Contents

1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports

As articulated in the revised California Advancing and Innovating Medi-Cal (CalAIM) Proposal,[1] Enhanced Care Management (ECM) and Community Supports are important components of the Department of Health Care Services' (DHCS) statewide Population Health Management strategy. Managed Care Plans (MCPs) are responsible for implementing ECM and Community Supports, and DHCS will work with MCPs and monitor their implementation of and compliance with requirements across multiple domains, including Membership, Service Provision, Grievances and Appeals, Provider Capacity, and Quality. DHCS monitors the impact of ECM and Community Supports through ongoing stakeholder engagement and a combination of currently available data sources, including Member-level data and demographic data reported by MCPs to DHCS.

In addition to monitoring how MCPs and Providers are implementing ECM and Community Supports, DHCS monitors and evaluates outcomes for MCP Members who received ECM and Community Supports through the use of quality measures. DHCS is

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[1] Revised CalAIM Proposal accessible here:
https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-Proposal-03-23-2021.pdf

also required by state law to publish an annual report regarding utilization of ECM and Community Supports, which must include the characteristics and demographics of those served.[2]

DHCS will provide additional reporting guidance as it relates to quality performance reporting as we finalize the quality reporting expectations.

DHCS' vision for the long-term monitoring of ECM and Community Supports is to leverage existing data processes as much as possible to minimize the burden on MCPs and Providers. Accordingly, after the initial implementation period, DHCS expects the majority of data to be collected using existing data flows:

- For the **Membership** and **Service Provision** monitoring categories described below, DHCS's primary source of information will be encounter data, via the use of ECM and Community Supports Healthcare Common Procedure Coding System codes. DHCS requires MCPs to submit compliant encounter data and has standardized how ECM and Community Supports Providers must code encounters or (if necessary) submit invoices to MCPs.
- For the **Provider Capacity** monitoring category, MCPs submit 274 Provider files.
- For the **Grievances and Appeals** monitoring category, DHCS has revised the *Managed Care Program Data file* to allow for the reporting of ECM and Community Supports specific grievance and appeals data. Additional fields for ECM and Community Supports have been added to the aforementioned file, which allows DHCS to process and monitor grievance and appeals data.

2. Overview of Quarterly Implementation Monitoring Report and Timelines

In 2022, DHCS began requiring MCPs to submit a Quarterly Implementation Monitoring Report **in addition to** encounter and 274 Provider files (see schedule of report due dates below). In order to accurately report on the elements included in this report, MCPs have been collecting data from ECM and Community Supports Providers and should be

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[2] A.B. 133, 2021-2022 Reg. Session, 2021 Cal. Stat.

leveraging data from the ECM Member Information and Return Transmission Files and the MCP Community Supports Authorization Status and Community Supports Provider Return Transmission Files to the greatest extent possible.

Now that ECM and Community Supports have been implemented for one year, DHCS has prioritized updating the existing data guidance documents based on stakeholder input. In Q3 2022, DHCS launched a survey, and over 200 MCPs and ECM and Community Supports Providers responded with feedback about which updates should be considered. DHCS has since analyzed all survey data and made updates to the ECM and Community Supports guidance documents based on this feedback. The updates that have been made to the Quarterly Implementation Monitoring Report are labeled throughout and include corresponding footnotes. The updates are also cataloged in the Appendix.

DHCS expects to keep the Quarterly Implementation Monitoring Report in place for at least three years due to multiple phase-ins of additional ECM Populations of Focus and in recognition of the significant transition to encounter reporting that will occur for many Providers in the field, especially Community Supports Providers. When DHCS determines that the encounter and 274 Provider file information is robust—as evidenced by congruence between that data and the Quarterly Implementation Monitoring Report—it will discontinue the requirement for MCPs to submit the Quarterly Implementation Monitoring Report. After that time, DHCS may require MCPs to report on a limited set of data elements that are not available via encounters, the 274 Provider files, or other data sources. MCPs must use the Excel reporting template corresponding to this document and submit via an SFTP site.

Quarterly Implementation Monitoring Reporting periods and due dates are shown in the table below.

Quarter	Reporting Period	Report Due Date
2022 Q1	January – March 2022	May 16, 2022
2022 Q2	April – June 2022	August 15, 2022
2022 Q3	July – September 2022	November 14, 2022
2022 Q4	October – December 2022	February 14, 2023
2023 Q1	January – March 2023	May 16, 2023

2023 Q2	April – June 2023	August 14, 2023
2023 Q3	July – September 2023	November 14, 2023
2023 Q4	October – December 2023	February 14, 2024
2024 Q1	January – March 2024	May 15, 2024
2024 Q2	April – June 2024	August 14, 2024

Next Steps and Further Information

Questions and notifications regarding concerns about compliance with the reporting requirements established in this guidance document may be directed to the ECM and Community Supports inbox: CalAIMECMILOS@dhcs.ca.gov

3. Quarterly Implementation Monitoring Report Elements

The Quarterly Implementation Monitoring Report includes an ECM and a Community Supports section.

Quarterly ECM Implementation Monitoring Report Elements

DHCS utilizes data reported in the Quarterly Implementation Monitoring Reports, along with other available data, to monitor key indicators for ECM. Examples of key implementation indicators to be monitored include, but are not limited to, ECM Membership and characteristics, including Populations of Focus, race, ethnicity, sex, age, and primary language; ECM utilization; outreach; referral; and ECM Provider capacity.

The tables below outline the elements MCPs are required to report in the Quarterly Implementation Monitoring Report.

(Updated April 2023)
1. ECM Members and Services Tab

MCPs must report all ECM Members who were enrolled in ECM[3] during the reporting period.

1. ECM Members and Services Tab	
Row	**Element**
A	Plan Name *(Select)*
B	Plan Code *(Select)*
C	County *(Select)*

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[3] Updated from "MCPs will report all ECM Members who received ECM during the reporting period" to clarify that MCPs should include all ECM Members who were enrolled in ECM in this tab, as there may be some Members whom MCPs consider to be enrolled in the ECM benefit but who did not receive any ECM services during the reporting period.

Row	Element
	1. ECM Members and Services Tab
D	Reporting Period *(Select)*
E	Member CIN
F	Member Last Name
G	Member First Name
H	Member Date of Birth *(MM/DD/YYYY)*

I-X	***(Updated April 2023)*** *Mark all applicable Populations of Focus that are known to the MCP to apply to the Member.*
	
	(Enter "1" for Yes or "0" for No.)
	
	Member's ECM Population of Focus:[4]*
	
	  I. Adult – Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness
	  J. Adult – Individuals Experiencing Homelessness: Homeless Families
	  K. Adult – Individuals at Risk for Avoidable Hospital or ED Utilization
	  L. Adult – Individuals with Serious Mental Health or Substance Use Disorder (SUD) needs
	  M. Adult – Individuals Transitioning from Incarceration
	  N. Adult – Individuals Living in the Community and at Risk for LTC Institutionalization
	  O. Adult – Nursing Facility Residents Transitioning to Community
	  P. Adult – Birth Equity Population of Focus
	  Q. Child/Youth – Individuals Experiencing Homelessness: Unaccompanied Children/Youth Experiencing Homelessness

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[4] ECM is a statewide Medi-Cal benefit that is being implemented in phases. The ECM Populations of Focus have been updated to account for the additional design work that has occurred since the launch of the program.

	1. ECM Members and Services Tab
Row	**Element**
	R. Child/Youth – Individuals Experiencing Homelessness: Homeless Families S. Child/Youth – Individuals at Risk for Avoidable Hospital or ED Utilization T. Child/Youth – Individuals with Serious Mental Health or Substance Use Disorder (SUD) needs U. Child/Youth – Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition V. Child/Youth – Involved in Child Welfare W. Child/Youth – Individuals Transitioning from Incarceration X. Child/Youth – Birth Equity Population of Focus
Y	*(Updated April 2023)* ECM Benefit Start Date *(MM/DD/YYYY), defined as the date of the first billed claim when ECM services were rendered once the member is enrolled in ECM; this is not intended to capture initial ECM provider outreach efforts. Note: ECM Providers reporting in the ECM Provider Return Transmission File should inform this field.*
Z	ECM Benefit End Date *(Disenrollment Date as MM/YY/DDDD, or blank if Member was receiving ECM through the end of the reporting period). Members who cease to receive ECM should not be reported in subsequent reports unless they become reenrolled in ECM. If a Member ends ECM and is subsequently reenrolled in ECM during the same reporting period, report the Member on a new row with the new ECM Benefit Start date.*
A1	*(Updated April 2023)* Reason for Discontinuation[5] of ECM if the Member has been disenrolled and the benefit has ended. Select one reason code below.

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[5] Additional discontinuation reason codes have been added based on stakeholder feedback. Previously, there were only five discontinuation reason codes: 1.The Member has met all care plan goals; 2. The Member is ready to transition to a lower level of care; 3. The Member no longer wishes to receive ECM; 4. The ECM Provider has not been able to connect with the Member after multiple attempts; or 5.Other.

1. ECM Members and Services Tab	
Row	**Element**
	1. The Member has met all care plan goals. 2. The Member is ready to transition to a lower level of care. 3. The Member no longer wishes to receive ECM. 4. The ECM Provider has not been able to connect with the Member after multiple attempts 5. Incarcerated 6. Declined to participate 7. Enrolled in a duplicative program 8. Lost Medi-Cal coverage 9. Switched health plans 10. Moved out of the county 11. Moved out of the country 12. Unsafe behavior or environment 13. Member not reauthorized for ECM services 14. Deceased 15. Other
A2	Member's Assigned ECM Provider NPI*
A3	*(Updated April 2023)* Number of **in-person** ECM interactions[6] the Member received during the reporting period.* Reporting should capture the delivery of all ECM core services <u>including</u> outreach.

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[6] Previously, this reporting field was defined as: "Number of in-person ECM encounters Member received during the reporting period." Changed the terminology to "in-person ECM interactions" and provided clarification about how an ECM interaction is defined—i.e., the delivery of all ECM core services including outreach.

1. ECM Members and Services Tab	
Row	**Element**
A4	**(Updated April 2023)** Number of **telephonic/telehealth** ECM interactions[7] the Member received during the reporting period.* Reporting should capture the delivery of all ECM core services <u>including</u> outreach.

*Indicates reporting element that may need to be collected from ECM Providers/subcontractors in order to be reported by MCP.

(Updated April 2023)
2. ECM Requests for Services and Outreach

Notes:
- Members who transitioned from Whole-Person Care (WPC) Pilots/Health Homes Program (HHP) should be excluded from this tab.
- MCP should report <u>all Members identified and determined eligible for ECM.</u>
- Rows E-G ask for data to be reported during the reporting period (i.e., quarterly).
- Rows H-J ask for data to be reported cumulatively indefinitely (i.e., on an ongoing basis, NOT year over year).
- Rows K-L ask for data to be reported during the reporting period (i.e., quarterly).

2. ECM Requests for Services and Outreach Tab	
Row	**Element**
A	Plan Name *(Select)*
B	Plan Code *(Select)*
C	County *(Select)*

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[7] Previously, this reporting field was defined as "Number of telephonic/telehealth ECM encounters Member received during the reporting period." Changed the terminology to "telephonic/telehealth ECM interactions" and provided clarification about how an ECM interaction is defined—i.e., the delivery of all ECM core services including outreach.

2. ECM Requests for Services and Outreach Tab	
Row	**Element**
D	Reporting Period *(Select)*
E	*(Updated April 2023)* Total number of unique Members (not reported in any previous quarter) **identified and determined as eligible for ECM during the reporting period.**[8] *This number should include all the pathways in which Members can be identified (i.e., via receipt of requests from ECM Providers, and other Providers or community-based entities; self- or family referrals; analysis of MCP's own enrollment, claims, other relevant data and available information).* **This number should only include Members who have been identified and <u>determined as eligible</u> during the reporting period (i.e., the most recent quarter).**
F	*(Updated April 2023)* Number of unique Members (not reported in any previous quarter) identified and determined as eligible for ECM **that received one or more outreach attempts for initiation into ECM during the reporting period**.[9] An individual reported here could have been identified as eligible for ECM **during any reporting period (including the most recent quarter)**. *An "outreach attempt" is defined as an in-person or telephonic/electronic attempt to connect with an individual Member for the purpose of enrolling the Member in the ECM benefit. Outreach attempts from all entities (ECM Providers/staff, MCPs) should be included in this reporting.* **This number should only include Members who have received their initial outreach attempt for initiation into ECM during the reporting period (i.e., the most recent quarter) and should not have received outreach before.**
G	*(Updated April 2023)* Number of unique Members (not reported in any previous quarter) who received one or more outreach attempts and were

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[8] Added a new reporting element to capture discrete activity that occurred during the reporting period.
[9] Ibid.

2. ECM Requests for Services and Outreach Tab	
Row	**Element**
	enrolled in ECM.[10] An individual reported here could have been identified and determined as eligible for ECM and had their initial outreach attempt **during any reporting period (including the most recent quarter)**. *This number should only include Members who were enrolled in ECM during the reporting period (i.e., the most recent quarter).*
H	Number of unique Members for whom the MCP received a request for ECM services from all external sources (e.g., ECM Providers and other Providers or community-based entities, Members/families directly) **during the reporting period**.
I	Number of unique Members for whom the MCP received a request for ECM services from all external sources (e.g., ECM Providers and other Providers or community-based entities, Members/families directly), for which MCP determined ineligible/denied, **during the reporting period**.
J	*(Added April 2023)* Number of unique Members for whom the MCP received a request for ECM services from all external sources (e.g., ECM Providers and other Providers or community-based entities, Members/families directly), for which MCP determined approved for authorization, **during the reporting period**.[11]

*Indicates reporting element that may need to be collected from ECM Providers/subcontractors in order to be reported by MCP.

3. ECM Provider Capacity Tab

MCPs should provide the most up-to-date information about their current ECM Provider capacity.

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[10] Ibid.

[11] Added a new reporting element to capture the number of referrals from external sources that the MCP approved for authorization.

3. ECM Provider Capacity Tab	
Row	**Element**
A	Plan Name *(Select)*
B	Plan Code *(Select)*
C	County *(Select)*
D	Reporting Period *(Select)*
E	ECM Provider NPI*
F	ECM Provider Type (select one)*: 1. County 2. County behavioral health Provider 3. Primary care or specialist physician or physician group 4. Federally Qualified Health Center 5. Community Health Center 6. Hospital or hospital-based physician group or clinic 7. Public hospital, district/municipal public hospital or healthcare system 8. Rural Health Center/Indian Health Center 9. Local health department 10. Behavioral health entity 11. Community mental health center 12. Substance use disorder treatment Provider 13. Organization serving individuals experiencing homelessness 14. Organization serving justice-involved individuals 15. Other qualified Provider or entity not listed above
G-V	***(Updated April 2023)*** ECM Populations of Focus served by provider. For each of the ECM Populations of Focus listed, e*nter "1" for Yes or "0" for No, as applicable.*[12]*

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[12] ECM Populations of Focus have been updated to account for the additional design work that has occurred since the launch of the program.

3. ECM Provider Capacity Tab	
Row	**Element**
	G. Adult – Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness
	H. Adult – Individuals Experiencing Homelessness: Homeless Families
	I. Adult – Individuals at Risk for Avoidable Hospital or ED Utilization
	J. Adult – Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs
	K. Adult – Individuals Transitioning from Incarceration
	L. Adult – Individuals Living in the Community and at Risk for LTC Institutionalization
	M. Adult – Nursing Facility Residents Transitioning to Community
	N. Adult – Birth Equity Population of Focus
	O. Child/Youth – Individuals Experiencing Homelessness: Unaccompanied Children/Youth Experiencing Homelessness
	P. Child/Youth – Individuals Experiencing Homelessness: Homeless Families
	Q. Child/Youth – Individuals at Risk for Avoidable Hospital or ED Utilization
	R. Child/Youth – Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs
	S. Child/Youth – Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition
	T. Child/Youth – Involved in Child Welfare
	U. Child/Youth – Individuals Transitioning from Incarceration
	V. Child/Youth – Birth Equity Population of Focus

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

**ECM and Community Supports Quarterly
Implementation Monitoring Report Requirements**
First Published: December 2021, Updated: April 2022,
Updated: April 2023

3. ECM Provider Capacity Tab	
Row	**Element**
W	*(Updated April 2023)* **Total Number of Members (Adult) Currently Being Served:** total number of adult Members the ECM Provider is <u>currently</u> serving at the end of the reporting period.[13]
X	*(Updated April 2023)* **Total Number of Members (Children/Youth) Currently Being Serving:** total number of children/youth Members the ECM <u>Provider</u> is currently serving at the end of the reporting period.[14]
Y	*(Added April 2023)* **Total ECM Provider capacity (Adult):** total number of adult Members the ECM Provider is <u>able to serve</u> at the end of the reporting period**,** regardless of whether the ECM Provider is actually serving them.[15]
Z	*(Added April 2023)* **Total ECM Provider capacity (Children/Youth):** total number of children/youth Members the ECM Provider is <u>able to serve</u> at the end of the reporting period, regardless of whether the ECM Provider is actually serving them.[16]

*Indicates reporting element that may need to be collected from ECM Providers/subcontractors in order to be reported by MCP.

Quarterly Community Supports Implementation Monitoring Report Elements

DHCS utilizes data reported in the Quarterly Implementation Monitoring Report, along with other available data, to monitor key indicators for Community Supports. Examples of key implementation indicators to be monitored for the reporting period include, but are not limited to, Members receiving Community Supports and their characteristics, including Populations of Focus, race, ethnicity, sex, age, and primary language;

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[13] Updated terminology of this reporting field to provide clarity; the actual reporting requirement has not been changed.

[14] Ibid.

[15] Added a new reporting element to capture total ECM Provider capacity for adult Members.

[16] Added a new reporting element to capture total ECM Provider capacity for children/youth Members.

Community Supports utilization; and Community Supports Provider types and capacities.

4. Community Supports Members and Services Tab

MCPs should report all Members who have been approved for authorization or who have received Community Supports during the reporting period.

4. Community Supports Members and Services Tab	
Row	**Element**
A	Plan/County Code *(Select)*
B	Plan Code *(Select)*
C	County *(Select)*
D	Reporting Period *(Select)*
E	Member CIN
F	Member Last Name
G	Member First Name
H	Member Date of Birth *(MM/DD/YYYY)*
I	Member received Community Supports services during reporting period *(Enter "1" for Yes or "0" for No)**
J-X	*(Updated April 2023)* For each of the Community Supports services approved for authorization[17] during the reporting period, e*nter "1" for Yes or "0" for No.** **J.** Housing Transition Navigation Services **K.** Housing Deposits **L.** Housing Tenancy and Sustaining Services **M.** Short-Term Post-Hospitalization Housing

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[17] Updated terminology from "approved" to "approved for authorization."

4. Community Supports Members and Services Tab	
Row	**Element**
	N. Recuperative Care (Medical Respite) **O.** Respite Services **P.** Day Habilitation Programs **Q.** Nursing Facility Transition/Diversion to Assisted Living Facilities **R.** Nursing Facility Transition to a Home **S.** Personal Care and Homemaker Services **T.** Environmental Accessibility Adaptations **U.** Medically Supportive Food/Meals/Medically Tailored Meals **V.** Sobering Centers **W.** Asthma Remediation **X.** Other
Y-AM	For each of the Community Supports services received during reporting period, enter "1" for Yes or "0" for No.* **Y.** Housing Transition Navigation Services **Z.** Housing Deposits **AA.** Housing Tenancy and Sustaining Services **AB.** Short-Term Post-Hospitalization Housing **AC.** Recuperative Care (Medical Respite) **AD.** Respite Services **AE.** Day Habilitation Programs **AF.** Nursing Facility Transition/Diversion to Assisted Living Facilities **AG.** Nursing Facility Transition to a Home **AH.** Personal Care and Homemaker Services **AI.** Environmental Accessibility Adaptations **AJ.** Medically Supportive Food/Meals/Medically Tailored Meals **AK.** Sobering Centers **AL.** Asthma Remediation **AM**. Other

*Indicates reporting element that may need to be collected from Community Supports Providers/ subcontractors in order to be reported by MCP.

5. Community Supports Provider Capacity Tab

MCPs should provide the most up-to-date information about their current Community Supports Provider capacity.

5. Community Supports Provider Capacity Tab	
Row	**Element**
A	Plan Name *(Select)*
B	Plan Code *(Select)*
C	County *(Select)*
D	Reporting Period *(Select)*
E	Community Supports Provider NPI*
F	Community Supports Provider Type (select one)*: 1. Counties 2. County behavioral health Providers 3. Primary care or specialist physician or physician groups 4. Federally Qualified Health Centers 5. Community Health Centers 6. Hospitals or hospital-based physician groups or clinics (including public hospitals and district/municipal public hospitals) 7. Rural Health Centers/Indian Health Centers 8. Local health departments 9. Behavioral health entities 10. Community mental health centers 11. Substance use disorder treatment Providers 12. Organizations serving individuals experiencing homelessness 13. Organizations serving justice-involved individuals

Row	Element
	5. Community Supports Provider Capacity Tab
	14. Other qualified Providers or entities that are not listed above, as approved by DHCS
G	Community Supports offered by Provider. (If multiple Community Supports are offered by the same Provider, report separate rows for each Community Support.) 1. Housing Transition Navigation Services 2. Housing Deposits 3. Housing Tenancy and Sustaining Services 4. Short-Term Post-Hospitalization Housing 5. Recuperative Care (Medical Respite) 6. Respite Services 7. Day Habilitation Programs 8. Nursing Facility Transition/Diversion to Assisted Living Facilities, Such as Residential Care Facilities for Elderly and Adult and Adult Residential Facilities 9. Nursing Facility Transition to a Home 10. Personal Care (Beyond In-Home Services and Supports) and Homemaker Services 11. Environmental Accessibility Adaptations (Home Modifications) 12. Medically Supportive Food/Meals/Medically Tailored Meals 13. Sobering Centers 14. Asthma Remediation 15. Other
H	*(Updated April 2023)* **Total Number of Members currently serving:** total number of Members the Community Supports Provider is <u>currently</u> serving at the end of the reporting period.[18]

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[18] Updated terminology of this reporting field to provide clarity; the actual reporting requirement has not been changed.

5. Community Supports Provider Capacity Tab	
Row	**Element**
I	*(Updated April 2023)* **Total provider capacity:** total number of Members the Community Supports Provider is <u>able to serve</u> at the end of the reporting period, regardless of whether the Community Supports Provider is actually serving them.[19]

*Indicates reporting element that may need to be collected from Community Supports Providers /subcontractors in order to be reported by MCP.

6. Community Supports Requests and Denials	
Row	**Element**
A	Plan Name *(Select)*
B	Plan Code *(Select)*
C	County *(Select)*
D	Reporting Period *(Select)*
E	Number of unique Members for whom the MCP received a request for Community Supports services from all external sources (e.g., Community Supports Providers and other Providers, Members/families directly) during the reporting period.
F	**Denominator for this count is column C.** Number of unique Members for whom the MCP received a request for Community Supports services from all external sources (e.g., Community Supports Providers and other Providers, Members/families directly), for which MCP determined ineligible/denied during the reporting period.

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[19] Added a new reporting element to capture total Community Supports Provider capacity.

Appendix A. Version Updates

Version 1.1
Listed below are the substantive edits made to this data guidance document in April 2023.

- WPC/HHP Transition Report was removed.

- Description of DHCS' expectations for data collection after the initial implementation period has been updated.

ECM Members and Services Tab

- Rows E-H: Asterisks were removed from Member CIN, Member Last Name, Member First Name, and Member Date of Birth fields in the ECM; MCPs should not need to collect them from ECM Providers/subcontractors.

- Rows I – X: The response options for ECM Population(s) of Focus have been updated to reflect those listed in the ECM Policy Guide.

- Row Y: Updated and clarified the definition of ECM Benefit State Date. ECM Provider reporting from the ECM Provider Return Transmission File should inform this field.

- Row A1: Additional options have been added for MCPs to report the Reason for Discontinuation of ECM. Previous discontinuation reasons only included 1. The Member has met all care plan goals; 2. The Member is ready to transition to a lower level of care; 3. The Member no longer wishes to receive ECM; 4. The ECM Provider has not been able to connect with the Member after multiple attempts; or 5. Other.

- Row A3: Clarified how the MCP should report in-person ECM interactions the Member received, i.e., the delivery of all ECM core services, including outreach, during the reporting period.

![DHCS logo - California Department of Health Care Services]

ECM and Community Supports Quarterly Implementation Monitoring Report Requirements
First Published: December 2021, Updated: April 2022, Updated: April 2023

- Row A4: Clarified how the MCP should report phone/telehealth ECM interactions the Member received, i.e., the delivery of all ECM core services, including outreach, during the reporting period.

ECM Requests for Services and Outreach Tab

- Rows E-G: updated MCP reporting requirements—changed from "cumulative" to "quarterly."

- Row E-F: clarified that Members included in this reporting who are identified as eligible should also be determined eligible for ECM.

- Row J: added a reporting requirement for MCPs to indicate how many referrals received from external sources were approved for authorization for ECM during the reporting period.

ECM Provider Capacity Tab

- Rows G-V: The response options for ECM Population(s) of Focus are updated to reflect the updated Populations of Focus as outlined in the ECM Policy Guide.

- Row W: Updated description of reporting requirement for MCPs to report "Total Number of Members (Adult) Currently Being Served"

- Row X: Updated description of reporting requirement for MCPs to report "Total Number of Members (Children/Youth) Currently Being Served.

- Row Y: Added new reporting requirement of "Total ECM Provider capacity (Adult)," the total number of adult Members the ECM Provider is able to serve at the end of the reporting period.

- Row Z: Added new reporting requirement of "Total ECM Provider capacity (Children/Youth)," total number of children/youth Members the ECM Provider is able to serve at the end of the reporting period

- Removed reporting requirement: Approximate total number of Adult Members the ECM Provider is able to serve, beyond who they are currently serving, at the end of the reporting period.

- Removed reporting requirement: Approximate total number of Children/Youth Members the ECM Provider is able to serve, beyond who they are currently serving, at the end of the reporting period.

Community Supports Members and Services Tab

- Rows E-H: Asterisks were removed from Member CIN, Member Last Name, Member First Name, and Member Date of Birth fields; these are data elements the MCP should already have access to and should not need to collect from Community Supports Providers/subcontractors.

- Rows J-X: Changed terminology from "approved" to "approved for authorization."

Community Supports Provider Capacity Tab

- Row H: Added new reporting requirement for MCPs to report "Total Number of Members currently serving: total number of Members the Community Supports Provider is currently serving at the end of the reporting period."

- Row I: Updated to "Total provider capacity: total number of Members the Community Supports Provider is able to serve at the end of the reporting period, regardless of whether the Community Supports Provider is actually serving them."