Streamlining Access to ECM: New ECM Referral Standards and Presumptive Authorization Guidance

October 9, 2024

Webinar

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Welcome from Tyler Sadwith

State Medicaid Director

California Department of Health Care Services

Overview: ECM and Community Supports Action Plan

In July 2023, DHCS released an "Action Plan" for improving ECM and Community Supports availability and uptake. This includes a commitment to streamlining ECM referrals and authorizations.

» Areas of DHCS Focus in Response to Data and Feedback

- Standardizing Eligibility
- **Streamlining and Standardizing Referral/Authorization Processes**
- Expanding Provider Networks and Streamlining Payment
- Strengthening Market Awareness
- Improving Data Exchange

» Goal: Increasing Availability and Uptake of ECM and Community Supports for Medi-Cal Members who Need Them

Now Available: New ECM Referrals and Authorization Guidance

In August 2024, DHCS released new ECM Referral Standards and ECM Presumptive Authorization requirements, available on the <u>ECM Resources webpage</u>.

> ***<u>ECM Referral Standards and Form Templates</u>***
>
> ***ECM Presumptive Authorization requirements, available in the <u>ECM Policy Guide</u> (page 107)***

Overview: Why Streamline Access to ECM?

The ECM benefit serves Medi-Cal Members with the highest health and social needs

with in-person care management where they live.

» **Starting ECM services quickly** is important for Members who are hard to reach or who need services right away, for example:

  » Individuals experiencing homelessness, children entering foster care, adults transitioning from a hospital back home.

» Current referral pathways can be complicated and can vary by MCP and may deter some partners from making referrals to ECM.

» **DHCS' new ECM Referrals and Authorization guidance aims to make it easier to place a referral to ECM and to start serving Members more quickly.**

Today's DHCS Presenters

» **Palav Babaria, MD, MHS**

Chief Quality and Medical Officer

Deputy Director, Quality and Population Health Management

» **Laura Miller, MD**

Medical Consultant III, Quality and Population Health Management

Today's Agenda

» Improving Access to Enhanced Care Management

» Overview of New ECM Referrals and Authorizations Guidance

- Universal ECM Referral Standards
- ECM Presumptive Authorization Requirements

» What the New ECM Guidance Means for Referral Partners, ECM Providers, and MCPs

» Looking Ahead: ECM Monitoring Updates

» Questions and Answers

» Closing

Improving Access to Enhanced Care Management

What Is Enhanced Care Management (ECM)?

» ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs provided primarily through in-person interactions with Members where they live, seek care, or prefer to access services.

» ECM is the **highest tier of care management** for MCP Members.

» ECM serves children, youth and adults across "Populations of Focus"

ECM Populations of Focus (POFs) (1/2)

Enhanced Care Management Populations of Focus have launched over time. The latest ECM Referral Standards have different referral templates for Adults and Children & Youth POFs.

	ECM Population of Focus	Adults	Children & Youth
1	Individuals Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization	✓	✓
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 LTC Institutionalization	✓	

ECM Populations of Focus (POFs) (2/2)

Enhanced Care Management Populations of Focus have launched over time. The latest ECM Referral Standards have different referral templates for Adults and Children & Youth POFs.

ECM Population of Focus	Adults	Children & Youth
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	✓	✓

How Can Medi-Cal Members Access ECM?

DHCS expects MCPs to source the majority of referrals for ECM from providers and community-based organizations. DHCS requires MCPs to have information on making a referral to ECM on their website.

There are multiple pathways for Members to access ECM. Providers and community-based organizations serving Members eligible for ECM are strongly encouraged to submit referrals for all Members they believe are eligible.

ECM Referral Routes

Providers and community referral partners identify Members eligible for ECM.

Members and families can also access services through self-referrals.

MCPs may also use Member data to identify Members eligible for ECM.

MCPs review the ECM Referral, determine the Member's eligibility, and authorize ECM within 5 business days.

ECM Uptake Two Years Into Implementation Data from January 2022 to December 2023

In the first 24 months since ECM launched, ~183,700 unique members have received the benefit.

Total Number of Members Who Received ECM Each Quarter Since Launch

~78,200

~68,400

~96,300

| CY 2022 Q1 | CY 2022 Q2 | CY 2022 Q3 | CY 2022 Q4 | CY 2023 Q1 | CY 2023 Q2 | CY 2023 Q3 | CY 2023 Q4 |

■ Members Aged 21 and Over   ■ Members Under Age 21
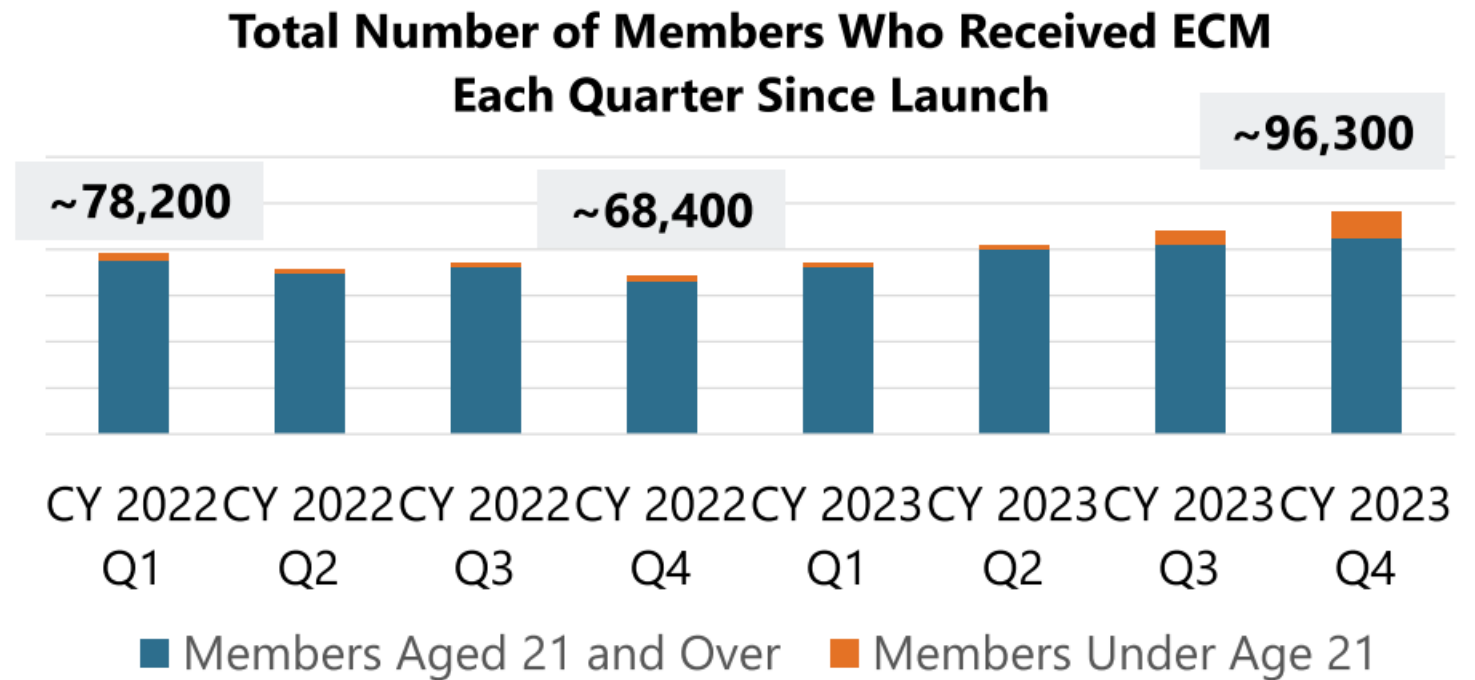
Source: ECM and Community Supports Quarterly Implementation Report for Q4 2023

Latest Data Release: ECM and Community Supports Quarterly Implementation Report for Q4 2023 (1/2)

DHCS

Collection

ECM and Community Supports Quarterly Implementation Report

The Latest Data on Medi-Cal Managed Care's Enhanced Care Management and Community Supports

Reflects Data from January 1, 2022, through December 31, 2023 | Updated August 2024

Get started

California has embarked on a multi-year journey to transform Medi-Cal and provide members with more coordinated, person-centered, and equitable care. In 2022, two cornerstones of this journey — Enhanced Care Management (ECM) and Community Supports — launched statewide.

This **Medi-Cal ECM and Community Supports Quarterly Implementation Report** provides a comprehensive overview of ECM and Community Supports implementation to date.

It includes data at the state, county, and plan levels on total members served, utilization, and provider networks. It is based on data submitted by managed care plans (MCPs) to the Department of Health Care Services (DHCS) via the Quarterly Implementation Monitoring Report as of the publication date. Data may be underreported due to lags in provider reporting of ECM and Community Supports utilization. DHCS may update data based on additional MCP submissions.
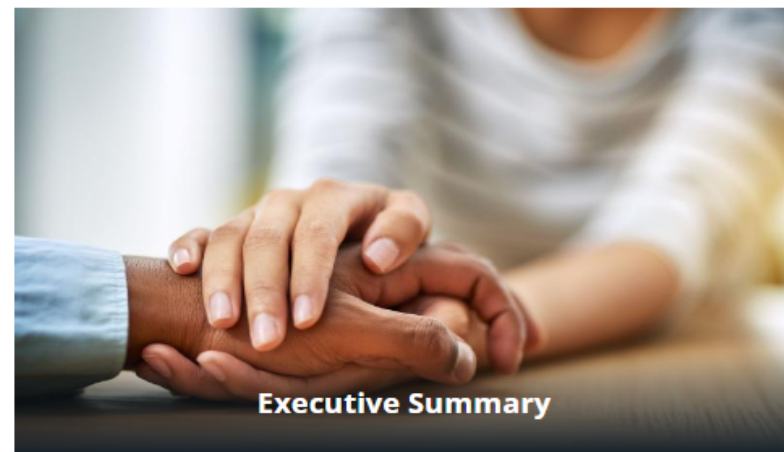
Executive Summary

ECM Overview

Community Supports Overview

ECM Members

Community Supports Members

ECM Providers

Community Supports Providers

Latest Data Release: ECM and Community Supports Quarterly Implementation Report for Q4 2023 (2/2)

» In August 2024, DHCS published the latest **ECM and Community Supports Quarterly Implementation Report** with data through Q4 2023.

» DHCS will continue to release regular updates to this report, with the **Q1-Q2 2024 data release planned for December 2024**.

Available at:
https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117

Overview of New ECM Referrals and Authorization Guidance

ECM Referral Standards and Form Templates

» The **ECM Referral Standards** create a unified set of information that all MCPs collect as part of any referral for ECM. **MCPs must adopt these standards by January 1, 2025.**

» The standards include technical information that MCPs can use to build underline electronic ECM referrals via provider portals, EMRs, HIE etc.

» The **ECM Referral Form Templates** are an application of the ECM Referral Standards for use when the referring entity cannot use an electronic format. **DHCS always encourages and prefers electronic referrals over PDFs/hard copy forms but understands that not all community entities can refer Members this way.** There are two form templates - Adult and Child/Youth.

Key Information Collected in ECM Referrals

Starting January 1, 2025, all Managed Care Plans must use the ECM Referral Standards for their ECM Referral Forms, so that entities referring to ECM fill out the same information across MCPs.

» The ECM Referral Standards and Forms Templates define the following areas:

- **Medi-Cal Member Information**
- **Referral Source Information**
- **Eligibility Criteria for Adults and Children/Youth**
- **Enrollment In Other Programs**
- **Referral Transmission Methods** *Including guidance encouraging batch referrals*

The ECM Referral Standards will not change the existing processes for the MIF and RTF. The ECM Referral Standards build on – and supersede – previous [ECM Data Sharing Guidance](#) for ECM referrals ("Potential ECM Member Referral File"), which will be eliminated. DHCS will release an updated version of the Data Sharing Guidance to reflect this update in Fall 2024.

Local Collaboration to Promote New ECM Referral Standards

» **MCPs are encouraged to work with CalAIM local conveners ("PATH CPIs") on the rollout of this new set of tools.**

- There are 26 PATH-funded CPI groups spanning across every county/region in the state.

- To find a PATH CPI Collaborative in your county, visit CA-PATH.com

» **DHCS strongly encourages local CPIs, providers and partners to share the new ECM Referral Standards to improve awareness of ECM and encourage new referrals when they go live on 1/1/2025.**

- Ex: Schools, churches, childcare centers and other entities outside health care who can make referrals for ECM.

DHCS welcomes best practices on using the new ECM Referral Standards to encourage community referrals to ECM via email at: CalAIMECMILOS@dhcs.ca.gov.

Overview: ECM Presumptive Authorization (1/2)

Starting on Jan. 1st 2025, MCPs are required to allow select ECM Providers to quickly initiate ECM services <u>prior</u> to submitting an ECM referral to an MCP and reimburse Providers for services during a 30-day timeframe.

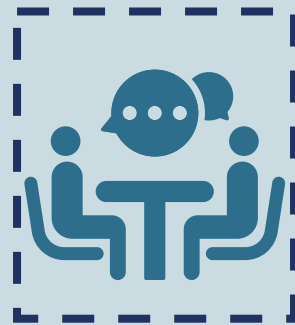| Traditional ECM Authorization Process	
	Referral → **MCP Authorization** → **Services**
New Presumptive Authorization Process *(For Select ECM Providers & POFs)*	In the traditional ECM authorization process, ECM services start **after** a referral is submitted to an MCP to authorize ECM services.

Overview: ECM Presumptive Authorization (2/2)

Starting on Jan. 1st 2025, MCPs are required to allow select ECM Providers to quickly initiate ECM services <u>prior</u> to submitting an ECM referral to an MCP and reimburse Providers for services during a 30-day timeframe.

Traditional ECM Authorization Process

Services → **Referral** → **MCP Authorization**

New Presumptive Authorization Process *(For Select ECM Providers & POFs)*

Under the ECM presumptive authorization process, select ECM Providers can start services **before** a referral is submitted to an MCP to authorize ECM services.

Presumptive Authorization: POFs and Providers Overview (1/2)

» **ECM Population of Focus**

1. Adults & Children Experiencing Homelessness
2. Adults & Children At Risk for Avoidable Hospital or ED Utilization
3. Adults & Children with Serious Mental Health and/or SUD Needs
4. Adults & Children Transitioning from Incarceration
5. Adults Living in the Community and At Risk for LTC Institutionalization
6. Adult SNF Residents Transitioning to the Community
7. Children & Youth Enrolled in CCS/CCS WCM
8. Children & Youth Involved in Child Welfare
9. Birth Equity Population of Focus

Presumptive Authorization: POFs and Providers Overview (2/2)

» All POFs have new corresponding requirements for ECM presumptive authorization, each one for **specific ECM Provider types.**

» The DHCS-required pairings of ECM Providers and POFs for presumptive authorization are **minimum requirements and do not limit** MCPs from extending presumptive authorization arrangements to more ECM Providers or additional POFs.

Presumptive Authorization: POFs and Providers (1/3)

Column 1: ECM Population of Focus	Column 2: ECM Providers That Can Serve Members Eligible for the POF Through Presumptive Authorization
Adults & Children Experiencing Homelessness	» Street Medicine Providers; Community Supports Providers of the Housing Trio Services: Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services; County-contracted and County-operated Specialty Behavioral Health Providers
Adults & Children At Risk for Avoidable Hospital or ED Utilization	» Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs) and County-operated primary care)
Adults & Children with Serious Mental Health and/or SUD Needs	» County-contracted and County-operated Specialty Behavioral Health Providers

Presumptive Authorization: POFs and Providers (2/3)

Column 1: ECM Population of Focus	Column 2: ECM Providers That Can Serve Members Eligible for the POF Through Presumptive Authorization
Adults & Children Transitioning from Incarceration	» Existing DHCS guidance governs authorizations and warm handoffs to support Members receiving pre-release services in the JI POF. See Section 13.3.d of the <u>Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative</u> for details.
Adults Living in the Community and At Risk for LTC Institutionalization	» California Community Transitions (CCT) Lead Organizations » Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
Adult SNF Residents Transitioning to the Community	» California Community Transitions (CCT) Lead Organizations » Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services

Presumptive Authorization: POFs and Providers (3/3)

Column 1: ECM Population of Focus	Column 2: ECM Providers That Can Serve Members Eligible for the POF Through Presumptive Authorization
Children & Youth Enrolled in CCS/CCS WCM	» CCS Paneled Providers and Local Health Department CCS Programs
Children & Youth Involved in Child Welfare	» County-contracted and County-operated Specialty Behavioral Health Providers » High Fidelity Wraparound Providers » Health Care Program for Children in Foster Care Providers » Department of Social Services (DSS) Offices » Foster Family Agencies » Transitional Housing Programs for Current and Former Foster Youth » Children's Crisis Residential Programs
Birth Equity Population of Focus	» OB/GYN Practices; Midwifery Practices; Entities that deliver the following services: Black Infant Health (BIH) Program, Perinatal Equity Initiative (PEI), Indian Health Program, American Indian Maternal Support Services (AIMSS)

ECM Payment and Presumptive Authorization

MCP Provider Portal Active ECM Authorizations
Required by January 1, 2025:

To reduce the risk that ECM Providers are not reimbursed for services due to an existing ECM authorization, MCPs must make Members' ECM authorization statuses accessible to ECM Providers via their Plan Portal or similar online system by January 1, 2025.

Exceptions to MCP Payment In the Presumptive Authorization Timeframe

» If the Member has an **existing**, **open ECM authorization** with another ECM Provider, the MCP is not required to reimburse for services delivered in the presumptive authorization period. DHCS allows for this exception in MCP payment to limit instances of payment for duplicative services.

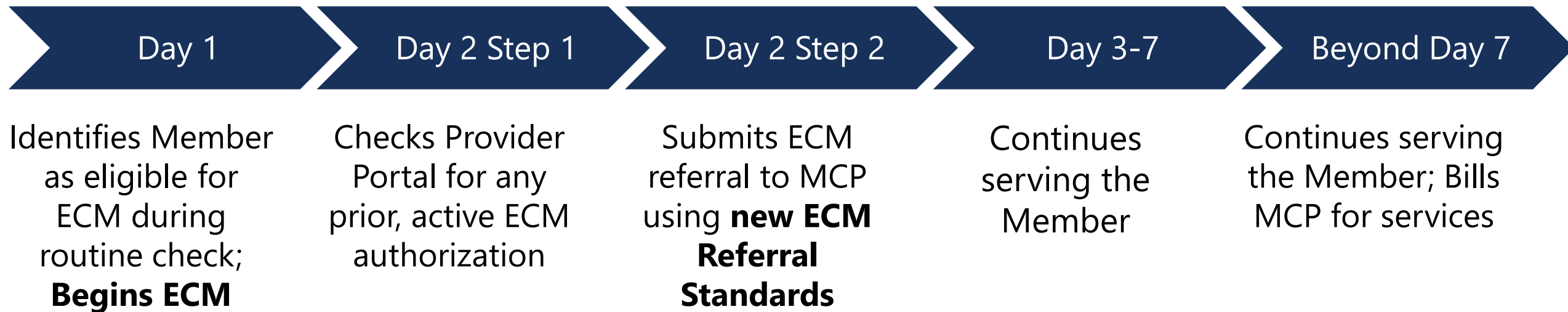» If the individual is **not an active Member** of the MCP during the dates of ECM service delivery.

What the New ECM Guidance Means for Referral Partners, ECM Providers, and MCPs

Linking ECM Presumptive Authorization & Referrals (1/3)

Scenario: An OB/GYN Practice contracted to provide ECM to the Birth Equity POF identifies a Medi-Cal Member eligible for the ECM Birth Equity POF. The OB/GYN provider initiates ECM services for the Member under the new ECM presumptive authorization requirements.
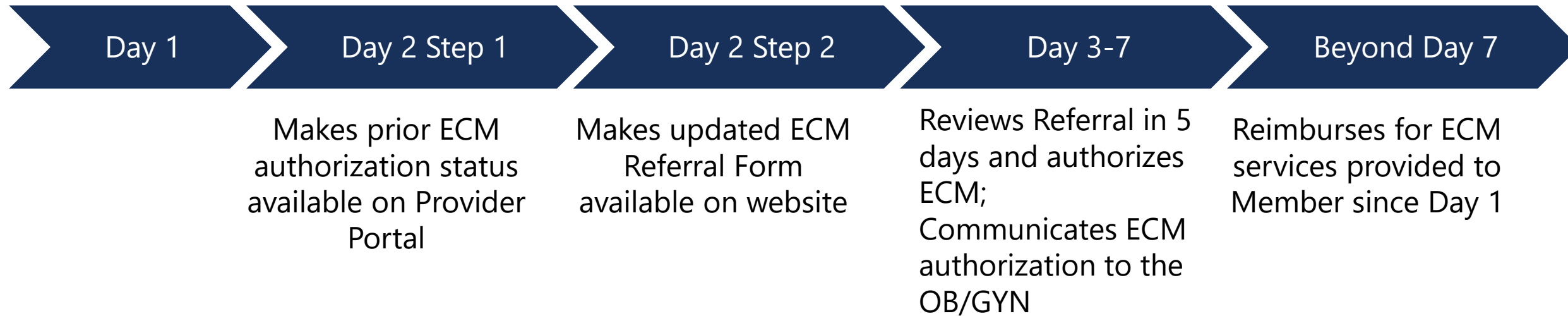
OB/GYN Practice

Day 1	Day 2 Step 1	Day 2 Step 2	Day 3-7	Beyond Day 7
Identifies Member as eligible for ECM during routine check; **Begins ECM**	Checks Provider Portal for any prior, active ECM authorization	Submits ECM referral to MCP using **new ECM Referral Standards**	Continues serving the Member	Continues serving the Member; Bills MCP for services

Linking ECM Presumptive Authorization & Referrals (2/3)

Scenario: An OB/GYN Practice contracted to provide ECM to the Birth Equity POF identifies a Medi-Cal Member eligible for the ECM Birth Equity POF. The OB/GYN provider initiates ECM services for the Member under the new ECM presumptive authorization requirements.

MCP

Day 1	Day 2 Step 1	Day 2 Step 2	Day 3-7	Beyond Day 7
	Makes prior ECM authorization status available on Provider Portal	Makes updated ECM Referral Form available on website	Reviews Referral in 5 days and authorizes ECM; Communicates ECM authorization to the OB/GYN	Reimburses for ECM services provided to Member since Day 1

Linking ECM Presumptive Authorization & Referrals (3/3)

» MCPs must make ECM authorization statuses accessible to ECM Providers via their Plan Portal by Jan. 1, 2025.

» MCPs are required to authorize Members as soon as possible (i.e., within five working days) per APL-21-011

ECM Referral Standards and Presumptive Authorization: What's Next (1/2)

To implement new **ECM Referral Standards requirements**, MCPs will need to take the following actions to support referral partners and ECM Providers.

» Update existing ECM referral forms and electronic workflows to align with the ECM Referral Standards and ECM Referral Form Templates

» Remove existing MCP requirements for any supplemental documentation for ECM referrals and authorization

» Update websites and provider handbooks with clear instructions on submitting an ECM referral using the new ECM Referral Standards

ECM Referral Standards and Presumptive Authorization: What's Next (2/2)

To implement new **ECM Presumptive Authorization requirements**, MCPs will need to take the following actions to support referral partners and ECM Providers.

» Identify which ECM Providers meet POF/Provider Type guidelines for presumptive authorization

» Make Members' ECM authorization statuses accessible to ECM Providers via their Plan Portal or similar online system

» Update ECM Provider contracts with presumptive authorization policy and payment provisions, as necessary

» Develop TA resources for ECM Providers explaining presumptive authorization processes, payment and associated ECM Provider responsibilities

More Assistance: PATH TA Marketplace

To access more support on ECM contracting and delivery of ECM services, visit:

https://www.ca-path.com/technical-assistance

Looking Ahead: ECM Monitoring Updates

ECM Monitoring in 2025 and Beyond (1/2)

DHCS has developed an overall, longitudinal ECM Monitoring Goal:

Ensure that MCPs provide ECM to members who need the benefit in a manner that is timely, in line with DHCS policy, and addresses members' key care management needs

» A Theory of Change (TOC) maps events needed to achieve that goal. It will underpin DHCS' refreshed monitoring approach and will measure activity in the following areas over a multi-year period:

1. **Establish robust provider networks to deliver ECM**

2. **Increase access to ECM / ECM "enrollment"**

3. **Improve delivery of ECM**

4. **Provide key interventions to improve ECM member outcomes**

ECM Monitoring in 2025 and Beyond (2/2)

What's to Come

- » By end of year, DHCS to share new monitoring framework and measures
- » Measures to focus on adherence to ECM policy
- » Will use data already submitted by plans: MCP data submissions, appeals & grievances, claims data, etc.
- » DHCS to establish process for addressing MCP performance that does not meet expectations

Q & A

How to Ask a Question

What questions do you have for DHCS?

» Use the chat

» Ask questions

» Share your own experiences

» If you logged on <u>via phone-only</u>

- Press "*9" on your phone to "raise your hand"

- Listen for your <u>phone number</u> to be called by moderator

- If selected to share your comment, please ensure you are "unmuted' on your phone by pressing "*6"

Thank You

Please send any questions and comments about ECM, Community Supports or this event to CalAIMECMILOS@dhcs.ca.gov