# ENHANCED CARE MANAGEMENT PROVIDER STANDARD TERMS AND CONDITIONS:

## Enhanced Care Management (ECM)

### 1. ECM Definitions

Key terms are defined as follows:

a. **Enhanced Care Management (ECM):** a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high- need and/or high-cost Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.

b. **ECM Provider**: a Provider of ECM. ECM Providers are community-based entities with experience and expertise providing intensive, in-person care management services to individuals in one or more of the Populations of Focus for ECM.

c. **Justice-Involved ECM Provider ("JI ECM Provider"):** an ECM Provider that meets the requirements for providing ECM to the JI Population of Focus (POF). Requirements unique to JI ECM Providers are specified in Section 14; where no additional requirements are specified, standard ECM Provider terms and conditions apply.

d. **Lead Care Manager**: a Member's designated care manager for ECM, who works for the ECM Provider organization (except in circumstances under which the Lead Care Manager could be on staff with MCP, as described in the DHCS-MCP ECM and Community Supports (CS) Contract, Section 4: ECM Provider Capacity. Note that ECM for the JI POF may not be provided by a Lead Care Manager who is on staff with the MCP (i.e., ECM for the JI POF must be provided by a JI ECM Provider).). The Lead Care Manager operates as part of the Member's multi-disciplinary care team and is responsible for coordinating all aspects of ECM and any Community Supports. To the extent a Member has other care managers, the Lead Care Manager will be responsible for coordinating with those individuals

and/or entities to ensure a seamless experience for the Member and non-duplication of services.

e. **Correctional Facility:** state prisons, county jails, and youth correctional facilities.

f. **Justice Involved Individual:** a Member who is currently or was formerly incarcerated within the past twelve months. An individual may be eligible for ECM under the JI POF even if they did not receive justice involved pre- release services.

g. **Justice Involved Pre-Release Services:** Under the Justice Involved Initiative Section 1115 Demonstration, members that are incarcerated in state prisons, youth correctional facilities, and county jails and who meet eligibility criteria will receive a targeted set of pre-release services for up to 90 days days prior to release, including care management. Members who receive these services are eligible for ECM upon release. Coordination between pre-release care management services and post-release ECM is a core component of providing care management services to the JI ECM POF. Section 15 specifies additional requirements for ECM providers related to providing ECM to members who received pre-release services. For members who are eligible for the JI POF, but did not receive pre-release services, standard ECM Provider terms and conditions apply as outlined in Section 8; services should be provided by JI ECM Providers that meet the requirements outlined in Section 14.

## 2. ECM Provider Requirements

### ECM Provider Experience and Qualifications

a. ECM Provider shall be experienced in serving the ECM Population(s) of Focus it will serve;

b. ECM Provider shall have experience and expertise with the services it will provide;

c. ECM Provider shall comply with all applicable state and federal laws and regulations and all ECM program requirements in the DHCS-MCP ECM and CS Contract and associated guidance;

d. ECM Provider shall have the capacity to provide culturally appropriate and timely in-person care management activities including accompanying Members to critical appointments when necessary;

e. ECM Provider shall be able to communicate in culturally and linguistically appropriate and accessible ways;

f. ECM Provider shall have formal agreements and processes in place to engage and cooperate with area hospitals, primary care practices, behavioral health Providers, Specialists, and other entities, including Community Supports Providers, to coordinate care as appropriate to each Member;

[1] For additional information on the Justice Involved Initiative, please see the Policy and Operational Guide for Planning and Implementing CalAIM Justice-Involved Initiative. [2] Community Supports are substitute services or settings to those required under the California Medicaid State Plan that MCPs may select and offer to their Members pursuant to 42 CFR section

g. ECM Provider shall use a care management documentation system or process that supports the documentation and integration of physical, behavioral, social service, and administrative data and information from other entities to support the management and maintenance of a Member care plan that can be shared with other Providers and organizations involved in each Member's care. Care management documentation systems may include Certified Electronic Health Record Technology, or other documentation tools that can: document Member goals and goal attainment status; develop and assign care team tasks; define and support Member care coordination and care management needs; gather information from other sources to identify Member needs and support care team coordination and communication and support notifications regarding Member health status and transitions in care (e.g., discharges from a hospital, long-term care facility, housing status).

h. For additional JI ECM provider requirements, see Section 14.

## Medicaid Enrollment/Vetting for ECM Providers

a. If a State-level enrollment pathway exists, ECM Provider shall enroll as a Medi-Cal provider, pursuant to relevant DHCS APLs including Provider Credentialing/Recredentialing and Screening/Enrollment APL 19-004.

    i. If APL 19-004 does not apply to an ECM Provider, the ECM Provider must comply with the MCP's process for vetting the ECM Provider, which may extend to individuals employed by or delivering services on behalf of the ECM Provider, to ensure it can meet the capabilities and standards required to be an ECM Provider.

b. For additional JI ECM provider enrollment requirements, see Section 14.

## 3. Identifying Members for ECM

a. ECM Provider is encouraged to identify Members who would benefit from ECM and send a request to the MCP, to determine if the Member is eligible for ECM, consistent with the MCP's process for such request.

## 4. Member Assignment to an ECM Provider

a. MCP shall communicate new Member assignments to ECM Provider as soon as possible, but in any event no later than ten business days after ECM authorization. For ECM assignment requirements for members who receive pre-release services, see Section 15.

b. ECM Provider shall immediately accept all Members assigned by MCP for ECM, with the exception that an ECM Provider shall be permitted to decline a Member assignment if ECM Provider is at its pre-determined capacity.

    i. ECM Provider shall immediately alert MCP if it does not have the capacity to accept a Member assignment.

438.3(e)(2) when pre-approved by DHCS as medically appropriate and cost-effective substitutes for Covered Services or settings under the California Medicaid State Plan.

c. Upon initiation of ECM, ECM Provider shall ensure each Member assigned has a Lead Care Manager who interacts directly with the Member and/or their family member(s), guardian, caregiver, and/or authorized support person(s), as appropriate, and coordinates all covered physical, behavioral, developmental, oral health, long-term services and supports (LTSS), Specialty Mental Health Services, Drug Medi-Cal/Drug Medi-Cal Organized Delivery System services, any CS, and other services that address social determinants of health (SDOH) needs, regardless of setting.

d. ECM Provider shall advise the Member on the process for changing ECM Providers, which is permitted at any time.

    i. ECM Provider shall advise the Member on the process for switching ECM Providers, if requested.

    ii. ECM Provider shall notify MCP if the Member wishes to change ECM Providers.

iii. MCP must implement any requested ECM Provider change within thirty days.

## 5. ECM Provider Staffing

a. At all times, ECM Provider shall have adequate staff to ensure its ability to carry out responsibilities for each assigned Member consistent with this Provider Standard Terms and Conditions, the DHCS-MCP ECM CS Contract and any other related DHCS guidance.

## 6. ECM Provider Outreach and Member Engagement

a. ECM Provider shall be responsible for conducting outreach to each assigned Member and engaging each assigned Member into ECM, in accordance with MCP's Policies and Procedures.

b. ECM Provider shall ensure outreach to assigned Members prioritizes those with the highest level of risk and need for ECM.

c. ECM Provider shall conduct outreach primarily through in-person interaction where Members and/or their family member(s), guardian, caregiver, and/or authorized support person(s) live, seek care, or prefer to access services in their community. ECM Provider may supplement in-person visits with secure teleconferencing and telehealth, where appropriate and with the Member's consent.

    i. ECM Provider shall use the following modalities, as appropriate and as authorized by the Member, if in-person modalities are unsuccessful or to reflect a Member's stated contact preferences:

        a. Mail
        b. Email
        c. Texts
        d. Telephone calls
        e. Telehealth

d. ECM Provider shall comply with non-discrimination requirements set forth in State and Federal law and the Contract with MCP.

e. For additional requirements related to outreach and member engagement of members who receive pre-release services, see Section 15.

## 7. Initiating Delivery of ECM

a. ECM Provider shall obtain, document, and manage Member authorization for the sharing of Personally Identifiable Information between MCP and ECM, CS, and other Providers involved in the provision of Member care to the extent required by federal law.

b. Member authorization for ECM-related data sharing is not required for the ECM Provider to initiate delivery of ECM unless such authorization is required by federal law.

c. When federal law requires authorization for data sharing, ECM Provider shall communicate that it has obtained Member authorization for such data sharing back to the MCP.

d. ECM Provider shall notify the MCP to discontinue ECM under the following circumstances:

    i. The Member has met their care plan goals for ECM;

    ii. The Member is ready to transition to a lower level of care;

    iii. The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage; and/or

    iv. ECM Provider has not had any contact with the Member despite multiple attempts.

e. When ECM is discontinued, or will be discontinued for the Member, MCP is responsible for sending a Notice of Action (NOA) notifying the Member of the discontinuation of the ECM benefit and ensuring the Member is informed of their right to appeal and the appeals process as instructed in the NOA. ECM Provider shall communicate to the Member other benefits or programs that may be available to the Member, as applicable (e.g., Complex Care Management, Basic Care Management, etc.).

## 8. ECM Requirements and Core Service Components of ECM

a. ECM Provider shall ensure ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-need and/or high-cost Medi-Cal Members enrolled in managed care. ECM Provider shall

ensure the approach is person-centered, goal oriented, and culturally appropriate.

i. If the ECM Provider subcontracts with other entities to administer ECM functions, the ECM Provider shall ensure agreements with each entity bind the entities to the terms and conditions set forth here and that its Subcontractors comply with all requirements in these Standardized Terms and Conditions and the DHCS-MCP ECM CS Contract.

b. ECM Provider shall:

i. Ensure each Member receiving ECM has a Lead Care Manager;

ii. Coordinate across all sources of care management in the event that a Member is receiving care management from multiple sources;

iii. Alert MCP to ensure non-duplication of services in the event that a Member is receiving care management or duplication of services from multiple sources; and

iv. Follow MCP instruction and participate in efforts to ensure ECM and other care management services are not duplicative.

c. ECM Provider shall collaborate with area hospitals, Primary Care Providers (when not serving as the ECM Provider), behavioral health Providers, Specialists, dental Providers, Providers of services for LTSS and other associated entities, such as CS Providers, or correctional facilities as appropriate, to coordinate Member care.

d. ECM Provider shall provide all core service components of ECM to each assigned Member, in compliance with MCP's Policies and Procedures, as follows:

i. Outreach and Engagement of MCP Members into ECM.

ii. Comprehensive Assessment and Care Management Plan, which shall include, but is not limited to:

a. Engaging with each Member authorized to receive ECM primarily through in-person contact;

i. When in-person communication is unavailable or does not meet the needs of

the Member, the ECM Provider shall use alternative methods (including innovative use of telehealth) to provide culturally appropriate and accessible communication in accordance with Member choice.

b. Identify necessary clinical and non-clinical resources that may be needed to appropriately assess Member health status and gaps in care, and may be needed to inform the development of an individualized Care Management Plan.

c. Developing a comprehensive, individualized, person-centered care plan by working with the Member and/or their family member(s), guardian, Authorized Representative (AR), caregiver, and/or authorized support person(s) as appropriate to assess strengths, risks, needs, goals and preferences and make recommendations for service needs;

d. Incorporating into the Member's care 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;

e. Ensuring the care plan 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; and

f. Ensuring the Care Management Plan is reviewed, maintained and updated under appropriate clinical oversight.

iii. Enhanced Coordination of Care, which shall include, but is not limited to:

a. 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;

b. Maintaining regular contact with all Providers that are identified as being a part of the Member's multi-disciplinary care team, whose input is necessary for successful implementation of Member goals and needs;

c. 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, LTSS, oral health, palliative care, and necessary community-based and social services, including housing, as needed;

d. 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;

e. 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; and

f. Ensuring regular contact with the Member and their family member(s), AR, guardian, caregiver, and/or authorized support person(s), when appropriate, consistent with the care plan.

iv. Health Promotion, which shall adhere to federal care coordination and continuity of care requirements (42 CFR 438.208(b)) and shall include, but is not limited to:

    a. Working with Members to identify and build on successes and potential family and/or support networks;

    b. 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; and

    c. 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.

v. Comprehensive Transitional Care, which shall include, but is not limited to:

    a. Developing strategies to reduce avoidable Member admissions and readmissions across all Members receiving ECM;

    b. For Members who are experiencing, or who are likely to experience, a care transition:

        i. Developing and regularly updating a transition of care plan for the Member;

        ii. 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;

        iii. 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;

iv. Coordinating medication review/reconciliation; and

v. Providing adherence support and referral to appropriate services.

vi. Member and Family Supports, which shall include, but are not limited to:

a. Documenting a Member's designated family member(s), AR, guardian, caregiver, and/or authorized support person(s) and ensuring all appropriate authorizations are in place to ensure effective communication between the ECM Providers, the Member and/or their family member(s), guardian, caregiver, and/or authorized support person(s) and MCP, as applicable;

b. Activities to ensure the Member and/or their family member(s), AR, guardian, caregiver, and/or authorized support person(s) 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;

c. Ensuring the Member's ECM Provider serves as the primary point of contact for the Member and/or family member(s), AR, guardian, caregiver, and/or authorized support person(s);

d. Identifying supports needed for the Member and/or their family member(s), AR, guardian, caregiver, and/or authorized support person(s) to manage the Member's condition and assist them in accessing needed support services;

e. Providing for appropriate education of the Member and/or their family member(s), AR, guardian, caregiver, and/or authorized support person(s) about care instructions for the Member; and

f. Ensuring that the Member has a copy of their Care Plan and information about how to request updates.

vii. Coordination of and Referral to Community and Social Support Services, which shall include, but are not limited to:

a. Determining appropriate services to meet the needs of Members, including services that address SDOH needs, including housing, and services offered by MCP as CS; and

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

e. For additional requirements related to ECM and ECM Core Service Components for Members who receive justice involved pre-release services, see Section 15.

## 9. Training

a. ECM Providers shall participate in all mandatory, Provider-focused ECM training and technical assistance provided by MCP, including in-person sessions, webinars, and/or calls, as necessary.

## 10. Data Sharing to Support ECM

a. MCP will provide to ECM Provider the following data at the time of assignment and periodically thereafter, and following DHCS guidance for data sharing where applicable:

i. Member assignment files, defined as a list of Medi-Cal Members authorized for ECM and assigned to the ECM Provider;

ii. Encounter and/or claims data;

iii. Physical, behavioral, administrative and SDOH data (e.g., Homeless Management Information System (HMIS data)) for all assigned Members; and

iv. Reports of performance on quality measures and/or metrics, as requested.

b. For additional data sharing requirements related to providing services to Members who receive pre-release services, see Section 15.

## 11. Claims Submission and Reporting

a. ECM Provider shall submit claims for the provision of ECM-related services to MCP using the national standard specifications and code sets to be defined by DHCS.

b. In the event ECM Provider is unable to submit claims to MCP for ECM-related services using the national standard specifications and DHCS-defined code sets, ECM Provider shall submit an invoice to the MCP with a minimum set of data elements (to be defined by DHCS) necessary for the MCP to convert the invoice to an encounter for submission to DHCS.

c. For claims submission and reporting requirements for services provided to Members who receive pre-release care management services and/or post-release care management services via fee-for-service (FFS) prior to MCP assignment, see Section 14.

## 12. Quality and Oversight

a. ECM Provider acknowledges MCP will conduct oversight of its participation in ECM to ensure the quality of ECM and ongoing compliance with program requirements, which may include audits and/or corrective actions.

b. ECM Provider shall respond to all MCP requests for information and documentation to permit ongoing monitoring of ECM.

## 13. Payment for ECM

a. MCP shall pay contracted ECM Providers for the provision of ECM in accordance with contract established between MCP and ECM Provider.

b. ECM Provider is eligible to receive payment when ECM is initiated for any given MCP Member.

c. MCP shall pay 90 percent of all clean claims from practitioners who are individual or group practices or who practice in shared health facilities within 30 days of date of receipt and 99 percent of all clean claims within 90 days. The date of receipt shall be the date MCP receives the claim, as indicated by its date stamp on the claim. The date of payment shall be the date on the check or other form of payment.

d. For payment of pre-release and post-release care management services delivered via FFS prior to MCP assignment, see Section 14.

## 14. Additional Requirements for JI ECM Providers

### I. JI ECM Provider Requirements

a. JI ECM Provider shall meet the standard ECM Provider requirements.

    i. JI ECM Provider shall have a care delivery model specific to the JI POF.

b. JI ECM Providers shall participate in pre-release care management services and/or warm handoffs, as appropriate, and as follows.

    i. If a correctional facility in the county in which the JI ECM Provider operates leverages an in-reach care management model, the JI ECM Provider shall provide in-reach care management upon assignment by the correctional facility or the MCP.

    ii. If a correctional facility in the county in which the JI ECM Provider operates leverages an embedded pre-release care management model, the JI ECM Provider shall participate in a warm handoff meeting with the pre-release care manager and the Member present. See Section 15.III for warm handoff requirements.

c. JI ECM Provider shall ensure that claims for all pre-release care management services (including warm handoffs) are submitted within Medi-Cal FFS.

    i. JI ECM Provider shall ensure submission of claims under FFS by meeting one of the following conditions:

        1. Enroll in Medi-Cal Fee-For-Service (FFS) via the Provider Application and Validation for Enrollment (PAVE) system, or

2. Establish formal agreements to provide and be compensated for in-reach care management and participation in warm handoffs with correctional facilities in the counties in which the ECM Provider operates.

ii. JI ECM Provider enrolled in Medi-Cal FFS via PAVE shall submit claims under FFS via the following mechanisms:

1. JI ECM Providers shall submit claims for Justice Involved Care Management bundles, as applicable, using the code set to be defined by DHCS.

2. JI ECM Providers shall submit claims for individual services (if minimum requirements for Justice Involved Care Management bundles are not met) using the national standard specifications and code set to be defined by DHCS.

iii. JI ECM Providers enrolled in Medi-Cal FFS shall be reimbursed FFS rates for all pre-release services and warm handoffs.

iv. JI ECM Providers with formal agreements with correctional facilities in lieu of enrollment in Medi-Cal FFS shall submit claims under the correctional facility NPI.

d. Members that do not receive pre-release services may still qualify for ECM as a part of the JI POF. For Members that do not receive pre-release services, JI ECM Provider shall follow all program requirements set forth in Section 8.

## 15. Additional JI ECM Requirements for Members that Receive Pre-Release Services

### I. Member Assignments to a JI ECM Provider

a. JI ECM Provider (operating as an in-reach pre-release care manager or as a post-release JI ECM Provider) will receive assignment of a Member from either the correctional facility (if the Member's MCP is not yet assigned) or the MCP (if the Member's MCP is assigned).

b. JI ECM Provider shall, upon communication of the assignment of a Member:

i. Accept all Members assigned by the correctional facility or the MCP for ECM, or alert the assigning entity that it does not have capacity

to accept Member assignment (based upon pre-determined capacity) as soon as possible and no later than within one business day.[3]

ii. Notify the Member's MCP of a correctional facility assignment, as applicable, within one business day of the Member's MCP assignment being known.

## II. JI ECM Provider Requirements for Initiation and Provision of Pre-Release Services

a. For JI ECM Providers assigned to serve as a Member's pre-release care manager and post-release ECM Provider, the JI ECM Provider shall:

i. Within 1 business day of assignment, communicate with the correctional facility to schedule an initial visit (in-person or via telehealth).

ii. Fulfill all pre-release care management responsibilities which include the following:

1. Ensure completion of a health risk assessment;
2. Create care links and coordinate with community-based providers and services;
3. Participate in warm handoffs to the post-release ECM Lead Care Manager, if different.[4] See Section 15.III for warm handoff requirements;
4. Complete a final reentry care plan and document in the medical record; and,

[3] JI ECM Provider shall be permitted to decline a Member assignment if the JI ECM Provider is at its pre-determined capacity. [4] Only applicable in instances in which the JI ECM Provider is unable to serve as the post-release ECM Provider (e.g., if the individual is released to a county in which the JI ECM Provider does not operate).

5. Meet all other requirements outlined in Section 8.4.c of the Policy and Operational Guide for Planning and Implementing CalAIM Justice Involved Initiative.[5]

iii. Participate in behavioral health professional to professional clinical handoffs, warm handoffs, and follow-up planning, including arranging transportation to needed behavioral health services, for all Members who received behavioral health services in the pre-release period.

iv. Ensure that the care manager serving as the Member's in-reach pre-release care manager continues as a Member's post-release ECM Lead Care Manager.

1. If the JI ECM Provider/pre-release care manager is unable to serve the Member as their post-release JI ECM Provider/ECM Lead Care Manager, the JI ECM Provider/pre-release care manager shall participate in a warm handoff with the post-release JI ECM Provider. See Section 15.III for warm handoff requirements.

b. For JI ECM Providers assigned to serve as the post-release ECM Provider, the JI ECM Provider shall:

i. Support coordination of post-release community-based services in partnership with the pre-release care manager and the Member, as needed.

ii. Support the development of the reentry care plan by the pre-release care manager and the Member, as needed.

iii. Participate in warm handoff meetings with the pre-release care manager and Member. See Section 15.III for warm handoff requirements.

## III. JI ECM Provider Requirements for Warm Handoffs

a. JI ECM Provider serving as the post-release ECM Provider shall participate in a warm handoff meeting with the pre-release care manager and the Member present if the Member received pre-release services from a pre-release care manager that is different than their assigned post- release ECM Provider.

b. The pre-release care manager/correctional facility is responsible for scheduling a warm handoff meeting in the pre-release period at least 14 days prior to expected release (or, for Members with short-term stays, within 7 days of initial communication). JI ECM Provider shall:

[5] https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL- October-2023-updated.pdf

[6] E.g., the Member changes their county of release into a county in which the JI ECM Provider does not operate; the pre-release care manager is leaving their position at the JI ECM Provider and must transfer their caseload to a different employee.

i. Respond within 1 business day to communications attempting to schedule the warm handoff.

ii. Participate in a warm handoff with the pre-release care manager and Member at least 14 days prior to the release date (if known) or within 7 days of initial communication (if the Member will have a short-term stay and/or has unknown release date).

iii. Participate in a warm handoff sooner than 14 days prior to release per the request of the pre-release care manager/correctional facility.

c. JI ECM Provider shall, during the warm handoff:

i. Meet with the pre-release care management provider and individual;

ii. Review the reentry care plan; and

iii. Discuss community-based services that an individual may access in the post-release period.

## IV. JI ECM Provider Requirements for Initiation and Provision of Post-Release ECM

a. For the initiation and provision of post-release ECM, the JI ECM provider shall:

i. Meet the individual at release if possible, or within 1-2 days of release.

ii. Conduct a second follow-up meeting with recently released individuals within one week of release to ensure continuity of care and a seamless transition to the community and to monitor progress and implementation of the reentry care plan.

iii. Ensure that the individual is connected with needed benefits (e.g., Community Supports, Non-Emergency Medical Transportation) so that they are available to the Member on the day of release or as soon as possible after release.

b. Upon release, the reentry care plan will become the ECM care management plan in the post-release period. JI ECM Provider shall update the Reentry Care Plan/Care Management Plan as necessary.

    i. JI ECM Provider shall ensure that the Reentry Care Plan/Care Management Plan meets all requirements set forth in Section 8.[7]

c. JI ECM Provider shall reassess the Member for ECM no sooner than six months after release.

[7] If the MCP has modified the ECM Standard Provider Terms and Conditions, the MCP should update this reference accordingly.

## V. Data Sharing to Support ECM for Members Who Receive Pre-Release Services

a. JI ECM Provider shall receive member data, including the reentry care plan, from the correctional facility/pre-release care manager and/or MCP.