

Overview

In July 2023, the Department of Health Care Services (DHCS) released a series of policy refinements and areas of reinforcement for Enhanced Care Management (ECM). DHCS has prioritized these updates based on stakeholder feedback and data following the first year of implementation to promote more standardization and reduce administrative burden for Managed Care Plans (MCPs) and ECM Providers. The ultimate goal of these updates is to increase the total number of Members who appropriately receive ECM in 2023 and beyond. Detailed information on these policy updates is included in the ECM Policy Guide published July 2023.

DHCS is also releasing this corresponding attestation form for MCPs to complete. By submitting this form, the MCP confirms it has made or is in the process of making all necessary changes to its policies and procedures and has taken proactive measures to implement the updated/reinforced policies into its operations, including updating policies and procedures with contracted ECM Providers, subcontracted entities, and any other entity that may have a role in the delivery of ECM. The **MCP is not required to submit its updated policies and procedures for ECM to DHCS at this time**; however, the MCP must be ready to provide updated policies and procedures to DHCS upon request. As part of the ongoing monitoring approach for ECM, DHCS will use implementation data submitted by the MCP to assess compliance.

Directions

Complete the below attestations to confirm that the MCP understands and has either implemented, or is in the process of implementing, each updated and reinforced ECM policy. The MCP must submit one form per Prime plan and responses must account for all counties in which the MCP operates as of the submission date. Responses must be current as of the submission date. Note that MCPs that will begin operating in new counties as of January 2024 are expected to comply with all ECM policies, including those specified in this attestation form, upon market entry.

Please indicate the MCPs response to each attestation statement in the section below. Completed attestation forms must be submitted by email to CalAIMECMILOS@dhcs.ca.gov no later than **COB on Friday, September 15, 2023**. Questions may be submitted to the same email address.

Managed Care Plan Name	Name of Individual Submitting Response	Title of Individual Submitting Response

Attestations

Please attest to the following statements (if the MCP cannot attest to the statement leave it blank). By signing your name in each location below, you are attesting that to the best of your knowledge and belief the statement is true.

1. The MCP attests that it is using DHCS-established ECM Populations of Focus eligibility criteria to evaluate if Members qualify for ECM. The MCP attests that it does not impose any additional requirements to authorize ECM beyond these eligibility criteria. *(Reference: ECM Policy Guide, section IV. ECM Populations of Focus, subsection Detailed Population of Focus Definitions. Please see Policy Guide for full details.)*

Signature _____ Date_____

2. The MCP attests that as of July 1, 2023, it is applying an initial authorization period of 12 months and reauthorization periods thereafter of 6 months for all Members who are approved to receive ECM. *(Reference: ECM Policy Guide, section VIII. Engaging Members in ECM, subsection Authorizing ECM for MCP Members. Please see Policy Guide for full details.)*

Signature _____ Date_____

3. The MCP attests that it is taking proactive measures to source the majority of potentially eligible Members for ECM from the community – e.g., from the MCP’s

network of providers and other community sources. *(Reference: ECM Policy Guide, section VIII. Engaging Members in ECM, subsection Authorizing ECM for MCP Members. Please see Policy Guide for full details.)*

Signature _____ Date_____

4. The MCP attests that it has provided, or is in the process of providing information and training to its entire contracted provider network (inclusive of Community Supports Providers, ECM Providers, and other clinical providers) about the ECM benefit and its eligibility criteria, as well as what the process is for submitting referrals to the MCP. *(Reference: ECM Policy Guide, section X. Oversight of ECM Providers, subsection MCP Requirements. Please see Policy Guide for full details.)*

Signature _____ Date_____

5. The MCP attests that it has provided, or is in the processing providing training for its call centers about how to manage referrals for ECM. *(Reference: ECM Policy Guide, section VIII. Engaging Members in ECM, subsection Identifying Members for ECM. Please see Policy Guide for full details.)*

Signature _____ Date_____

6. The MCP attests that it has ensured that all public-facing websites, Member Handbooks, and Provider Directories include the most up-to-date information about ECM Populations of Focus eligibility criteria. *(Reference: ECM Policy Guide, section VIII. Engaging Members in ECM, subsection Identifying Members for ECM. Please see Policy Guide for full details.)*

Signature _____ Date_____

7. The MCP attests that by January 1, 2024, its network directory will indicate which specific Population(s) of Focus each ECM Provider is equipped to serve. *(Reference: ECM Policy Guide, section VII. ECM Provider Network, subsection Development of a Diverse ECM Provider Network. Please see Policy Guide for full details.)*

Signature _____ Date_____

8. The MCP attests that it has evaluated its existing network of ECM Providers and is currently, or in the process of, contracting with ECM Providers which specialize in each of the Populations of Focus (POF) as outlined in the ECM Policy Guide as needed. *(Reference: ECM Policy Guide, section VII. ECM Provider Network, subsection Development of a Diverse ECM Provider Network. Please see Policy Guide for full details.)*

Signature _____ Date_____

9. The MCP attests that it understands that payments to ECM Providers for ECM are subject to the standard reimbursement timelines as other Medi-Cal services¹. Further, the MCP attests that it understands that these reimbursement timeframes pertain to both invoices and claims submitted by ECM Providers. *(Reference: ECM Policy Guide, section VII. ECM Provider Network, subsection ECM Provider Payment. Please see Policy Guide for full details.)*

Signature _____ Date_____

10. The MCP attests that it has provided, or is in the process of providing training for its contracted network of ECM Providers on how to submit a clean claim. *(Reference: ECM Policy Guide, section VIII. ECM Provider Network, subsection MCP Requirements. Please see Policy Guide for full details.)*

Signature _____ Date_____

11. The MCP attests that it has personnel available for ECM providers to troubleshoot billing issues. *(Reference: ECM Policy Guide, section VII. ECM Provider Network, subsection ECM Provider Payment. Please see Policy Guide for full details.)*

Signature _____ Date_____

12. The MCP attests that it is reimbursing contracted ECM Providers for outreach, including unsuccessful outreach that did not result in a Member enrolling in ECM. *(Reference: ECM Policy Guide, section VII. ECM Provider Network, subsection ECM Provider Payment. Please see Policy Guide for full details.)*

¹ As specified in the [Medi-Cal Managed Care Boilerplate Contract](#) and [California Health and Safety Code Section 1371](#)

Signature _____ Date_____

13. The MCP attests that it is not requiring ECM Providers to use an MCP-specific portal for day-to-day documentation of services (e.g. care plans, notes).
(Reference: ECM Policy Guide, section VII. ECM Provider Network, subsection Requirement to have a Care Management Documentation System. Please see Policy Guide for full details.)

Signature _____ Date_____

Optional: Please provide any additional detail or explanation of attestation responses above, specifying the numbered item your response pertains to. Responses should be limited to two pages in total length.