State of California—Health and Human Services Agency

Department of Health Care Services

MICHELLE BAASS
DIRECTOR

CalAIM Enhanced Care Management (ECM) and
Community Supports (In Lieu of Services (ILOS))
Model of Care (MOC) Template: February 2022

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I. Model of Care Template: Part 1

The MOC Template is closely aligned with the DHCS-MCP ECM and Community Supports Contract and the ECM and Community Supports Standard Provider Terms and Conditions. Before beginning work on the MOC Template, managed care plans (MCPs) should carefully review those documents. All questions in the MOC Template build directly on the requirements contained in the ECM and Community Supports Contract and are referenced, where appropriate, throughout.

ECM

a. ECM Provider Capacity

For requirements for ECM Provider Capacity, see DHCS-MCP ECM and Community Supports 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.**

3. **Provide an update on the status of the ECM Provider network development activities, by county (i.e., complete, on-track, or delayed/off-track) and reasons if delayed/off-track. Describe any anticipated challenges that may cause the MCP to rely on the exceptions process outlined in Section 4 of the ECM and Community Supports 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. <u>**For MCPs in counties in which a local government agency (LGA) operates a Targeted Case Management (TCM) program:**</u> **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.**

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.**

Community Supports

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

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. Community Supports Elections

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

Indicate which of the DHCS pre-approved Community Supports listed below the MCP plans to provide, indicating which county or counties will be served for each elected Community Support. Indicate the start date, which can be 7/1/22 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 Community Supports offerings, for future rate setting and other purposes.

1. **Using the supplementary Excel template titled "MOC Excel File Community Supports Final Elections" make your designations. A list of the pre-approved Community Supports 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-Supportive Food/Meals/Medically Tailored Meals**
    xiii. **Sobering Centers; and**
    xiv. **Asthma Remediation.**

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b. Community Supports Provider Capacity

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

2. **For each elected, pre-approved Community Support, describe the MCP's approach to Community Supports 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.**

3. **For each elected, pre-approved Community Support, if the Community Supports Provider network/capacity will not reasonably allow for county-wide provision of Community Supports 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 Community Supports. MCPs will be required to submit a formal three-year plan for expanding Community Supports 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 Community Supports -related performance incentive funding.

Further, when current Community Supports Provider Network capacity will not allow for the county-wide provision of Community Supports to all eligible Members at implementation, MCPs are required to document Policies and Procedures for how they will make non-discriminatory Community Supports authorizations in the Part 2 submission of the MOC. DHCS will review and determine whether to approve these Policies and Procedures, working with MCPs to make modifications as needed.

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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 Community Supports Contract provisions: ECM Section 3: ECM Providers and Section 4: ECM Provider Capacity.

10. **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 clearly describe the timeline of when the MCP anticipates it can phase out of using its own staff, as well as how MCP staff will provide ECM in an in-person, community based manner during the requested exception period. Please <u>include references to amended Policy and Procedures that may be impacted by the provision of ECM directly by MCP staff.</u>**

b. Identifying Members for ECM

For requirements associated with identifying Members eligible for ECM, see DHCS-MCP ECM and Community Supports 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.

11. **Provide Policies and Procedures describing how the MCP will use available MCP data to identify Members for ECM. Include explicit reference to each of the data sources listed in Section 7 of the ECM and Community Supports Contract. Include the approach to identifying Members <u>in each DHCS-defined ECM Populations of Focus to which this MOC applies</u>[1] <u>and how the approach may vary by population. Include in your answer how frequently data will be refreshed to identify newly eligible Members.</u>**

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[1] 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).

12. **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.**

13. **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.

c. Authorizing Members for ECM

For ECM requirements associated with authorizing Members for ECM, see DHCS-MCP ECM and Community Supports 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.

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

15. **Provide Policies and Procedures describing the MCP's approach for automatically authorizing newly enrolled MCP Members who were receiving ECM through their previous Medi-Cal managed care plan.**
   i.   **Describe the MCP's process for automatically authorizing Member initiated requests that the MCP receives directly from the Member, family or Authorized Representative (AR);**

    ii.   **Describe the MCP's process of engaging with the previous MCP, the Member and/or ECM Provider to obtain access to the member's Care Management Plan to mitigate any gaps in care;**

    iii.   **Describe the MCP's process of reviewing historical utilization data using a 90 day look-back period to identify Members who have received ECM;**

    iv.   **Describe the MCP's timeline for reassessing the Member.**

16. **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.**

d. Assignment to an ECM Provider

For ECM requirements associated with assignment, see DHCS-MCP ECM and Community Supports 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.

17. **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.**

e. Initiating Delivery of ECM

For ECM requirements associated with initiating delivery of ECM, see DHCS-MCP ECM and Community Supports 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.

18. **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, Community Supports, 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.**

19. **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.**

f. Discontinuation of ECM

For ECM requirements associated with discontinuation of ECM, see DHCS-MCP ECM and Community Supports 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.

20. **Provide the Policies and Procedures for discontinuing ECM consistent with criteria in Section 11 of the ECM and Community Supports Contract. Include:**
    i. **Ensure that any P&Ps describe the "graduation" criteria that the MCP will apply when making the determination to transition the 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.**

g. Core Service Components of ECM

For ECM requirements associated with core service components of ECM, see DHCS-MCP ECM and Community Supports 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

21. **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.**

22. **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.**
    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.**

ECM Core Service: Outreach

23. **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.**
    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.**

ECM Core Service: Comprehensive Assessment and Care Management Plan

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

    Required Elements

- Identify necessary clinical and non-clinical resources that may be needed to appropriately assess Member health status and gaps in care.
- 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.
- 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.
- 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.
- Ensuring the Care Management Plan is reviewed, maintained and updated under appropriate clinical oversight.

ECM Core Service: Enhanced Coordination of Care

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

Required Elements
- Organizing patient care activities, as laid out in the Care Management Plan, sharing information with those involved as part of the Member's multi-disciplinary care team, and implementing activities identified in the Member's Care Management Plan.
- 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.
- 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, Community Supports, and housing, as needed.
- 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.
- 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.

- 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

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

    Required Elements
    - Working with Members to identify and build on successes and potential family and/or support networks.
    - 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.
    - 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

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

    Required Elements
    - Strategies to reduce avoidable Member admissions and readmissions across all Members receiving ECM.
    - For Members who are experiencing or are likely to experience a care transition:
        - 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.
    - 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

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

    Required Elements:
    - Documenting a Member's chosen caregiver(s) or family/support person.
    - 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.
    - Ensuring the Member's ECM Lead Care Manager serves as the primary point of contact for the Member and chosen family/support persons.
    - 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.
    - Providing for appropriate education of the Member, family members, guardians, and caregivers on care instructions for the Member.
    - 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

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

    Required Elements
    - 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 Community Supports.
    - Coordinating and referring Members to available community resources and following up with Members to ensure services were rendered (i.e., "closed loop referrals").

h. Data System Requirements and Data Sharing to Support ECM

For ECM data system and sharing requirements, see DHCS-MCP ECM and Community Supports Contract provisions: ECM Section 13: Data System Requirements and Data Sharing to Support ECM, the Member-Level Information Sharing Between MCPs and

ECM Providers guidance , the ECM & Community Supports Billing & Invoicing Guidance and the Quarterly Implementation Monitoring Report Guidance.

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.

30. **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 and Quarterly Implementation Monitoring Reports to DHCS; and**
    viii. **Open, track, and manage referrals to Community Supports Providers, including closed loop referral capabilities.**

31. **Provide Policies and Procedures for how the MCP intends to share each of the data elements that the ECM and Community Supports 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.**

32. **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.**

i. Oversight of ECM Providers

For Provider oversight requirements, see DHCS-MCP ECM and Community Supports 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.

33. **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 Community Supports Contract and ECM and Community Supports 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 and quarterly implementation monitoring reporting requirements as specified by DHCS; and**
    v. **Approach to providing ECM training and technical assistance to ECM Providers.**

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

35. **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.**

36. **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.**

j. Payment

For payment requirements, see DHCS-MCP ECM and Community Supports Contract provisions: ECM Section 16: Payment and the ECM & Community Supports Billing & Invoicing Guidance.

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.

37. **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?**

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

k. Submission of ECM Provider Contract Boilerplate

39. **Submit ECM Provider contract boilerplate: Attach the MCP's planned ECM Provider boilerplate contract that the MCP will use for contracting with ECM Providers. If needed, DHCS may also request   a crosswalk for the location of each of the DHCS' required provisions within the ECM and Community Supports Standard Provider Terms and Conditions. The MCP is not required to include ECM Provider rates.**

Community Supports

a. Community Supports Policies and Procedures

*For each question in this section, attach the MCP Policies and Procedures for delivery of Community Supports. 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 Community Supports **and** authorizing Members for Community Supports), add a cross-reference in the appropriate table.*

Unless otherwise specified, DHCS expects responses on the MCP's approach to each elected pre-approved Community Support and any newly proposed Community Support(s).

MCP Responsibility for Administration of Community Supports

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

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

Community Supports Providers

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

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

42. **Across all Community Supports (including newly proposed Community Supports), provide the written notices and/or call scripts for informing Members of:**
    - i.   **The transition to Community Supports from other programs**

        ii.   Community Supports for which they may be eligible

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

Identifying Members for Community Supports

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

43. **For each elected Community Support (including newly proposed Community Supports), provide Policies and Procedures for how the MCP will identify Members for whom the Community Support will be a medically appropriate and cost-effective alternative to a State Plan service or setting, especially for hard to reach populations. Include processes for how the MCP will operationalize a no "wrong-door" policy by accepting requests for Community Supports from Providers, other community-based entities, and Members and their families.**

Authorizing Members for Community Supports and Communication of Authorization Status

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

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

45. **Provide Policies and Procedures describing the MCP's approach for automatically authorizing newly enrolled MCP Members who were receiving Community Supports through their previous Medi-Cal managed care plan (Note: this request only applies for Community Supports that do not include "once in a lifetime" restrictions):**

i. **Describe the MCP's process for automatically authorizing Member initiated requests that the MCP receives directly from the Member, family or Authorized Representative (AR);**

ii. **Describe the MCP's process of engaging with the previous MCP, the Member and/or Community Supports Provider to mitigate any gaps in care;**

iii. **Describe the MCP's process of reviewing historical utilization data using a 90 day look-back period to identify Members who have received Community Supports.**

46. **Provide Policies and Procedures on how the MCP will discontinue, or deauthorize, each elected Community Support for Members who either no longer qualify for, or no longer require, Community Supports services.**

47. **Provide Policies and Procedures for situations that may be appropriate for expedited authorization of a Community Support (e.g., for sobering center visits where a 48-hour+ authorization timeline would preclude effective use of the service).[2]**

48. **Provide Policies and Procedures describing the methodology the MCP will use to evaluate whether an elected Community Support is a cost-effective alternative to a State Plan service or setting.[3]**

Referring Members to Community Supports

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

49. **Provide Policies and Procedures for how the MCP will refer Members to authorized Community Supports. Describe how the MCP will ensure appropriate timelines from the point of authorization to referral to Community**

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[2] MCPs are encouraged to work with Community Supports Providers to define a process and appropriate circumstances for presumptive authorization or pre-authorization of Community Supports whereby select Community Supports Providers would be able to directly authorize an Community Supports, 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.

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

Supports. For Members enrolled in ECM, address how the MCP will work with the ECM Provider to coordinate the referral.

50. Provide Policies and Procedures describing how the MCP will ensure each Member authorized to receive a particular Community Support 1) agrees to the receipt of that Community Support 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 Community Supports Provider) will obtain Member agreement and data sharing authorization.

b. Data System Requirements and Data Sharing to Support Community Supports

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

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.

51. Describe the IT infrastructure the MCP has in place today and identify gaps and updates that will be necessary in order to support Community Supports, including the capabilities to:
    ix. Consume and use claims and encounter data, as well as other data types listed in Community Supports Section 7: Identifying Members for Community Supports, among other sections, to identify Members who would benefit from Community Supports;
    x. Assign Members to Community Supports Providers;
    xi. Manage records of Members receiving Community Supports including Member data sharing authorizations disclosing Personally Identifiable Information between MCP and Community Supports Provider and other Providers, and among Community Supports Providers and family member(s) and/or support person(s) when required by federal law, whether obtained by an Community Supports Provider or by the MCP;
    xii. Securely share data with Community Supports Providers and other Providers in support of Community Supports;
    xiii. Receive and process Community Supports Provider claims, encounters, and invoices, as applicable, and transmit valid encounters to DHCS;
    xiv. Receive and process supplemental reports from Community Supports Providers;

     xv.   **Send Community Supports supplemental and Quarterly Implementation Monitoring reports to DHCS; and**

    xvi.   **Open, track, and manage referrals to Community Supports Providers, including closed loop referral capabilities.**

52. **Provide Policies and Procedures describing how the MCP intends to share each of the data elements that the ECM and Community Supports Contract requires MCPs to share with Community Supports 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.**

Oversight of Community Supports

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

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

Payment of Community Supports Providers

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

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

Future Plans to Elect Community Supports

55. **In addition to those Community Supports launching in 2022, provide a brief summary of any additional Community Supports the MCP is aiming to elect in**

future months and years, and the anticipated timeline for launch of these Community Supports. (*Non-binding and for planning purposes only*).

c. Proposing Additional Community Supports

56. **If the MCP wishes to request DHCS approval of Community Supports outside of the pre-approved Community Supports, 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 Community Supports, except for Section A: Final Pre-Approved Community Supports Selection and Section C: Changes to Pre-Approved Community Supports Service Definitions and Eligible Populations.**

Proposed Community Supports	
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 Community Support:	
Eligible Population(s):	
Expected Utilization (over 12 months):	

57. **In addition, provide information demonstrating the cost-effectiveness of the proposed Community Support(s) by filling out the complementary tables below.**

Part 1: Table Computing <u>Comparable State Plan Service(s)</u> 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 <u>New Community Supports</u> (add more rows as needed)

Community Support Name/ Description	Community Support Identifying HCPCS Code	Unit of Service Definition	Number of Expected Users per 12-Month Period	Average Number of Units of Service Expected per User per 12-Month Period	Average Community Support Unit Cost

Tracking Community Supports Expenditures

58. **Describe the MCP's ability to track Community Supports 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 Community Supports. This information will also be used for the purpose of MLR reporting in accordance with 42 CFR Section 438.8.**

Other Information

59. **Please include any other information useful to DHCS in its consideration of the MCP's request to provide the proposed Community Supports.**

III. Model of Care Template: Part 3

ECM

a. ECM Provider Capacity

60. 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	Community Supports	ECM	Community Supports	ECM	Community Supports

Community Supports

b. Community Supports Provider Capacity

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

61. **For each elected Community Support (including newly proposed Community Supports), provide Policies and Procedures describing to what extent the Community Support will be offered. If a Community Support has been restricted, including any 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.**

62. **For each elected Community Support, provide Policies and Procedures for determining which Members receive the Community Support 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 Community Supports in accordance with the Contract without resorting to waiting lists.**

63. **Using the supplementary Excel file titled "MOC Excel File Part 3 Community Supports Provider Capacity," list the MCP's contracted Community Supports Providers by county. For each DHCS pre-authorized Community Support that the MCP will offer, information requested will include the following (including for newly proposed Community Supports):**
    i. **Community Supports Provider Organization Name[4]**
    ii. **National Provider Identifier (NPI) number, if applicable;**
    iii. **Provider Type**
    iv. **Community Supports to Be Offered**
    v. **Counties in Which the Provider Will Operate as an Community Supports Provider** (*if elected Community Supports is not going to be offered county-wide, indicate the targeted service area of each Community Supports Provider*)
    vi. **Community Supports Provider Capacity at Time of Implementation (number of Members)**

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[4] Or Individual Provider, if not part of an Organization

Part 1		Part 2		Part 3	
ECM	Community Supports	ECM	Community Supports	ECM	Community Supports

64. **Submit Community Supports Provider contract boilerplate: Attach the MCP's planned Community Supports Provider contract that the MCP will use for contracting with its Community Supports Providers. Please provide a crosswalk for the location of each of the DHCS required provisions within the ECM and Community Supports Standard Provider Terms and Conditions (including for newly proposed Community Supports. The MCP is not required to include Community Supports Provider rates in this submission.**