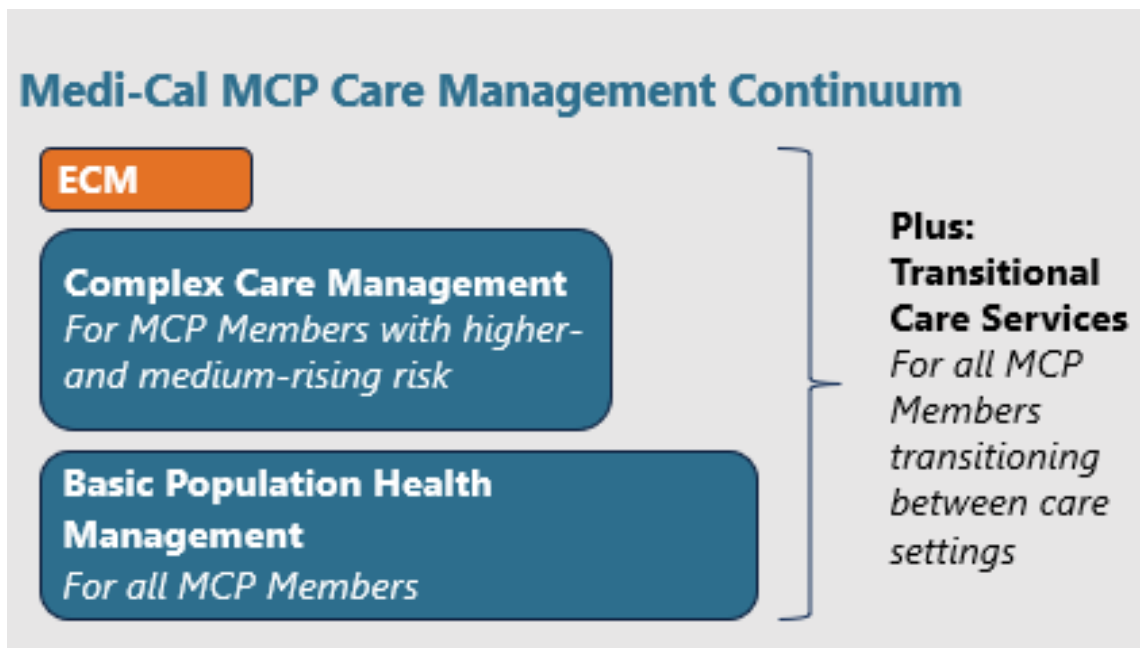*Includes excerpts from presentations originally made to MCPs in June 2023, with updates as of November 2024*

Background

What Is Enhanced Care Management (ECM)?

ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs.

» DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.

» ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.

» ECM is the **highest tier of care management** for Medi-Cal MCP Members.

Medi-Cal MCP Care Management Continuum

ECM

Complex Care Management
For MCP Members with higher- and medium-rising risk

Basic Population Health Management
For all MCP Members

Plus: Transitional Care Services *For all MCP Members transitioning between care settings*

What are Community Supports?

DHCS has pre-approved 14 medically appropriate and cost-effective Community Supports that MCPs are strongly encouraged but not required to offer as substitutes for utilization of other services or settings.

Pre-Approved DHCS Community Supports include:

» 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

» Community Transition Services/ Nursing Facility Transition to a Home

» Personal Care and Homemaker Services

» Environmental Accessibility Adaptations (Home Modifications)

» Meals/Medically Tailored Meals or Medically-Supportive Foods

» Sobering Centers

» Asthma Remediation

See Community Supports Elections Spreadsheet on DHCS website for MCP selections statewide.

Key Policy Documents

ECM Policy Guide:

https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf

Community Supports Policy Guide:

https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf

ECM & Community Supports Policy "Cheat Sheet"

https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Policy-Cheat-Sheet.pdf

Data on ECM & Community Supports Implementation

DHCS publishes data on ECM and Community Supports implementation each quarter.

Access the report here:
https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

DHCS Regularly Seeks Inputs that Inform Updates to ECM and Community Supports Policy

- » Stakeholder Advisory Groups

- » Surveys

- » Interviews

- » DHCS Leadership Listening Tours

- » Data Submitted from MCPs

DHCS' Approach to Continuous Improvement

- » At program launch, DHCS standardized some aspects of the design while allowing flexibility for MCPs in other aspects through the "Model of Care" process.

- » DHCS consistently hears feedback from providers and CBOs, as well as some MCPs, that increased standardization of the program design is needed. In particular, providers and CBOs point to heavy administrative burden, reimbursement gaps, and significant operational differences between MCPs.

- » To address these challenges, DHCS developed a set of ECM and Community Supports policy updates which were introduced to MCP CEOs/CFOs in May 2023 and at an in-person MCP Summit in June 2023.

- » In 2023 and 2024, DHCS published updates to the ECM and Community Supports Policy Guides, and it will continue to release updates as longer-term refinements to the services over time.

DHCS 'Action Plan'

Areas of Focus & Policy Refinements for ECM & Community Supports

Includes excerpts from presentations originally made to MCPs in June 2023, with updates as of November 2024

Logic Model: Areas of DHCS Focus in Response to Data and Feedback

1) Standardizing Eligibility
2) Streamlining and Standardizing Referral/Authorization Processes
3) Expanding Provider Networks and Streamlining Payment
4) Strengthening Market Awareness
5) Improving Data Exchange

Goal: Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them.

Standardizing Eligibility

Issue: Variation in how MCPs are applying ECM Population of Focus criteria is causing confusion and limiting uptake.

ECM Actions: Reinforcement of Existing Expectations in ECM Policy Guide

» ECM is a statewide benefit.

» MCPs must use the DHCS-established ECM Populations of Focus eligibility criteria to evaluate if Members qualify for ECM. DHCS does not intend to further modify the existing eligibility criteria at this time.

» MCPs may not impose additional requirements to authorize ECM services beyond the DHCS established eligibility criteria. For example:

  o An MCP may not add any clinical or social factors to the eligibility criteria.

  o An MCP may not require that the ECM Provider have a certain number of contacts with the Member as a condition of authorization.

  o *(New November 2024)* MCPs may not require additional documentation from ECM Providers/Community Partners beyond the information in DHCS' ECM referral standards, released August 2024.

» **MCPs may expand Population of Focus (POF) criteria to broaden eligibility for the "Individuals At Risk for Avoidable Hospital or ED Utilization ECM**

POF" (e.g. decrease the number of ED visits in 6 months that allows a Member to be eligible).

<u>Issue</u>: Some MCPs are narrowing Community Supports eligibility criteria relative to the DHCS Service Definitions, limiting the number of individuals who can access these services.

<u>**Community Supports Action #1**</u>: Increasing Standardization

» MCPs must **remove any previously approved restrictions or limitations and adhere with the full Community Supports service definitions.**

   o For example, if an MCP currently excludes Members from Recuperative Care who require the use of oxygen, they must remove that restriction.

   o MCPs **no longer have the option to narrow the eligibility criteria or impose additional limitations** on the service definitions (which include eligibility criteria), geographic or otherwise.

» *(Updated November 2024)* DHCS is proposing several updates to Community Supports service definitions that would improve eligibility alignment across the Community Supports and/or clarify eligibility policies. Community Supports pending updates include:

   o **Housing Trio: Housing Deposits, Housing Transition Navigation Services**, and **Housing Tenancy and Sustaining Services**

      ▪ Improve alignment with Transitional Rent through refined eligibility criteria

      ▪ Clarification of goods and services covered under Housing Deposits

   o **Nursing Facility Transition/Diversion to Assisted Living Facilities** and **Community Transition Services/Nursing Facility Transition to a Home**

      ▪ Refinements related to eligibility criteria, service components, and eligibility for Members also enrolled in 1915(c) waivers/demonstration

   o **Medically Tailored Meals/Medically Supportive Food**

      ▪ Clarifications related to eligibility criteria, key interventions, and clinician involvement

   o **Asthma Remediation**

      ▪ Refinements to align eligibility criteria and services with the Asthma Preventative Services (APS) Benefit

See the [Community Supports Policy Guide](#) for more details as final definitions are released in early 2025.

Community Supports Action #2: Clarifying the Concept of Cost Effectiveness

» MCPs do **not** need to actively report on cost-effectiveness for Community Support at the MCP or individual level for the purposes of rate setting or compliance with federal requirements.

» Consistent with federal regulations, **DHCS has determined the preapproved Community Supports to be cost-effective and medically appropriate substitutes for covered Medi-Cal services or settings.**

Streamlining and Standardizing Referral/Authorization Processes

Issue: MCPs have disparate timeframes for initial ECM authorization, reauthorization and reassessment decisions. This creates lack of parity for Medi-Cal Members around the state, as well as administrative burden for providers who are contracted with more than one MCP.

ECM Actions:

#1. Standardizing authorization and reauthorization timeframes for ECM.

» Effective July 1, 2023, for all Members authorized to receive ECM:

o The initial authorization period will be 12 months.

o Reauthorization periods thereafter will be 6 months.

#2. Modifying the approach for how Members can be reassessed.

» MCPs must no longer apply blanket reassessment timeframes to determine if a Member should continue receiving ECM. Instead, progress toward reaching care plan goals may be reassessed at the discretion of the ECM Provider throughout the 12-month authorization period based on the Member's needs (e.g., hospitalization, change in member medical/social status). Plans may still perform periodic chart review.

Same Issue for Community Supports: MCPs have disparate timeframes for initial Community Supports authorization and reauthorization decisions within and across services. This creates administrative burden for providers who are contracted with more than one plan and a lack of parity in the delivery of similar services for Members across the state.

Community Supports Action: Standardizing authorization and reauthorization timeframes for Community Supports

- » *(Updated November 2024)* DHCS is proposing several updates to Community Supports service definition, including improving clarity on authorization timelines– see the Community Supports website for more details.

<u>Issue</u>: Presumptive authorization arrangements with trusted providers can help streamline access, yet MCPs have not widely adopted these arrangements so far.

<u>ECM Action</u>:

- » *(New November 2024)* <u>ECM presumptive authorization requirements</u> effective 1/1/2025 will enable a subset of ECM Providers **to directly authorize ECM for Members for up to 30 calendar days**, so they can start ECM services right away and engage Members in the care they need.

- » ECM Providers under presumptive authorization are still required to submit an ECM referral to the MCP for a full, 12-month authorization.

<u>Community Supports Action:</u>

- » DHCS strongly encourages MCPs to implement presumptive authorization for Recuperative Care and Short-Term Post-Hospitalization Housing in particular, including from inpatient settings, Emergency Departments (EDs), and Skilled Nursing Facilities (SNFs).

<u>Issue</u>: Disparate input, forms and processes for referrals and authorizations across MCPs creates high administrative burden for providers.

<u>ECM & Community Supports Actions</u>: DHCS released statewide ECM referral standards in August 2024 and will begin developing statewide Community Supports referral standards in late 2024.

- » **DHCS expects MCPs to source most ECM & Community Supports referrals from the community.** Use of internal data to identify should be balanced with <u>active</u> community-based outreach and engagement.

- » *(New November 2024)* DHCS released statewide <u>ECM Referral Standards and Form Templates</u> to streamline and standardize ECM Referrals made to MCPs from providers and the community. **Effective January 1, 2025**, all MCPs are required to operationalize guidance in the ECM Referral Standards.

- » In late 2024, DHCS will begin developing **statewide referral standards for select Community Supports containing the information needed to evaluate authorizations. DHCS is prioritizing developing referral standards for the Housing Trio to complement Transitional Rent in 2025.**

Connection with the Incentive Payment Program (IPP)
IPP measures incentivize MCPs to provide training and Technical Assistance (TA) on ECM and Community Supports referrals to all network providers.

Expanding Provider Networks and Streamlining Payment

<u>Issue</u>: MCPs often rely on clinic-based providers as "one size fits all" ECM Providers, missing opportunities for partnering with a diverse group of additional providers that have specialized skills/expertise that may best serve Members with specialized needs.

(Updated July 2023) <u>ECM Actions</u>: New policies requiring partnerships with specific provider types.

» MCPs must prioritize contracting with ECM Providers <u>specializing</u> in each of the <u>specific</u> Populations of Focus (see next slide for examples), in addition to clinic-based providers who may serve a generalist role.

» MCPs should think creatively about how to engage providers in both ECM and the new CHW benefit.

» MCPs' network directories must indicate which specific Population(s) of Focus each ECM Provider is equipped to serve.

Suggested ECM Providers by POF (Non-Exhaustive)

DHCS will begin monitoring MCP network data to confirm that MCPs are actively contracting with diverse provider types, which are strongly encouraged to include the following:

ECM Population of Focus	Example Priority Provider Types
Adults with Serious Mental Health and/or SUD Needs	» County Departments of Behavioral Health » Community-Based Behavioral Health and Medication-Assisted Treatment (MAT) providers who also provide Specialty Mental Health Services (SMHS) and/or DMC/DMC-ODS services
Individuals and Families Experiencing Homelessness	» Street Medicine providers » Homeless Navigation Centers » Transitional Housing for Homeless Youth
Adults At Risk for Avoidable Hospital or ED Utilization	» Providers that align with a Member's specific needs and preferences, such as Primary Care Providers or Behavioral Health Providers

ECM Population of Focus	Example Priority Provider Types
Adult Nursing Facility Residents Transitioning to the Community	» California Community Transitions (CCT) Lead Organizations » Affordable Housing Communities » Memory Care, Assisted Living, and Independent Living Organizations » Alzheimer's Association
Adults Living in the Community and At Risk for LTC Institutionalization	» Area Agencies on Aging, Centers for Independent Living » CBAS Centers, Home Health Agencies » Alzheimer's Association » Memory Care, Assisted Living, and Independent Living Organizations
Children with Serious Mental Health and/or SUD Needs (includes children with high ACEs scores)	» School-based clinics/BH providers » Public Health & Social Service Programs » CBOs serving children and families with social needs » County behavioral health services
Children and Youth Enrolled in California Children's Services (CCS)	» CCS paneled providers, including specialty care centers, and pediatric acute care hospitals
Children and Youth At Risk for Avoidable Hospitalization or ED Use	» School-based clinics » Medical providers depending on underlying reasons for ED utilization
Children and Youth Involved in Child Welfare	» CBOs, Public Health & Social Service Programs: First5, Help Me Grow, WIC, Black Infant Health Program, etc.
Birth Equity Population of Focus	» OB/GYNs » Family Medicine Physicians » Doulas » Promotoras » Midwives

Issue: MCPs may be missing opportunities to contract with Community Supports Providers that have special skills or expertise, and who know Members best.

Community Supports Action: New policies requiring partnerships with specific provider types with experience serving individuals with specialized needs in the region.

> » MCPs must contract with locally available community-based organizations that have experience working with eligible populations and delivering the outlined Community Supports services (e.g., Supportive housing providers, Skilled Nursing Facilities).

Issue: The DHCS ECM and Community Supports HCPCS code set is being applied differently by different MCPs leading to increased administrative burden for providers.

ECM & Community Supports Action: DHCS re-issued the HCPCS Coding Guidance in June 2024 with clarification that MCPs **must** use the HCPCS coding options for Community Supports and ECM, as defined by DHCS, **without additional codes or modifiers, even if the MCP and ECM/Community Supports Provider mutually agree to the additional codes/modifiers.**

Issue: Widespread reports of non-payment or delayed invoice payments by MCPs, especially to CBOs new to billing Medi-Cal.

ECM & Community Supports Action: Reinforce existing timely provider payment requirements.

> » MCPs ECM and Community Supports services are subject to the standard reimbursement timelines for other Medi-Cal services as specified in:
>
>> o *(Updated October 2023)* **The managed care boilerplate contract and APL 23-020**: MCPs must pay 90% of all clean claims within 30 days of the date of receipt and 99% of all clean claims within 90 days.
>>
>> o **California Health and Safety Code Section 1371**: MCPs must reimburse claims or any portion of any claim, as soon as practicable, but no later than 30 working days after receipt of the claim and are subject to interest payments if failing to meet the standards.
>
> » **These requirements pertain to both claims and invoices.** MCPs are required to train their contracted network of ECM and Community Supports Providers on how to submit a clean claim. Furthermore, the MCP must have personnel available to troubleshoot issues.

Issue: Providers are not consistently reimbursed for ECM outreach.

ECM Actions:

» **MCPs are expected to reimburse ECM Providers for outreach, including for unsuccessful outreach that did not result in a Member enrolling into ECM.**

» **MCPs' ECM rates already include assumptions about the cost of outreach** that providers must undertake, which include multiple attempts and outreach to Members who do not ultimately enroll in ECM. We will cover this further in the Rates session.

» DHCS conducted a Supplemental Data Request (SDR) in Q1 2023 to better understand the rates that ECM Providers are being paid, including for outreach. DHCS is using the findings from the SDR on levels of payment from MCPs to ECM Providers to inform future rate-setting.

Strengthening Market Awareness

Issue: Low awareness among contracted providers and MCP internal staff about ECM and Community Supports and how to access them.

ECM & Community Supports Actions: Reinforcement of Existing Guidance

» MCPs must proactively **ensure their contracted networks of providers are aware** of the ECM benefit and Community Supports services, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to the MCP.

» MCPs must also train their **call centers** about how to take referrals for ECM & Community Supports.

Connection with the Incentive Payment Program (IPP): IPP measures incentivize MCPs to provide training and TA on ECM and Community Supports to all network providers.

» As a reminder, MCPs must ensure public-facing **websites, Member Handbooks, and Provider Directories** include the most up-to-date information about ECM Populations of Focus and the Community Supports offered and how to access them.

   o DHCS monitors websites and handbooks and follows up with MCPs where gaps are seen.

» The DHCS ECM and Community Supports website contains fact sheets and other language that MCPs may use.

» DCHS welcomes and encourages additional and creative ways of getting the word out.

Ongoing DHCS Actions:

» Launch a new set of "on-demand" TA Marketplace resources for entities interested in understanding the basics of engaging with CalAIM as an ECM or Community Supports provider.

» Release simple "stock" marketing materials to be shared with and disseminated by MCPs to their contracted networks of Providers promoting awareness of ECM and Community Supports.

Improving Data Exchange

Issue: Many Providers and CBOs are being required to document the detail of their ECM and Community Supports delivery in plan-specific IT portals.

DHCS Action: Clarifications of Current Policy:

» **MCPs must <u>not</u> require ECM (or Community Supports) Providers to use an MCP-specific portal for day-to-day documentation of services.**

» MCPs **may** use their own portals to exchange member engagement lists and authorization information.

» *(New November 2024)* MCPs must make ECM authorization information for each Member available through their online Provider Portal or similar system by January 2025 to support implementation of the ECM presumptive authorization policy.

Issue: For the first year of the implementation, DHCS issued data standards for information exchange between MCPs and ECM, but not Community Supports Providers.

DHCS Action: In April 2023, DHCS released Community Supports Member Information Sharing Guidance to standardize Community Supports member information exchange.

ECM & Community Supports Data Sharing Guidance Documents

At the start of the programs, DHCS developed guidance to standardize information exchange between MCPs, and ECM and Community Supports Providers, as well as between MCPs and DHCS. Standardization is designed to promote efficiency and reduce administrative burden.

» DHCS initially released standards for information sharing and reporting in 2021.

» In April 2023, DHCS released new and updated ECM and Community Supports data sharing guidance documents:

- o *(April 2023)*
    - Community Supports Member Information Sharing Guidance
    - Member-Level Information Sharing Between MCPs and ECM Providers
    - Quarterly Implementation Monitoring Report Guidance
    - ECM and Community Supports Billing and Invoicing Guidance
- o *(January 2024)* Updated HCPCS Coding Guidance Document for ECM and Community Supports
- o *(August 2024)* ECM Referral Standards
- o *(Q1 2025)* Releasing updated Community Supports Policy Guide reflecting updates to several Community Supports service definitions
- o *(Q2 2025)* Releasing Community Supports Referral Standards for the Housing Trio