME Provider, select the reason for not contracting, consistent with exceptions in Section 6 of the Contract. MCPs are required to submit a written request in accordance with Section 6 exceptions at the same time as submitting the MOC Excel File Part 1 ECM WPC-HHP Transition Excel template, along with a justification and/or supporting documentation for requesting a contracting exception.
 - v. For all Providers where status is listed as To Be Determined (TBD), an updated Transition Template is required to be submitted 60 days after the initial submission.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

8. **Transition and Coordination Question for MCPs Operating in HHP Counties.** If the MCP is currently operating a Model II or Model III in HHP, describe below how Members will continue receiving care management services under ECM and what the MCP's plan is to begin contracting with community-based Providers. Word limit: 500 words.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

ILOS

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

Some questions specifically prompt the MCP to provide responses by county. Even if not prompted, the MCP should note any variations by county. If details vary substantially between counties, MCPs may submit multiple responses to questions or sections of the MOC Template that are clearly labeled by county.

a. ILOS Election

For ILOS requirements associated with the administration of ILOS, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 1: Contractor Responsibility for the Administration of ILOS.

Indicate which of the DHCS pre-approved ILOS listed below the MCP plans to provide, indicating which county or counties will be served for each elected ILOS. Indicate the start date if it is different from 1/1/22, which can be 1/1/23 or any other date of a succeeding six (6)-month interval. Note that the MCP will be required to submit more detailed information outside of the MOC Template on ILOS offerings, for future rate setting and other purposes. This list is preliminary and the MCP may make modifications in Part 2.

9. Using the supplementary Excel template titled "MOC Excel File Part 1 ILOS Preliminary Election & WPC-HHP Transition" make your designations. A list of the pre-approved ILOS is available below for reference.

- 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 (RCFEs) and Adult Residential Facilities (ARFs);
- ix. Community Transition Services/Nursing Facility Transition to a Home;
- x. Personal Care and Homemaker Services;
- xi. Environmental Accessibility Adaptations (Home Modifications);
- xii. Medically Tailored Meals/Medically Supportive Food
- xiii. Sobering Centers; and
- xiv. Asthma Remediation.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

b. ILOS Provider Capacity

For ILOS requirements associated with the ILOS Provider Network and capacity, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 4: ILOS Provider Capacity.

10. For each elected, pre-approved ILOS, describe the MCP’s approach to ILOS Provider Network development. Descriptions must indicate if the MCP intends to restrict the elected service in any way. Word limit: 500 words per service, per county.

11. For each elected, pre-approved ILOS, if the ILOS Provider network/capacity will not reasonably allow for county-wide provision of ILOS to all eligible Members in the county at the time of implementation, provide a brief overview of the MCP’s approach to expanding Provider network/capacity over a three (3)-year timeframe. Word limit: 500 words per service, per county.

Note: *DHCS expects to meet with MCPs that intend to offer any altered or restricted ILOS in between the Part 1 and Part 2 submissions of the MOC. MCPs will be required to submit a formal three-year plan for expanding ILOS Provider capacity. DHCS will release additional details on this submission at a later date. Three-year plan submissions may intersect with MCP requirements and milestones to receive ILOS-related performance incentive funding.*

Further, when current ILOS Provider Network capacity will not allow for the county-wide provision of ILOS to all eligible Members at implementation, MCPs will be required to document Policies and Procedures for how they will make non-discriminatory ILOS authorizations in the Part 2 submission of the MOC. DHCS will review and determine

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

whether to approve these Policies and Procedures, working with MCPs to make modifications as needed.

c. Transition and Coordination Questions for MCPs Operating in WPC Counties

For ILOS requirements associated with the transition of Whole Person Care and Health Homes to ILOS, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 6: Transition of Whole Person Care and Health Homes Programs to ILOS.

12. Using the supplementary Excel template titled “MOC Excel File Part 1 ILOS Preliminary Election & WPC-HHP Transition,” provide the following information:

- i. The WPC LEs) and HHP CB-CMEs currently providing ILOS-equivalent HHP and WPC services.
- ii. Which counties, respectively, each currently serves.
- iii. Whether the MCP has contracted or intends to contract with the existing WPC LE or HHP CB-CME Providers to serve as an ILOS Provider.
- iv. If the MCP anticipates that it will not contract or is not able to affirmatively report contracting status for a WPC LE or HHP CB-CME Provider, describe the reason for not contracting, consistent with exceptions in Section 6 of the Contract. MCPs are required to submit a written request in accordance with Section 6 exceptions at the same time as submitting the Transition Template, along with a justification and/or supporting documentation for requesting a contracting exception.
- v. List each ILOS-equivalent service offered as part of WPC Pilot or as part of the HHP.
- vi. Indicate whether the WPC or HHP service will be transitioned to it corresponding ILOS. MCPs can leverage the DHCS-developed crosswalk of these services, titled “WPC Data Mapping,” as needed for reference. DHCS will review the MCP crosswalk of existing WPC services against corresponding ILOS using the WPC Data Mapping crosswalk.
- vii. If the services will NOT be transitioned, describe why, and explain how the MCP will meet the needs of the individuals previously receiving the service.
- viii. For all Providers where status is listed as To Be Determined, an updated Transition Template is required to be submitted 60 days after the initial submission.

13. For those WPC services or HHP services that the MCP does not transition to a related ILOS in the county, briefly explain how the needs of the Members previously receiving these services will be met. Word limit: 500 words per service, per county.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS



Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

II. Model of Care Template: Part 2

ECM

a. MCP Development of ECM Provider Capacity

For ECM Provider contracting and capacity requirements, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 3: ECM Providers and Section 4: ECM Provider Capacity.

14. Submit below a justification for any county/service areas in which the MCP seeks an exception in order to use MCP staff to provide ECM services. The request must adhere to the allowable exceptions outlined in Section 4 and must detail the reason for the request by county/service area. The justification must include sufficient detail and/or supporting documentation to convey Section 4 exception reasons have been met. The justification must also describe how the MCP staff will provide ECM in an in-person, community based manner, including references to amended Policy and Procedures that may be impacted by the provision of ECM directly by MCP staff.

b. Transition of Whole Person Care and Health Homes Programs to ECM (WPC and HHP Counties Only)

For each question in this section, attach the MCP’s Policies and Procedures as well as any Member notices that have not been previously approved by DHCS related to transition of Members from WPC Pilots and HHP to ECM, where relevant. In each 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. If the response to the question is included in a response to a different question, add a cross-reference in the appropriate table.

Transition and Coordination Questions for MCPs Operating in HHP Counties:

15. Using the supplementary Excel template titled “MOC Excel File Part 1 ECM WPC-HHP Transition,” refresh the information provided in Part 1 about contracting with WPC and HHP Provider entities.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

16. Provide Policies and Procedures describing:

- i. **The MCP’s approach to informing HHP Members of the transition to ECM, including how it will work with frontline care managers at CB-CMEs to provide education to Members. 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 months¹ including how the MCP will determine the most appropriate level of care management services for each Member, whether ECM or a lower level of care management.**
- iii. **How “warm handoffs” to ECM Providers will occur, if different from Members’ previous 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. **For HHP Members currently participating in a Model II or Model III HHP,² how will they be accommodated in ECM.**

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures and Member Notices:

File Name(s)	Page #(s)

¹ For Children / Youth transitioning from WPC Pilots and HHP, MCPs are expected to reassess when the Children / Youth Population of Focus goes live in July 2023.

² 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.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

17. Provide a description of the MCP’s approach to transitioning HHP agreements with CB-CMEs to new ECM Provider agreements.

Transition and Coordination Questions for MCPs Operating in WPC Counties:

18. Provide Policies and Procedures describing:

- i. How the MCP will work with WPC Lead Entities to enroll all identified Members of ECM Populations of Focus transitioning into ECM.
- 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 Populations of Focus; 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 management.
- iii. How the MCP will work with WPC Lead Entities to inform Members receiving WPC services about the transition from WPC 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.
- iv. How “warm handoffs” to ECM Providers (i.e., a transfer of care between the WPC Lead Entity and the ECM Provider) will occur.
- v. How the MCP will avoid adverse impacts to Members in relation to the transition.

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures and Member Notices:

File Name(s)	Page #(s)

19. Include a brief description of any other actions the MCP plans to take to support WPC Lead Entities, HHP CB-CMEs, or their contracted service Providers to message the pending transition from WPC/HHP to ECM (respectively) for Members.

c. Identifying Members for ECM

For requirements associated with identifying Members eligible for ECM, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 7: Identifying Members for ECM.

For each question in this section, attach the MCP’s Policies and Procedures related to identifying Members for ECM. 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. If the response to the question is included in a response to a different question, add a cross-reference in the appropriate table.

20. Provide Policies and Procedures describing 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 Population of

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

Focus to which this MOC applies³ and how the approach may vary by population. Include in your answer how frequently data will be refreshed to identify newly eligible Members.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

21. Provide Policies and Procedures to describe the MCP’s process for accepting and acting on referrals from ECM Providers, other Providers, and other entities serving Members (e.g., county behavioral health plans). Describe how the MCP will inform Providers and other entities serving their Members about how to request ECM on behalf of a Member and how the MCP will accept the request and communicate back the status of the request.

Use the box to provide brief additional information, as needed.

³ Refer to separate guidance on the DHCS website for the implementation timeline for ECM and the ECM Populations of Focus to be covered in each MOC submission (for example, MCPs need not address the children and youth Populations of Focus in the MOC submission in 2021).

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

File Name(s)	Page #(s)

22. Provide Policies and Procedures describing the MCP’s approach to informing Members, family member(s), guardian, caregiver, and/or other 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 provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

d. Authorizing Members for ECM

For ECM requirements associated with authorizing Members for ECM, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 8: Authorizing Members for ECM.

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. If the response to the question is included in a response to a different question, add a cross-reference in the appropriate table.

23. Provide Policies and Procedures describing the MCP’s approach to authorizing ECM for Members. Include in your response:

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

- i. Specific time frames in which the MCP will make determinations.
- ii. Specific time frames in which the MCP will communicate determinations back to the referring entity or Members, families, caregivers, or support networks.
- iii. Processes and time frames for reauthorizing ECM.
- iv. Whether the MCP will apply a minimum ECM duration of six (6) months, as DHCS encourages.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

24. If the MCP intends to implement presumptive authorization or pre-authorization of ECM whereby select ECM Providers would be able to directly authorize ECM in accordance with Section 8 of the Contract, Provide Policies and Procedures describing that process.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

File Name(s)	Page #(s)

e. Assignment to an ECM Provider

For ECM requirements associated with assignment, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 9: Assignment to an ECM Provider.

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. If the response to the question is included in a response to a different question, add a cross-reference in the appropriate table.

25. Provide the Policies and Procedures describing the methodology the MCP will use to assign Members to ECM Providers. Include:

- i. The process 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 or based on the agreed upon schedule between Contractor and ECM Provider.
- iii. How the MCP will account for Member preference, needs, and existing Provider relationships.
- iv. How the MCP will comply with DHCS requirements to assign preferentially to California Children’s Services (CCS) Providers, 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 and an established schedule, if applicable, for when the MCP is 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.
- 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 provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

File Name(s)	Page #(s)

f. Initiating Delivery of ECM

For ECM requirements associated with initiating delivery of ECM, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 10: Initiating Delivery of 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. If the response to the question is included in a response to a different question, add a cross-reference in the appropriate table.

- 26. Provide Policies and Procedures describing the requirements and process for ECM Providers to obtain authorization from Members for ECM-related data sharing, when required by federal law (Note: MCPs are not obligated to obtain authorization for data sharing when not required by federal law). Include:**
- i. What processes ECM Providers will be required to follow to obtain, document, and manage Member authorization for the sharing of Personally Identifiable Information between the MCP, ECM, ILOS, and other Providers involved in the provision of Member care.**
 - ii. What processes ECM Providers will be required to follow to communicate Member authorization of data sharing authorization preferences back to the MCP.**

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

File Name(s)	Page #(s)

27. Provide Policies and Procedures describing the requirements and process for ECM Providers to assign a Lead Care Manager and allow for Members to change their Lead Care Manager at any time. Include:

- i. How the ECM Provider will assign to each Member a Lead Care Manager with the expertise and skills that meet the unique needs of each Member.
- ii. How the ECM Provider will take Members' preferences into account.
- iii. The process by which Members may change their Lead Care Manager.
- iv. The process the MCP will follow when a Member requests a change of ECM Provider, including how the MCP will respond to requests as soon as possible and within a maximum of thirty (30) days.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

g. Discontinuation of ECM

For ECM requirements associated with discontinuation of ECM, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 11: Discontinuation of ECM.

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. If the response to the question is included in a response to a different question, add a cross-reference in the appropriate table.

- 28. Provide the Policies and Procedures for discontinuing ECM consistent with criteria in Section 11 of the ECM and ILOS Contract. Include:**
- i. What “graduation” criteria will MCP apply to transition Member to a lower level of care management or coordination.**
 - ii. How ECM Providers will be expected to notify the MCP when discontinuation criteria are met.**
 - iii. How the MCP will work with ECM Providers to transition Members to lower levels of care management/coordination to meet Members’ needs, when appropriate.**
 - iv. How the MCP will notify the ECM Provider when it discontinues ECM.**

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

h. Core Service Components of ECM

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

For ECM requirements associated with core service components of ECM, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 12: Core Service Components of ECM.

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. If the response to this question is included in a response to a different question, add a cross-reference in the appropriate table.

ECM Core Service Components: Overview

29. 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. The MCP’s approach to appropriate use of secure teleconferencing and telehealth to help build a relationship with Members, as a supplement to in-person visits.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

30. 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 that have diverse care management staff reflecting the populations they serve.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

- 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 are located in and 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 provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

ECM Core Service: Outreach

- 31. Provide Policies and Procedures describing the process for ECM Providers’ initial outreach to Members, including:**
- i. Requirements for conducting outreach primarily through in-person contact.
 - ii. Use of other modalities for outreach, including how and under what circumstances teleconferencing and telehealth may be used to supplement in-person contact.
 - iii. How the ECM Provider will conduct outreach promptly after ECM authorization.
 - iv. Number of required attempts.
 - v. Prioritization of those with the most immediate needs.
 - vi. Approach to outreach to Members who are experiencing homelessness or with whom it may otherwise be challenging to make contact.
 - vii. Requirements for culturally and linguistically appropriate communication.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

- viii. 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.
- ix. 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.

Use the box to provide brief additional information, as needed.

File Name(s)	Page #(s)

ECM Core Service: Comprehensive Assessment and Care Management Plan

32. Provide Policies and Procedures for ensuring that ECM Providers complete and maintain a Comprehensive Assessment and Care Management Plan as required below.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

	Required Element	File Name	Page #

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS
1	Identify necessary clinical and non-clinical resources that may be needed to appropriately assess Member health status and gaps in care.				
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 the Member as part of the ECM process that leverages input from a multi-disciplinary care team members, support networks, and caregivers, as appropriate				
3	Incorporating into the Member's Care Management Plan identified needs and strategies to address those needs, including, but not limited to, physical and developmental health, mental health, dementia, SUD, LTSS, oral health, palliative care, necessary community-based and social services, and housing.				
4	Ensuring the Member is reassessed at a frequency appropriate for the Member's individual progress or changes in needs and/or as identified in the Care Management Plan				
5	Ensuring the Care Management Plan is reviewed, maintained and updated under appropriate clinical oversight.				

ECM Core Service: Enhanced Coordination of Care

33. Provide Policies and Procedures for ensuring ECM Providers deliver Enhanced Coordination of Care as required below.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Organizing patient care activities, as laid out in the Care Management Plan, sharing information with		

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS
		those involved as part of the Member's multi-disciplinary care team, and implementing activities identified in the Member's Care Management Plan			
2		Maintaining regular contact with all Providers, that are identified as being a part of the Member's multi-disciplinary care team, who's input is necessary for successful implementation of Member goals and needs..			
3		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 to engage the Member in their treatment, including coordination for medication review and/or reconciliation, scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to address other barriers to Member engagement in treatment.			
4		Communicating the Member's needs and preferences timely to the Member's multi-disciplinary care team in a manner that ensures safe, appropriate, and effective person-centered care.			
5		Ensuring regular contact with the Member and their family member(s), guardian, caregiver, and/or authorized support person(s), when appropriate, consistent with the care plan			

ECM Core Service: Health Promotion

34. Provide Policies and Procedures for ensuring ECM Providers deliver Health Promotion as required below.

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

	Required Element	File Name	Page #
1	Working with Members to identify and build on successes and potential family and/or support networks.		
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 Members 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

35. Provide Policies and Procedures for ensuring ECM Providers deliver Comprehensive Transitional Care as required below.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

	Required Element	File Name	Page #

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS
1	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 and/or discharge to or from an emergency department, hospital inpatient facility, skilled nursing facility, residential or 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).				

ECM Core Service: Member and Family Supports

36. Provide Policies and Procedures for ensuring ECM Providers deliver Member and Family Supports as required below.

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

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 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.		

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

37. Provide Policies and Procedures related to ECM Provider Coordination of and Referral to Community and Support Services as required below.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS
	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”).				

i. Data System Requirements and Data Sharing to Support ECM

For ECM data system and sharing requirements, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 13: Data System Requirements and Data Sharing to Support ECM.

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.

38. Describe the IT infrastructure the MCP has in place today and identify gaps and updates that will be necessary in order to support ECM, including the capabilities to:

- i. Consume and use claims and encounter data, as well as other data types listed in ECM Section 7: Identifying Members for ECM, among other sections, to identify Populations of Focus;
- ii. Assign Members to ECM Providers;
- iii. Manage records of Members receiving ECM, including Member data sharing authorizations disclosing Personally Identifiable Information between MCP and ECM and other Providers, and among ECM Providers and family member(s) and/or support person(s) where required by federal law, whether obtained by an ECM Provider or by the MCP;
- iv. Securely share data with ECM Providers and other Providers in support of ECM;
- v. Receive and process ECM Provider claims, encounters, and invoices, as applicable and, and send encounters to DHCS;
- vi. Receive and process supplemental reports from ECM Providers;
- vii. Send ECM supplemental reports to DHCS; and
- viii. Open, track, and manage referrals to ILOS Providers, including closed loop referral capabilities.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

39. Provide Policies and Procedures for how the MCP intends to share each of the data elements that the ECM and ILOS Contract requires MCPs to share with ECM Providers, namely:

- 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 briefly include additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

40. 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, explain why not.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

41. 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.

j. Oversight of ECM Providers

For Provider oversight requirements, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 14: Oversight of ECM.

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. If the response to the question is included in a response to a different question, add a cross-reference in the appropriate table.

42. Provide Policies and Procedures describing the MCP’s approach to oversight of ECM Providers, including:

- i. Approach used to vet ECM Providers for whom there is no Medicaid enrollment pathway (both organizational and individual level);**
- ii. Approach to ensuring ECM Provider accountability for all requirements set out in the ECM and ILOS Contract and ECM and ILOS Standard Provider Terms and Conditions, and compliance with ECM Core Service Policies and Procedures provided above;**
- iii. Approach to required audits and/or case reviews;**
- iv. Approach to ensuring the MCP and contracted ECM Providers meet supplemental reporting requirements as specified by DHCS; and**

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

v. Approach to providing ECM training and technical assistance to ECM Providers.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

43. Describe how the MCP will identify and provide supports and/or technical assistance to ECM Providers to ensure quality, compliance, and model fidelity.

44. Describe specific steps the MCP will take to work with other MCPs in each county, to the extent the MCP operates in multi-MCP counties, to align ECM Provider requirements and reduce ECM Provider burden.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

45. Provide Policies and Procedures for how the MCP will monitor the utilization of and/or outcomes resulting from the provision of the ECM. Include any activities, reports, and analyses the MCP will use to understand the impact of ECM delivery for these purposes.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

k. Payment

For payment requirements, see DHCS-MCP ECM and ILOS Contract provisions: ECM Section 16: Payment.

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.

46. MCPs are encouraged to tie ECM Provider payments to value, including payment strategies and arrangements that focus on achieving outcomes related to high-quality care and improved health status. To what extent and how will the MCP tie ECM Provider payments to advancing quality, improved health status and reducing health disparities?

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

47. How will the MCP accommodate ECM Providers with limited billing capacity?

I. Submission of ECM Provider Contract Boilerplate

48. Submit ECM Provider contract boilerplate: 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 is not required to include ECM Provider rates.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

ILOS

a. Final Pre-Approved ILOS Election

49. Using the supplementary Excel template titled “MOC Excel File Part 2 ILOS Final Election” to indicate the final election of pre-approved ILOS the MCP will provide, indicate which county or counties will be served for each elected ILOS. Indicate the start date if it is different from 1/1/22. A list of the pre-approved ILOS is available for reference below. Note: Information on the final election of pre-approved ILOS by MCPs will be posted publicly. MCPs will have the opportunity to review information prior to posting.

- 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 (RCFEs) and Adult Residential Facilities (ARFs)**
- ix. Community Transition Services/Nursing Facility Transition to a Home**
- x. Personal Care and Homemaker Services**
- xi. Environmental Accessibility Adaptations (Home Modifications)**
- xii. Medically Tailored Meals/Medically Supportive Food**
- xiii. Sobering Centers**
- xiv. Asthma Remediation**

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

b. ILOS Policies and Procedures

For each question in this section, attach the MCP Policies and Procedures for delivery of ILOS. 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. If the response to this question is included in a response to a different question (e.g., if the MCP developed one (1) Policies and Procedures document for identifying Members for ILOS and authorizing Members for ILOS), add a cross-reference in the appropriate table.

Unless otherwise specified, DHCS expects responses on the MCP’s approach to each elected pre-approved ILOS and any newly proposed ILOS.

MCP Responsibility for Administration of ILOS

For ILOS requirements associated with delivery of ILOS, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 1: Contractor Responsibility for Administration of ILOS.

50. Provide Policies and Procedures describing how the service will be provided to eligible Members. Define expected duration and frequency of service for the ILOS, minimum qualifications of the Provider(s) delivering the service, and any other information relevant to the delivery of the service.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

ILOS Providers

For ILOS requirements associated with eligible ILOS Providers, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 3: ILOS Providers.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

51. Provide Policies and Procedures describing how the MCP will vet the qualifications of ILOS Providers for whom a state-level Medi-Cal enrollment pathway does not exist.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

Transition of Whole Person Care and Health Homes Programs to ILOS

For ILOS requirements associated with vetting the qualifications of ILOS Providers, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 6: Transition of Whole Person Care and Health Homes Programs to ILOS.

52. Using the supplementary Excel template titled “MOC Excel File Part 1 ILOS Preliminary Election & WPC-HHP Transition” refresh the information provided in Part 1 about contracting with WPC and HHP Provider entities.

53. Across all ILOS (including newly proposed ILOS), provide the written notices and/or call scripts for informing Members of:

- i. The transition to ILOS from other programs (i.e., WPC and HHP)
- ii. ILOS for which they may be eligible

Submit the template notice(s) and call scripts for review.

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Notices:

File Name(s)	Page #(s)

54. Include a brief description of any other actions the MCP plans to take to support WPC Lead Entities, HHP CB-CMEs, and their contracted service Providers to communicate the pending transition from WPC/HHP (respectively) to ILOS.

Identifying Members for ILOS

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

For ILOS requirements associated with identifying Members for ILOS, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 7: Identifying Members for ILOS.

55. Across all elected ILOS (including newly proposed ILOS), provide Policies and Procedures for how the MCP will identify Members for whom the ILOS will be a medically appropriate and cost-effective alternative to a State Plan service or setting. Include processes for how the MCP will operationalize a no “wrong-door” policy by accepting requests for ILOS from Providers, other community-based entities, and Members and their families.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

Authorizing Members for ILOS and Communication of Authorization Status

For ILOS requirements associated with authorizing Members for ILOS and communication of authorization status, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 8: Authorizing Members for ILOS and Communication of Authorization Status.

56. Provide Policies and Procedures on how the MCP will authorize ILOS for eligible Members in a medically appropriate, equitable, and non-discriminatory manner. Policies and Procedures should explicitly address the MCP’s approach to monitoring and evaluating ILOS authorizations to ensure they are equitable and non-discriminatory. Policies and Procedures should also address what immediate actions the MCP will take if evaluation findings identify instances where service authorizations have had an inequitable effect.

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

File Name(s)	Page #(s)

57. Provide Policies and Procedures for situations that may be appropriate for expedited authorization of an ILOS (e.g., for sobering center visits where a 48-hour+ authorization timeline would preclude effective use of the service).⁴ Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

58. Provide Policies and Procedures describing the methodology the MCP will use to evaluate whether an elected ILOS is a cost-effective alternative to a State Plan service or setting.⁵

⁴ MCPs are encouraged to work with ILOS Providers to define a process and appropriate circumstances for presumptive authorization or pre-authorization of ILOS whereby select ILOS Providers would be able to directly authorize an ILOS, potentially only for a limited period of time, under specified circumstances when a delay would be harmful to the beneficiary or inconsistent with efficiency and cost-effectiveness.

⁵ Monitoring for cost-effectiveness can be conducted on an individual or population-level basis.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

Referring Members to ILOS

For ILOS requirements associated with referring Members to authorized ILOS, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 9: Referring Members to ILOS Providers for ILOS.

59. Provide Policies and Procedures for how the MCP will refer Members to authorized ILOS. Describe how the MCP will ensure appropriate timelines from the point of authorization to referral to ILOS. For Members enrolled in ECM, address how the MCP will work with the ECM Provider to coordinate the referral.

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

File Name(s)	Page #(s)

60. Provide Policies and Procedures describing how the MCP will ensure each Member authorized to receive a particular ILOS 1) agrees to the receipt of that ILOS and 2) how authorization will be obtained for data sharing when required by federal law (Note: MCPs are not obligated to obtain authorization for data sharing when not required by federal law). Indicate which entity (i.e., the MCP or the ILOS Provider) will obtain Member agreement and data sharing authorization.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

Data System Requirements and Data Sharing to Support ILOS

For ILOS data system and sharing requirements, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 14: Data System Requirements and Data Sharing to Support ILOS.

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.

61. Describe the IT infrastructure the MCP has in place today and identify gaps and updates that will be necessary in order to support ILOS, including the capabilities to:

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

- ix. Consume and use claims and encounter data, as well as other data types listed in ILOS Section 7: Identifying Members for ILOS, among other sections, to identify Members who would benefit from ILOS;
- x. Assign Members to ILOS Providers;
- xi. Manage records of Members receiving ILOS including Member data sharing authorizations disclosing Personally Identifiable Information between MCP and ILOS Provider and other Providers, and among ILOS Providers and family member(s) and/or support person(s) when required by federal law, whether obtained by an ILOS Provider or by the MCP;
- xii. Securely share data with ILOS Providers and other Providers in support of ILOS;
- xiii. Receive and process ILOS Provider claims, encounters, and invoices, as applicable, and transmit valid encounters to DHCS;
- xiv. Receive and process supplemental reports from ILOS Providers;
- xv. Send ILOS supplemental reports to DHCS; and
- xvi. Open, track, and manage referrals to ILOS Providers, including closed loop referral capabilities.

62. Provide Policies and Procedures how the MCP intends to share each of the data elements that the ECM and ILOS Contract requires MCPs to share with ILOS 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 provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

File Name(s)	Page #(s)

Oversight of ILOS

For ILOS requirements associated with overseeing ILOS, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 13: DHCS Oversight of ILOS.

63. Provide Policies and Procedures for how the MCP will monitor the utilization of and/or outcomes resulting from the provision of the ILOS. Include any activities, reports, and analyses the MCP will use to understand the impact of ILOS delivery for these purposes.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

Payment of ILOS Providers

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

For ILOS requirements associated with payment for ILOS, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 14: Payment of ILOS Providers.

64. Provide Policies and Procedures for how the MCP will ensure payment to ILOS Providers is timely. Include expected time-frames for payment and a description of any circumstances in which a payment to an ILOS Provider for a service provided should be expedited.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

Future Plans to Elect ILOS

65. In addition to those ILOS launching in 2022, provide a brief summary of any additional ILOS the MCP is aiming to elect in future months and years, and the anticipated timeline for launch of these ILOS. (Non-binding and for planning purposes only).

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

Proposing Additional ILOS

66. If the MCP wishes to request DHCS approval of an ILOS outside of the pre-approved ILOS, provide details on the following for each proposed service. MCPs must also fill out all questions from Part 2 of the MOC for newly proposed ILOS, except for Section A: Final Pre-Approved ILOS Selection and Section C: Changes to Pre-Approved ILOS Service Definitions and Eligible Populations.

Proposed In Lieu of Service	
Service Name:	
Service Description (including State Plan service(s) to be avoided):	
Proposed HCPCS Code(s):	
Expected Start Date:	
Target Area(s) for Availability of ILOS:	
Eligible Population(s):	
Expected Utilization (over 12 months):	

67. In addition, provide information demonstrating the cost-effectiveness of the proposed ILOS by filling out the complementary tables below.

Part 1: Table Computing Comparable State Plan Service(s) Cost (add more rows as needed)

State Plan Service Name	State Plan Service Identifying HCPCS Code	Unit of Service Definition	Average Number of Users per 12-Month Period	Average Number of Units per User per 12-Month Period	Average Service Unit Cost

Part 2: Table Computing Cost of New ILOS (add more rows as needed)

ILOS Name/Description	ILOS Identifying HCPCS Code	Unit of Service Definition	Number of Expected Users per	Average Number of Units of Service	Average ILOS Unit Cost

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS
			12-Month Period	Expected per User per 12-Month Period	

68. Tracking ILOS Expenditures: Describe the MCP’s ability to track ILOS expenditures. DHCS will require MCPs to report on these expenditures (reporting requirements under development). This information will help inform DHCS and its actuaries in their work developing prospective managed care capitation rates. If possible, include a description of claim type(s), provider codes/taxonomies, and any other data elements that DHCS and its actuaries will find helpful in assessing the implications for rates of the ILOS. This information will also be used for the purpose of MLR reporting in accordance with 42 CFR Section 438.8.

69. Other Information: Please include any other information useful to DHCS in its consideration of the MCP’s request to provide the proposed ILOS.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

III. Model of Care Template: Part 3

ECM

a. ECM Provider Capacity

70. Using the supplementary Excel template titled “MOC Excel File Part 3 ECM Provider Capacity” list the MCP’s ECM Providers by county, including the following information for each:

- i. Organization name;
- 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;
 - i. Behavioral health entity;
 - j. Community mental health center;
 - k. Substance use disorder treatment Provider;
 - l. Managed Care Plans;
 - m. Organization serving individuals experiencing homelessness;
 - n. Organization serving justice-involved individuals; and
 - o. Other qualified Providers or entities that are not listed above (describe).
- iv. Counties in which the ECM Provider will operate;
- v. ECM Population(s) of Focus that will be served by Provider;
- vi. Number of Members, from each applicable Population of Focus, that the MCP expects to assign to the ECM Provider, at implementation;
- vii. Number of Members, from each applicable Population of Focus, that the ECM Provider will have the capacity to serve, at implementation;
- viii. Number of Members, from each applicable Population of Focus, that the MCP expects to assign to the ECM Provider, 12 months after initial implementation;
- ix. Number of Members, from each applicable Population of Focus, that the ECM Provider will have the capacity to serve, 12 months after initial implementation.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

ILOS

b. ILOS Provider Capacity

For ILOS requirements associated with ILOS Provider Capacity, see DHCS-MCP ECM and ILOS Contract provisions: ILOS Section 4: ILOS Provider Capacity.

71. For each elected ILOS (including newly proposed ILOS), provide Policies and Procedures describing to what extent the ILOS will be offered. If an ILOS has been restricted, including geographic restrictions, the submission should detail how the MCP intends to expand capacity over the next three (3) years. DHCS will review and determine whether to approve these Policies and Procedures, working with MCPs to make modifications as needed.

Use the box to provide brief additional information, as needed.

MCP Policies and Procedures:

File Name(s)	Page #(s)

72. For each elected ILOS, provide Policies and Procedures for determining which Members receive the ILOS when capacity is limited, and how these Policies and Procedures are non-discriminatory and equitably applied. Describe how the MCP will manage Provider shortages and ensure the timely provision of ILOS in accordance with the Contract without resorting to waiting lists.

Use the box to provide brief additional information, as needed.

Part 1		Part 2		Part 3	
ECM	ILOS	ECM	ILOS	ECM	ILOS

MCP Policies and Procedures:

File Name(s)	Page #(s)

73. Using the supplementary Excel file titled “MOC Excel File Part 3 ILOS Provider Capacity,” list the MCP’s contracted ILOS Providers by county. For each DHCS pre-authorized ILOS that the MCP will offer, information requested will include the following (including for newly proposed ILOS):

- i. ILOS Provider Organization Name⁶**
- ii. National Provider Identifier (NPI) number, if applicable;**
- iii. Provider Type**
- iv. ILOS to Be Offered**
- v. Counties in Which the Provider Will Operate as an ILOS Provider** *(if elected ILOS is not going to be offered county-wide, indicate the targeted service area of each ILOS Provider)*
- vi. ILOS Provider Capacity at Time of Implementation (number of Members)**

74. Submit ILOS Provider contract boilerplate: Attach the MCP’s planned ILOS Provider contract language that the MCP will use in addition to DHCS’ required ECM and ILOS Standard Provider Terms and Conditions (including for newly proposed ILOS). The MCP is not required to include ILOS Provider rates in this submission.

⁶ Or Individual Provider, if not part of an Organization