

DATE: May 22, 2024

PPL No. 24-001

TO: Local Governmental Agency (LGA) coordinators for the Targeted Case Management (TCM) Program

SUBJECT: TCM And Enhanced Care Management (ECM) Coordination Policy

PURPOSE: This Policy and Procedure Letter (PPL) notifies stakeholders participating in the TCM Program of the policy changes related to the implementation of ECM.

REFERENCE: California Advancing and Innovating Medi-Cal (CalAIM) webpage:
<https://www.dhcs.ca.gov/CalAIM/>;
CalAIM ECM Policy Guide:
<https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf>
Memoranda of Understanding Between Medi-Cal Managed Care Plans and Third Party Entities webpage:
<https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx>

BACKGROUND:

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximize their health and life trajectory. Enhanced Care Management (ECM) is a Medi-Cal managed care benefit under CalAIM that addresses clinical and non-clinical needs of the highest-need, high-cost enrollees through intensive coordination of health and health-related services and comprehensive care management, meeting enrollees wherever they are – on the street, in a shelter, at their doctor's office, or at home.

ECM Core Services currently listed in the [CalAIM ECM Policy Guide](#) include:

- Outreach and Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Coordination of Care
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Coordination of and Referral to Community Supports Services



ECM Populations of Focus (POF) currently listed in the [CalAIM ECM Policy Guide](#) include:

1. Individuals Experiencing Homelessness (individual adults; families or unaccompanied children/youth)
2. Individuals at Risk for Avoidable Hospital or ED Utilization (formerly called "High Utilizers")
3. Individuals with Serious Mental Health and/or Substance Use Disorder Needs
4. Individuals Transitioning from Incarceration
5. Adults Living in the Community and At Risk for Long Term Care Institutionalization
6. Adult Nursing Facility Residents Transitioning to the Community
7. Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition
8. Children and Youth Involved in Child Welfare
9. Birth Equity Population of Focus

Under DHCS policies released at the initiation of ECM on January 1, 2022, there was no prohibition on Medi-Cal Managed Care Plan (MCP) Members receiving ECM and TCM simultaneously, as long as services were not duplicated. Memorandum of Understanding (MOU) protocols ensured coordination between TCM Providers and MCPs to prevent duplication of services. (DHCS' [Enhanced Care Management and Community Supports](#) page provides more information on policies related to ECM, and the [Memoranda of Understanding Between Medi-Cal Managed Care Plans and Third Party Entities webpage](#) provides the most up to date version of the MOU template).

The [CalAIM ECM Policy Guide](#) provides the eligibility criteria for ECM POF. ECM beneficiaries must meet at least one of the definitions set forth in the Policy Guide. Most Medi-Cal beneficiaries who qualify for County-based TCM will also qualify for ECM.

POLICY:

Effective July 1, 2024, DHCS is updating its policies on enrollment in the ECM and County TCM programs as follows:

ECM is the first option for comprehensive care management for Members; DHCS is intentionally pursuing this strategy to promote comprehensive care management while reducing the number of care managers involved in managing an MCP Member's care.

Any previous TCM enrollments as of July 1, 2024: For the Members receiving TCM services as of the July 1, 2024, policy change effective date, the following options apply:

- Member may choose to remain enrolled in TCM until their care plan goals are achieved.
- Member may choose to transition care management entirely to their ECM Provider.

General rule of no dual enrollment between ECM and County-based TCM:

For Members who are identified as eligible for both County-based TCM and ECM:

- All Members who meet ECM POF criteria should be referred to the Member's MCP for ECM authorization.
- LGAs are encouraged to become an ECM Provider under contract with the MCPs and MCPs are encouraged to contract with LGAs as ECM Providers. DHCS will continue to assess MCPs' ECM networks for adequacy and inclusion of LGA providers.
- County-based TCM providers may continue providing TCM to the small number of Members who are eligible for TCM but ineligible for ECM, such as adults and youth who are pregnant and postpartum who qualify for County-based TCM and are not eligible for the ECM Birth Equity POF, or children and youth who qualify for County-based TCM and are not eligible for the ECM Children and Youth POFs.

One-Year Limited Exception through June 30, 2025

New identifications for County-based TCM for (1) addressing a communicable disease or (2) the sole purpose of receiving home visiting programs supporting the healthy development and well-being of children and families:

- In some counties, County-based TCM is the sole pathway through which Members can access programs for communicable diseases and/or home visiting programs.
- Thus, from July 1, 2024, to June 30, 2025, Members can enroll in and receive both County-based TCM and ECM under these two limited exceptions.
- In cases where the County-based TCM Program and ECM Provider are both serving a Member at the same time, the County-based TCM Program and ECM Provider must coordinate to ensure the non-duplication of services and associated billing. The ECM Provider remains primarily responsible for the overall coordination across the physical and behavioral health delivery systems and social supports.
- As of July 1, 2025, Members in these two exception cases who meet ECM POF criteria should be enrolled in ECM and may no longer be enrolled in both ECM and County-based TCM programs.

Any previous dual enrollments as of July 1, 2024: For the small number of Members receiving both TCM and ECM services as of the July 1, 2024, policy change effective date, the following options apply:

- Member may choose to remain enrolled in both programs until their care plan goals are achieved. The MCP will remain responsible for ensuring non-duplication of services in this scenario.
- Member may choose to transition care management entirely to their ECM Provider.
- Member may choose to transition care management entirely to their TCM Provider.
- County-based TCM providers are strongly encouraged to become ECM Providers.
- MCPs are strongly encouraged to contract with current County-based TCM providers who are becoming ECM Providers.

Guidance to LGAs on Member Communication on ECM and County TCM enrollment:

In order to inform Members of their ECM and County TCM enrollment choices as a result of the updated guidance above, effective July 1, 2024, LGAs are required to share all information provided in the applicable Attachment A, B, C, or D verbally or in writing with all Members who may meet criteria for ECM; and effective July 1, 2025, LGAs are required to provide all Members who may meet criteria for ECM with Attachment D on LGA letterhead. LGAs must maintain proof of beneficiary communication using Attachments A, B, C, or D as template language, with verbal communication clearly documented in the TCM case records, and written communication maintained in the LGA audit files.

Attachment	Applicable Members
Attachment A	Members enrolled in County TCM as of July 1, 2024, who may meet criteria for ECM.
Attachment B	Members dually enrolled in ECM and County TCM at the end of June 2024 who do not meet time limited exceptions of County TCM for communicable disease or home visiting.
Attachment C	New Members who may meet criteria for ECM and County TCM for (1) addressing a communicable disease or (2) the sole purpose of receiving a home visiting program supporting the healthy development and well-being of children and families.

Attachment	Applicable Members
Attachment D	All new Members interacting with the LGA who may meet criteria for ECM who do not meet time limited exceptions of County TCM for communicable disease or home visiting.

If you have questions or require further assistance regarding this PPL, please contact the TCM mailbox at TCM-DHCS@dhcs.ca.gov.

Sincerely,

Brian Fitzgerald, Chief
Local Governmental Financing Division
Department of Health Care Services

Enclosures:

- Attachment A Medi-Cal Targeted Case Management Services and Enhanced Care Management Coordination Template
- Attachment B Medi-Cal Enhanced Care Management Referral Template – Dual Enrollee
- Attachment C Medi-Cal Targeted Case Management Services and Enhanced Care Management Coordination Template – Dual Exceptions
- Attachment D Medi-Cal Enhanced Care Management Referral Template – New Beneficiary