



April 2021

FACT SHEET

Enhanced Care Management

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 the statewide availability of Enhanced Care Management (ECM) in the Medi-Cal managed care delivery system. MCPs will be responsible for administering ECM. For more information about CalAIM, see DHCS' [Revised CalAIM Proposal](#) released on 1/8/21.¹

Overview of ECM

Enhanced Care Management (ECM) will 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 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 beginning in January 2022, ahead of broader population health requirements, which will start in 2023.

In Lieu of Services (ILOS) is another CalAIM initiative through which MCPs will have the option to offer medically appropriate and cost-effective alternatives to services covered under the California State Plan. ILOS are expected to be an important aspect of care delivery for people enrolled in ECM particularly those with the most complex challenges affecting health such as homelessness, unstable and unsafe housing and other social needs.

ECM will build on both the design and the learning from California's Whole Person Care Pilots (WPC) and Health Home Program (HHP). ECM, with ILOS, will replace both models, scaling up the interventions to 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;

¹ [Revised CalAIM Proposal](#), January 2021.

- 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 and prefer to access services.

ECM Target Populations

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 listed below; for more information, please reference Appendix I of the CalAIM Proposal.²

1. 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).
2. Individuals experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions.
3. High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits.
4. Individuals at risk for institutionalization who are eligible for Long Term Care services.
5. Nursing facility residents who want to transition to the community.
6. Individuals 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).
7. Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition to the community.

ECM, as well as ILOS, will be available to Members dually eligible for Medicare and Medicaid if they are enrolled in MCPs and otherwise meet criteria. However, ECM is not available to Cal MediConnect Members because Cal MediConnect already incorporates a higher level of care coordination.

ECM Implementation Timing

ECM will be implemented in a phased approach. From January 1, 2022, ECM will be offered to specific target populations in counties with HHP or WPC Pilots. From July 1, 2022, ECM will be offered to specific target populations in counties without HHP or WPC Pilots.

² [Revised CalAIM Proposal: Appendix I](#), January 2021.

More Information

ECM is a significant change and a high priority for DHCS. Throughout 2021 and 2022, DHCS will offer a range of technical assistance and support, including new implementation material posted on the DHCS [ECM and ILOS website](#), FAQs published regularly, webinars, and other opportunities for discussion.

For specific questions about ECM and ILOS, please submit to: CalAIMECMILOS@dhcs.ca.gov. Questions about CalAIM generally should be submitted to: CalAIM@dhcs.ca.gov.