Policy:	GG.1354
Title:	**CalAIM Enhanced Care Management - Eligibility and Outreach**
Department:	Medical Management
Section:	Case Management

CEO Approval: */s/ Michael Hunn 09/05/2024*

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Applicable to: ☒ Medi-Cal
☐ OneCare
☐ PACE
☐ Administrative

I.   PURPOSE

This policy describes the implementation of Enhanced Care Management (ECM) under the California Advancing and Innovating Medi-Cal for All (CalAIM) initiative, including the processes to identify eligible Members and conduct outreach activities.

II.   POLICY

A. CalOptima Health shall implement ECM in phases for Populations of Focus (POF), as prescribed by the Department of Health Care Services (DHCS):

1. No sooner than January 1, 2022: For Individuals experiencing Homelessness (adults and children/youth), Individuals at Risk for Avoidable Hospitalizations or emergency department utilization (formerly adult high utilizers), Individuals with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD), and Individuals Transitioning from Incarceration;

2. No sooner than January 1, 2023: For Adults Living in the Community and who are At Risk for Long Term Care (LTC) Institutionalization, and Adult Nursing Facility Residents Transitioning to the Community, as described in Section III.A.1.g-h of this Policy; and

3. No sooner than July 1, 2023: Children and Youth Population of Focus (POF) with eligible conditions that include:

    a. Unaccompanied Children/Youth Experiencing Homelessness;

    b. Children and Youth At Risk for Avoidable Hospital or emergency department utilization;

    c. Children and Youth with Serious Mental Health and/or SUD Needs;

    d. Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition; and

    e. Children and Youth Involved in Child Welfare.

4. No sooner than January 1, 2024: Birth Equity POF (Adults and Youth) as described in Section III A.1.f. of this Policy.

B. CalOptima Health or a Health Network shall proactively identify Members who may benefit from ECM and who meet criteria for at least one (1) of the POF described in Section III.A. of this Policy, and who are not excluded from participation as described in Section III.A.2. of this Policy.

C. An ECM Provider shall conduct outreach and engagement activities for Medi-Cal-only Members who meet criteria for one (1) of the POF as described in Sections II.J. and III.A. of this Policy.

E. CalOptima Health shall accept requests for ECM for a Member from the following types of Providers:

1. Health Networks;

2. ECM Providers;

3. Other Providers in CalOptima Health's contracted network;

4. Community-based entities, including those contracted to provide Community Supports; and

5. Other Providers who serve potential ECM Members.

F. CalOptima Health shall allow a Member and/or a family member, guardian, Authorized Representative, caregiver, a Member's authorized support person, ECM Providers, Community Supports Providers, other Providers, and community-based organizations (CBOs) and/or external entity to request ECM on the Member's behalf and shall accept referrals as provided in Section III.E. of this Policy.

G. CalOptima Health shall make authorization determinations upon the basis of a Member's need for intense comprehensive care coordination, their ability to benefit from ECM, and the Member's agreement to receive such services.

1. CalOptima health shall base eligibility on the specific ECM POF criteria and no further criteria shall be required.

2. For all Members authorized to receive ECM, the initial authorization period shall be twelve (12) months, and the reauthorization period shall be six (6) months.

H. CalOptima Health shall process a request for ECM in accordance with CalOptima Health Policies GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers and GG.1508: Authorization and Processing of Referrals.

I. CalOptima Health shall provide notification of an ECM authorization decision to the requesting Provider and Member in accordance with CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization.

J. ECM Providers shall provide ECM to Medi-Cal-only Members who meet eligibility criteria, who agree to participate and are authorized for these services.

K. CalOptima Health shall ensure that Providers do not bill for Community Health Workers (CHW) services and ECM for the same member for the same time period in accordance with Department of Health Care Services (DHCS) All Plan Letter (APL) 24-006: Community Health Worker Services Benefit.

L. CalOptima Health shall coordinate Continuity of Care for Members transitioning from other Medi-Cal Managed Care plans who were receiving Enhanced Care Management services, in accordance with CalOptima Health Policy GG.1356: CalAIM Enhanced Care Management Administration Continuity.

M. CalOptima Health shall ensure Continuity of Care for individuals who transition from incarceration, in accordance with the California Department of Health Care Services (DHCS) Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative.

N. Members receiving ECM may request to change their ECM Provider at any time by notifying CalOptima Health by phone, in person or by electronic means, in accordance with CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process.

1. CalOptima Health shall implement a requested ECM Provider change within thirty (30) calendar days.

2. Notwithstanding the above, a Member who is authorized for ECM pursuant to the eligibility criteria set forth in Section III.A.1.c. of this Policy may choose to select or deselect the County of Orange as their ECM Provider at any time by contacting CalOptima Health or their assigned Health Network and the change shall be implemented within thirty (30) calendar days.

III. PROCEDURE

A. ECM Eligibility

1. To be eligible for ECM, a CalOptima Health Member must meet the following eligibility criteria and not be excluded per the criteria in Section III.A.2:

a. Individuals (Adults) experiencing Homelessness, that meets one or more of the following conditions:

i. Lacking a fixed, regular, and adequate nighttime residence;

ii. Having a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

iii. Living in a supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state, or local government programs for low income individuals or by charitable organizations, congregate shelters, and transitional housing);

iv. Exiting an institution into homelessness (regardless of length of stay in the institution);

v. Will imminently lose housing in next thirty (30) days;

vi. Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence; and

vii. Have at least one (1) complex physical, behavioral, or developmental health need; and

viii. Are unable to successfully manage their health; and

ix. Coordination of services would likely improve the Member's health outcomes and/or decrease the amount of high-cost services being utilized.

b. Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness

   i. Children, Youth, and Families with members under twenty-one (21) years of age who: Are experiencing homelessness as defined in Section III 1Ai-vi, or

   ii. Sharing the housing of other persons (i.e., couch surfing) due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals.

c. Individuals At Risk for Avoidable Hospital or emergency department utilization (formerly Adult high utilizers), including Members experiencing one (1) or more of the following within a six (6)-month period, and which could be avoided with appropriate outpatient care and/or improved treatment adherence:

   i. Five (5) or more emergency room visits; or

   ii. Three (3) or more unplanned hospital admissions; or

   iii. Three (3) or more short-term, skilled nursing facility stays.

   iv. For this POF, MCPs may choose to authorize ECM for individuals who are at risk for avoidable hospital or emergency department utilization and who would benefit from ECM but who may not meet the numerical thresholds specified above.

d. Children and Youth At Risk for Avoidable Hospital or emergency department utilization

   i. Individuals At Risk for Avoidable Hospital or emergency department utilization who meet the following conditions:

      a) Have three (3) or more emergency department visits in a twelve (12)-month period that could have been avoided with appropriate outpatient care or improved treatment adherence; or

      b) Two (2) or more unplanned hospital and/or short-term SNF stays in a twelve (12)-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;

      c) For this POF, MCPs may choose to authorize ECM for individuals who are at risk for avoidable hospital or emergency department utilization and who would benefit from ECM but who may not meet the numerical thresholds specified above.

e. Adults with Serious Mental Health and/or Substance Use Disorder Needs meet the eligibility criteria for participation in or obtaining services through Orange County Specialty Mental Health System (SMHS) and/or the Drug Medi-Cal Organized Delivery System (DMC-ODS) or the Drug Medi-Cal program and meet the following:

   i. Are actively experiencing at least one (1) complex social factor influencing their health including but not limited to (lack of access to food, lack of access to stable housing,

inability to work or engage in the community, high measure (four or more) of ACEs based on screening, former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms); and

    ii. Who meet one (1) or more of the following criteria:

        a) Are at high risk for institutionalization, overdose, and/or suicide;

        b) Use crisis services, emergency rooms, urgent care, or inpatient hospital stays as the sole source of care;

        c) Have experienced two (2) or more emergency department visits or two (2) or more hospitalizations within the past twelve (12) months because of an SMI or SUD within the past twelve (12) months; or

        d) Are pregnant or post-partum women (twelve (12) months from delivery).

f. Children and Youth with Serious Mental Health and/or have SUD needs and who meet the eligibility criteria for participation in, or obtaining services through one (1) or more of:

    i. SMHS delivered by MHPs; and/or

    ii. The DMC-ODS or the DMC program.

g. Individuals Transitioning from Incarceration who are:

    i. Adults who are transitioning from incarceration or transitioned from incarceration within the past twelve (12) months, and who have at least one of the following conditions:

        a) Mental illness;

        b) SUD;

        c) Chronic Conditions/significant Non-Chronic Clinical Condition;

        d) Intellectual or Developmental Disability (I/DD);

        e) Traumatic brain injury (TBI);

        f) HIV/AIDS; or

        g) Pregnancy or Postpartum.

h. Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility within the past twelve (12) months;

i. Adults Living in the Community and at risk for LTC institutionalization who:

    i. Are living in the community and meet the SNF Level of Care (LOC); or who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illnesses or injury; and

ii. Are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring); and

iii. Are able to reside continuously in the community with wraparound support Adult nursing facility residents transitioning to the community who:

    a) Are interested in moving out of the institution;

    b) Are likely candidates to do so successfully; and

    c) Are able to reside continuously in the community.

k. Children and youth enrolled in CCS or CCS WCM with additional needs beyond the CCS condition who are:

i. Enrolled in CCS or CCS WCM; and

ii. Experiencing at least one complex social factor influencing their health that include but not limited to:

    a) Lack of access to food;

    b) Lack of access to stable housing;

    c) Difficulty accessing transportation;

    d) High measure (four or more) of Adverse Childhood Experiences (ACEs) screening;

    e) History of recent contacts with law enforcement; or

    f) Crisis intervention services related to mental health and/or substance abuse symptoms.

l. Children and Youth involved in child welfare and meet one or more of the following:

i. Are under age twenty-one (21) and are currently receiving foster care in California;

ii. Are under age twenty-one (21) and previously received foster care in California or another state within the last twelve (12) months;

iii. Have aged out of foster care up to age twenty-six (26) (having been in foster care on their eighteenth (18th) birthday or later) in California or another state;

iv. Are under age eighteen (18) and are eligible for and/or in California's Adoption Assistance Program; or

v. Are under age eighteen (18) and are currently receiving or have received services from California's Family Maintenance program within the last twelve (12) months.

m. Birth Equity POF (Adults and Youth)

i. Pregnant or postpartum (through twelve (12) months period); and

ii. Meet one (1) or more of the following conditions:

    a) Qualify for eligibility in any other adult or youth ECM POF; and/or

    b) Birth Equity POF effective January 1, 2024, are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

2. A Member shall not be eligible for ECM while enrolled in the following programs:

    a. 1915(c) waivers, including the Multipurpose Senior Services Program (MSSP), Assisted Living Waiver (ALW), Home and Community-Based Alternatives (HCBA) Waiver, HIV/AIDS Waiver, Home and Community-Based (HCBS) Waiver for Individuals with Developmental Disabilities (DD), and the Self-Determination Program for Individuals with I/DD;

    b. Fully integrated programs for Members dually eligible for Medicare and Medi-Cal including Exclusively Aligned Enrollment (EAE) D-SNPs, Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), and Program for All-Inclusive Care for the Elderly (PACE);

    c. Basic or complex case management programs;

    d. Hospice;

    e. California Community Transitions (CCT) Money Follows the Person (MFTP); and

    f. Family Mosaic Project Services.

3. The following CalOptima Health dually eligible Members may receive ECM if they meet POF criteria, agree to participate and services are not duplicated between programs:

    a. Members enrolled in OneCare already receiving Medi-Cal ECM services at the time of transition of OneCare Connect to OneCare shall continue with existing ECM providers for ongoing continuity of care when possible;

    b. Members enrolled in a D-SNP (currently unaligned);

    c. Members enrolled in other Medicare Advantage Plans; or

    d. Medicare Fee For Service (FFS).

4. CalOptima Health Members enrolled in the following programs may also be enrolled in ECM, if services are not duplicated:

    a. County-based Targeted Case Management (TCM);

    i. Beginning July 1, 2024, Members who meet ECM POF criteria should be enrolled in ECM and may no longer be enrolled in both TCM and ECM at the same time except for a one-year exception from July 1, 2024 to June 20, 2025 for cases where the Member is receiving County-Based TCM as follows:

        a) For addressing a communicable disease; or

          b) For the sole purpose of receiving a home visiting program supporting the health development and well-being of children and families.

    b. Specialty Mental Health (SMHS) TCM;

    c. SMHS Intensive Care Coordination (ICC) for children;

    d. Drug Medi-Cal Organized Delivery System (DMC-ODS) and Drug Medi-Cal (DMC) Care Coordination and Management Programs;

    e. California Children's Services (CCS)/Whole Child Model (WCM);

    f. Genetically Handicapped Person's Program (GHPP);

    g. Community Based Adult Services (CBAS);

    h. AIDS Healthcare Foundation Plans;

    i. Full Service Partnership (FSP) Funded by Mental Health Services Act (MHSA);

    j. Health Care Program for children in Foster Care (HCPCFC);

    k. In-Home Support Services (IHSS);

    l. Genetically Handicapped Person's Program (GHPP);

    m. Community-Based Adult Services (CBAS); and

    n. California Wraparound

    o. Regional Center: Adult, child, and youth with an I/DD.

    p. Pregnant and Postpartum Individuals including but not limited to:

        i. Comprehensive Perinatal Services (CPSP);

        ii. Black Infant Health (BIH);

        iii. California Perinatal Equity Initiative (PEI);

        iv. American Indian Maternal Support Services (AIMSS);

        v. CDPH California Home Vising Program (CHVP); and

        vi. CDSS CalWorks Home Vising Program (HVP).

B. Non-Transitioning Members – Identification of ECM Eligibility

    1. CalOptima Health shall consider the following when identifying non-transitioning Members that may benefit from ECM:

        a. Healthcare utilization;

b. Physical, behavioral, developmental, and oral health care needs and risks, including those due to Social Drivers of Health (SDOH); and

c. Long-Term Services and Supports (LTSS) needs.

2. On a monthly basis, CalOptima Health may also use the following stored Member data, as available, to identify Members appropriate for ECM:

a. Enrollment data;

b. encounter data;

c. Utilization/claims data;

d. Pharmacy data;

e. Laboratory results data;

f. Assessment data;

g. ADT feed data;

h. Local Health Information Exchange Data;

i. Health Information Form (HIF)/Member Evaluation Tool (MET);

j. Utilization data from PCPs, including but not limited to results of the Individual Health Assessment, services, and screenings recommendation by the U.S. Preventive Services Task Force and American Academy of Pediatrics/Bright Futures;

k. Health Risk Stratification and Assessment survey for Seniors and Persons with Disabilities (SPD);

l. Clinical information on physical/behavioral health;

m. Behavioral health/SUD data, as available;

n. Regional Center data;

o. Child Welfare data (including foster care, Adoption Assistance Program, and Family Maintenance)

p. School-based health centers data and school absences data, as available;

q. School district McKinney-Vento Program eligibility screenings to identify students experiencing homelessness;

r. Risk stratification information for children in County Organized Health System (COHS) counties with CCS WCM programs;

s. Information about SDOH, including standardized assessment tools and/or ICD-10 codes;

t. Results from any Adverse Childhood Experiences (ACEs) screening; and

u. Other available cross-sector data and information, including housing, social services, foster care, criminal justice history and other information relevant to the ECM POF.

3. CalOptima Health shall identify Members eligible for the Homeless POF as follows:

   a. Presence of a Z590 ICD-10 code on any claim in the last fifteen (15) months (12 months + 3 months for run-out); or

   b. An address on file suggesting non-permanent or unconventional living arrangements;

   c. The presence of one (1) or more conditions indicating a complex physical, behavioral, or developmental health need. This shall be defined as one (1) or more claims that include one (1) or more ICD-10 code(s) designated as potentially complex in the last fifteen (15) months (12 months + 3 months for run-out); and

   d. The inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.

4. CalOptima Health shall identify Members eligible in the high utilizer POF through claims or encounter data as follows:

   a. Adults who meet one or more of the following conditions:

      i. Five (5) or more emergency room visits within a rolling six (6) month period, based on the presence of emergency room charges on a hospital outpatient bill type that could have been avoided with appropriate outpatient care or improved treatment adherence;

      ii. Three (3) or more unplanned acute hospital inpatient admissions within a rolling six (6) month period, based on either having emergency room charges and/or an admit type other than "elective" or "newborn" that could have been avoided with appropriate outpatient care or improved treatment adherence; and/or

      iii. Three (3) or more skilled nursing facility stays within a rolling six (6) month period, based on a UB04 bill type indicating the Provider is a skilled nursing facility billing for other than Long Term Care that could have been avoided with appropriate outpatient care or improved treatment adherence.

   b. Children and youth who meet one (1) or more of the following conditions:

      i. Three (3) or more emergency department visits in a twelve (12) month period that could have been avoided with appropriate outpatient care or improved treatment adherence;

      ii. Two (2) or more unplanned hospital stays in a twelve (12) month period that could have been avoided with appropriate outpatient care or improved treatment adherence; and/or

      iii. Two (2) or more short-term SNF stays in a twelve (12) month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

   c. CalOptima Health shall rely on referrals, analysis of its own data, data feeds from Admission, Discharge, Transfer (ADT), or direct data feeds from to identify Members who may be eligible for this POF.

5. CalOptima Health shall identify Members eligible in the SMI and/or SUD POF who meet three (3) categories of criteria evidenced by a claim or Encounter that includes:

   a. Adults meeting the eligibility criteria for participation in or obtaining services through the county Specialty Mental Health System (SMS) and/or the Drug Medi-Cal Organized Delivery System (DMC-ODS) or the Drug Medi-Cal (DMC) Program, identified as having: one (1) or more ICD-10 codes indicating potential SMI or SUD within the last fifteen (15) months; and

   b. An ICD-10 code for one (1) or more SDOH and/or a positive Adverse Childhood Event HCPCS code in the last fifteen (15) months, and one (1) or more of the following:

      i. Delivery of a child(ren) in the past twelve (12) months; or

      ii. An ICD-10 code for pregnancy without a claim or encounter for delivery or termination of the pregnancy subsequent to the pregnancy diagnosis; or

      iii. An ICD-10 code for narcotics poisoning or risk for suicide; or

      iv. An emergency room visit or unplanned acute hospital admission, as described in Section III.C.4. of this Policy, that do not have a claim for physician evaluation and management outside a facility setting.

   c. CalOptima Health shall rely on referrals, analysis of its own data, data feeds from ADT, or direct data feeds from and relationships with other Providers to identify Members who may be eligible for this POF.

6. CalOptima Health shall identify Members transitioning from incarceration in accordance with CalAIM Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative and the phased approach including but not limited

   a. Self-referrals; and

   b. Referrals from a family member, community-based organization serving the member, probation or parole officer, or provider.

   c. Pre-release Services, when available.

7. CalOptima Health shall identify Members eligible for Adults Living in the Community who are at risk of LTC Institutionalization as follows:

   a. Adults living in the community who meet the Skilled Nursing Facility (SNF) Level of Care criteria; OR who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury;

   b. Are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring);

c. Members are able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high acuity needs or conditions that are not suitable for home-based care due to safety or other concerns); and

d. Through claims, encounters, medical management systems, and any other applicable data sources available.

e. CalOptima Health shall rely on referrals, analysis of its own data, data feeds from ADT, or direct data feeds from and relationships with SNFs or other Providers to identify Members who may be eligible for this POF.

f. Adults living in the community who are at risk of institutionalization into Intermediate Care Facilities (ICF) and subacute care facilities are excluded from this Population of Focus.

8. CalOptima Health shall identify Members eligible for Nursing Facility Residents Transitioning to the Community as follows:

a. Adults living in a Skilled Nursing Facility (SNF) Level of Care

i. That have a desire to transition out of an institution;

ii. Are likely candidates to do so successfully; and

iii. Are able to reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high acuity needs or conditions that are not suitable for home-based care due to safety or other concerns).

iv. Individuals residing in an ICF, and subacute care facilities are excluded from this Population of Focus.

b. CalOptima Health shall rely on referrals, analysis of its own data, data feeds from ADT, or direct data feeds from and relationships with SNFs or other Providers to identify Members who may be eligible for this POF.

9. CalOptima Health shall identify minor Members (Children and Youth) enrolled in CCS or CCS WCM with additional needs beyond the CCS condition as follows:

a. Analysis of CCS/CCS WCM enrollment and additional data available to CalOptima Health, including z-codes identifying SDOH and high measures on ACEs screening;

b. CalOptima Health shall rely on referrals, analysis of its own data, or data feeds from ADT, and any applicable data sources to identify Members who may be eligible for this POF.

10. CalOptima Health shall identify Children and Youth in Child Welfare as follows:

a. CalOptima Health shall rely on referrals, analysis of its own data, or data feeds from ADT, aid codes, eligibility groups, and any applicable data sources to identify Members who may be eligible for this POF.

b. Community referrals such as California Wraparound Care Coordinators, and local program supporting children involved in child welfare.

11. CalOptima Health shall identify Birth Equity Members as follows:

      a.   Claims or encounter data;

      b.   Provider records or reports;

      c.   Local programs serving pregnant and postpartum individuals;

      d.   CalOptima Health shall rely on referrals, analysis of its own data, or data feeds from ADT, and any applicable data sources to identify Members who may be eligible for this POF.

12. CalOptima Health shall produce a monthly report identifying Members that meet criteria for a POF.

      a.   CalOptima Health shall provide the list of potential ECM-eligible Members to the assigned ECM Providers via secure FTP site.

D. For Members transitioning from other Medi-Cal Managed Care Plans (MCPs) who were receiving ECM, CalOptima Health or Health Network shall automatically authorize ECM if any of the following conditions apply:

1. Authorize the Member for ECM upon:

      a.   The Member, family, or Authorized Representative notifies the new MCP that the Member received ECM during the last 90 days of enrollment in the previous MCP and wishes to continue to do so;

      b.   Historical utilization data provided to the new MCP by DHCS (referred to as the Plan Data Feed) reveals one or more ECM Healthcare Common Procedure Coding System (HCPCS) codes for ECM services delivered during the last 90 days of enrollment in the previous MCP;

      c.   The previous MCP informs the new MCP that the Member received ECM during the last 90 days of enrollment in the previous MCP and did not subsequently either meet graduation criteria or choose to discontinue ECM;

      d.   The Member's previous ECM Provider notifies the new MCP that the Member received ECM during the last 90 days of enrollment in the previous MCP and recommends continuation of ECM; or

      e.   The new MCP becomes aware that a newly enrolled Member received ECM during the last 90 days of enrollment in the previous MCP, in any other way.

2. Ensure timely outreach and engagement with the Member and engage with the Member's previous MCP, the Member, or ECM provider, as appropriate, to mitigate gaps in care.

3. Reassess the Member based on discontinuation criteria in accordance with CalOptima Health Policy GG.1353: CalAIM Enhanced Care Management Service Delivery.

E. Outreach and Engagement

1. ECM Providers shall outreach to Members meeting criteria for a defined POF as follows:

      a.   The ECM Provider shall initiate outreach promptly for a Member authorized for ECM services, prioritizing those with the most immediate needs.

          i.   Members with urgent needs may be identified at the time of referral.

    b.   The ECM Provider shall outreach to a Member to engage them in ECM services until the Member is reached or at least three (3) attempts have been completed.

          i.   Member engagement shall be performed primarily through in-person contact, according to Member preference and the needs of each POF.

              a)   ECM Providers shall focus on building relationships with Members, and in-person visits may be supplemented with secure teleconferencing and telehealth, when appropriate, with the Member's consent, and in compliance with CalOptima Health Policy GG.1665: Telehealth and Other Technology-Enabled Services and DHCS APL 19-009 (Revised): Telehealth Services Policy, including subsequent revisions of the APL.

              b)   ECM Providers shall communicate to the member's parent/guardian the authorization of data and sharing authorization preferences to CalOptima Health.

          ii.   If in-person engagement is not available or appropriate, an ECM Provider shall engage an ECM Member via telephonic, mail, or other written communication.

2.   Outreach activities to Members in the Homeless POF may include, but are not limited to:

    a.   In-person, telephonic or video communication at local homeless shelters, navigation centers and hot spots where Homeless Members may spend time;

    b.   In-person telephonic or video communication at Recuperative Care facilities;

    c.   Collaboration with community clinics, Providers and other community-based organizations who care for many Members experiencing Homelessness.

3.   Outreach to Members in the high-utilizer POF may include, but is not limited to:

    a.   In-person, telephonic or video communication, as appropriate, during a hospital or nursing home stay, or as part of the discharge planning process;

    b.   In-person, telephonic or video communication, as appropriate, following an emergency room visit;

    c.   Collaboration with contracted hospital staff serving Members with high utilization of the emergency room and inpatient hospital services; and

    d.   Education regarding ECM services and offer of services communication with Members.

4.   Outreach to Members in the SMI/SUD POF may include, but is not limited to:

    a.   In-person, telephonic or video communication, when possible, during a hospital stay or as part of the discharge planning process, or following an emergency room visit; and

    b.   Collaboration with County Specialty Mental Health staff, Drug Medi-Cal Providers, and hospital Providers.

5.   Outreach to Members transitioning from incarceration

a. In-person, telephonic or video communication, when possible, with individuals expected to transition from incarceration in the setting where they are incarcerated (or just outside that setting), or in criminogenic treatment programs.

b. In-person, telephonic or video communication, when possible, with the prerelease care manager who shall assist with the warm hand-off by sharing re-entry care transition plans.

   i. In some cases, the ECM Provider may also serve as the Fee For Service (FFS) pre-release care management provider and provide FFS care management services in the carceral setting.

c. Post-transition, ECM Provider shall engage in-person, with telephonic or video communication, when possible, with individuals in the most easily accessible setting for the Member including but not limited to the following:

   i. Member's home;

   ii. Provider's office; and/or

   iii. Parole or probation offices.

6. Outreach to Members Adults Living in the Community and At Risk for LTC Institutionalization or Adult Nursing Facility Residents Transitioning to the Community may include, but not limited to:

   a. In-person, telephonic or video communication, when possible, at SNFs; or home.

7. Outreach to Children and Youth Population enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition may include, but is not limited to:

   a. In-person, telephonic or video communication, when possible, at Provider offices.

      i. In instances where the Member's CCS/CCS WCM Provider is also their ECM Provider, ECM services could be provided at their Specialty Care Center (SCC) or wherever they receive CCS/CCS WCM services.

   b. Coordination between County California Children's Services (CCS) and CalOptima Health.

8. Outreach to Children and Youth Population Involved in Child Welfare may include, but is not limited to:

   a. In-person, telephonic or video communication, when possible, at Provider offices.

      i. In instances where the Member's California Wraparound Care Coordinator or California Wraparound Care Coordinators, Health Care Program for Children in Foster Care (HCPCFC) Public Health Nurses is also their ECM Provider, ECM services could be provided where the Member receives California Wraparound or HCPCFC services.

      ii. For Members who also have a Child Family Team (CFT) through California Wraparound, the CalOptima Health or the Health Network is expected to consult with them and keep them informed as appropriate.

b. Collaboration with community-based organizations, community clinics, local community programs offering services to Children and Youth Members.

9. Birth Equity Population:

   a. In-person, telephonic or video communication, when possible, at Provider offices.

      i. In instances where the member is also enrolled in a local pregnant or postpartum program (i.e., CPSP, BIH Program, PEI, AIMSS, CHVP, HVP) and that program is also their ECM Provider, ECM services could be provided where the Member receives those services.

   b. Collaboration with community-based organizations, community clinics, local pregnant or postpartum programs offering services to pregnant and postpartum Members.

      i. In instances where the member is enrolled in a local pregnant or postpartum program (i.e., CPSP, BIH Program, PEI, AIMSS, CHV, HVP) and that program is not their ECM Provider, the CalOptima Health or the Health Network is expected to consult with the local pregnant or postpartum program and keep them informed as appropriate.

10. A Member may accept or decline ECM services. The ECM Provider shall honor the Member's decision, document it in their system of record and proceed appropriately.

F. CalOptima Health shall accept referrals by facsimile, email, or other electronic means.

1. CalOptima Health shall make an ECM Referral form available on CalOptima Health's website (https://www.caloptimahealth.org/).

2. CalOptima Health shall review ECM referral requests to confirm Member eligibility for services against the POF criteria described in Sections III.C. of this Policy.

3. CalOptima Health shall notify the requesting Practitioner or Provider and/or Member or Member's Authorized Representative, as appropriate, regarding any decision to deny, approve, modify, or delay an authorization request in accordance with CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization.

4. Upon approval of a request for authorization, the ECM Provider shall call the Member to notify them of the authorization and to initiate services.

IV.   **ATTACHMENT(S)**

Not Applicable

V.   **REFERENCE(S)**

A. CalOptima Health Policy DD.2008: Health Network and CalOptima Health Community Network Selection Process
B. CalOptima Health Policy GG.1353: CalAIM Enhanced Care Management Service Delivery
C. CalOptima Health Policy GG.1356: CalAIM Enhanced Care Management Administration
D. CalOptima Health Policy GG.1500: Authorization Instructions for CalOptima Health Direct and CalOptima Health Community Network Providers
E. CalOptima Health Policy GG.1507: Notification Requirements for Covered Services Requiring Prior Authorization
F. CalOptima Health Policy GG.1508: Authorization and Processing of Referrals

G. CalOptima Health Policy GG.1665: Telehealth and Other Technology-Enabled Services
H. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-007: Telehealth Services Policy (Supersedes APL 19-009)
I. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
J. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-032: Enhanced Care Management (Supersedes APL 21-012)
K. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-006: Community Health Worker Services Benefit (Supersedes APL 22-016)
L. Department of Health Care Services (DHCS) CalAIM D-SNP Policy Guide, Contract Year 2024, January 2024
M. Department of Health Care Services (DHCS) CalAIM Enhanced Care Management (ECM) and Community Supports Model of Care Template
N. Department of Health Care Services (DHCS) CalAIM Enhanced Care Management Policy Guide, , February 2024
O. Department of Health Care Services (DHCS) Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative, October 2023
P. Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) Proposal
Q. Department of Health Care Services (DHCS) Managed Care Plan ECM and ILOS Contract Template
R. Department of Health Care Services (DHCS) 2024 Medi-Cal Managed Care Plan Transition Policy Guide, Issued 08/07/2023
S. Department of Health Care Services (DHCS) Medi-Cal 2020 Waiver, Attachment X

VI. REGULATORY AGENCY APPROVAL(S)

Date	Regulatory Agency	Response
12/17/2021	Department of Health Care Services (DHCS)	Approved as Submitted
06/01/2022	Department of Health Care Services (DHCS)	Approved as Submitted
12/13/2022	Department of Health Care Services (DHCS)	Approved as Submitted
06/19/2023	Department of Health Care Services (DHCS)	Approved as Submitted
11/02/2023	Department of Health Care Services (DHCS)	File and Use
08/26/2024	Department of Health Care Services (DHCS)	Approved as Submitted

VII. BOARD ACTION(S)

Date	Meeting
12/20/2021	Special Meeting of the CalOptima Board of Directors
03/03/2022	Regular Meeting of the CalOptima Board of Directors

VIII. REVISION HISTORY

Action	Date	Policy	Policy Title	Program(s)
Effective	01/01/2022	GG.1354	Enhanced Care Management – Eligibility and Outreach	Medi-Cal
Revised	03/03/2022	GG.1354	Enhanced Care Management – Eligibility and Outreach	Medi-Cal
Revised	01/01/2023	GG.1354	CalAIM Enhanced Care Management – Eligibility and Outreach	Medi-Cal OneCare
Revised	04/01/2023	GG.1354	CalAIM Enhanced Care Management – Eligibility and Outreach	Medi-Cal

Action	Date	Policy	Policy Title	Program(s)
Revised	10/01/2023	GG.1354	CalAIM Enhanced Care Management – Eligibility and Outreach	Medi-Cal
Revised	12/01/2023	GG.1354	CalAIM Enhanced Care Management – Eligibility and Outreach	Medi-Cal
Revised	08/01/2024	GG.1354	CalAIM Enhanced Care Management – Eligibility and Outreach	Medi-Cal

IX. GLOSSARY

Term	Definition
Adverse Childhood Experiences (ACE)	Specified adverse childhood experiences screening services, as listed by the HCPCS Codes for the applicable period in Attachment A of this Policy, that are Covered Services provided to an Eligible Member through the use of either the Pediatric ACEs and Related Life-events Screener (PEARLS) tool for children (ages zero (0) to nineteen (19) years) or a qualifying ACEs questionnaire for adults (ages eighteen (18) years and older). An ACEs questionnaire or PEARLS tool may be utilized for Eligible Members who are eighteen (18) or nineteen (19) years of age. The ACEs screening portion of the PEARLS tool (Part 1) is also valid for use to conduct ACEs screenings among adult Eligible Members ages twenty (20) years and older. If an alternative version of the ACEs questionnaire for adult Eligible Members is used, it must contain questions on the ten (10) original categories of the ACEs to qualify.
Authorized Representative	Any individual appointed in writing by a competent Member or Potential Member, to act in place or on behalf of the Member or Potential Member for purposes of assisting or representing the Member or Potential Member with Grievances and Appeals, State Fair Hearings, Independent Medical Reviews and in any other capacity, as specified by the Member or Potential Member.
California Children's Services (CCS) Program	A State and county program providing Medically Necessary services to treat CCS-Eligible Conditions.
CalOptima Health Direct (COHD)	A direct health care program operated by CalOptima Health that includes both COHD-Administrative (COHD-A) and CalOptima Health Community Network (CHCN) and provides services to Members who meet certain eligibility criteria as described in Policy DD.2006: Enrollment in/Eligibility with CalOptima Health Direct.
Community Health Worker (CHW) Services	Preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. CHWs may include individuals known by a variety of job titles, such as promotors, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications specified in CalOptima Health's contract with the Department of Health Care Services (DHCS) for Medi-Cal.
Community Supports	Substitute services or settings to those required under the California Medicaid State Plan that CalOptima Health may select and offer to their Members pursuant to 42 CFR section 438.3(e)(2) when the substitute service or setting is medically appropriate and more cost-effective than the service or setting listed in the California Medicaid State Plan.
Community Supports Provider	Entities that CalOptima Health has determined can provide Community Supports to eligible Members in an effective manner consistent with culturally and linguistically appropriate care, as outlined in the DHCS Contract.
Continuity of Care	Services provided to a Member rendered by an out-of-network provider with whom the Member has pre-existing provider relationship.
Drug Medi-Cal (DMC)	The State system wherein Members receive Covered Services from DMC-certified Substance Use Disorder (SUD) treatment Providers.

Term	Definition
Drug Medi-Cal-Organized Delivery System (DMC-ODS)	A program for the organized delivery of Substance Use Disorder (SUD) services to Medi-Cal-eligible individuals with SUD residing in a county that has elected to participate in the DMC-ODS. Critical elements of DMC-ODS include providing a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria® for SUD treatment services, increased local control and accountability, greater administrative oversight, creation of utilization controls to improve care and efficient use of resources, evidence-based practices in substance use treatment, and increased coordination with other systems of care.
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.
Enhanced Care Management (ECM) Member	A Member that is authorized for, continuously participating in, and receiving Enhanced Care Management, and assigned to a Health Network or CalOptima Health Direct.
Enhanced Care Management (ECM) Provider	Community-based entities with experience and expertise providing intensive, in-person care management services to Members in one or more of the Populations of Focus for Enhanced Care Management (ECM).
Health Network	A Physician Hospital Consortium (PHC), physician group under a shared risk contract, or health care service plan, such as a Health Maintenance Organization (HMO) that contracts with CalOptima Health to provide Covered Services to Members assigned to that Health Network.
Homeless or Homelessness	Members experiencing homelessness include the following: 1. An individual or family who lacks adequate nighttime residence; 2. An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation; 3. An individual or family living in a shelter; 4. An individual exiting an institution into homelessness; 5. An individual or family who will imminently lose housing in the next thirty (30) days; 6. An unaccompanied youth, and homeless families and children and youth defined as homeless under other federal statutes; or 7. Individuals fleeing domestic violence.
Interdisciplinary Care Team (ICT)	A team comprised of the Primary Care Provider and Care Coordinator, and other providers at the discretion of the Member, that works with the Member to develop, implement, and maintain the Individual Care Plan (ICP).
International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)	The set of diagnosis codes used in the healthcare industry to define a patient's disease state or health status.

Term	Definition
Intellectual/Developmental Disabilities (I/DD)	A person with an "Intellectual or Developmental Disability" shall have a disability that begins before the individual reaches age 18 and that is expected to continue indefinitely and present a substantial disability. Qualifying conditions include intellectual disability, cerebral palsy, autism, Down syndrome, and other disabling conditions as defined in Section 4512 of the California WIC.
Long Term Care (LTC)	Specialized rehabilitative services and care provided in a Skilled Nursing Facility (SNF), subacute facility, pediatric subacute facility, Intermediate Care Facility/Developmentally Disabled (ICF/DD), ICF/DD-Habilitative (ICF/DD-H), or ICF/DD-Nursing (ICF/DD-N) homes.
Long-Term Services and Supports (LTSS)	Services and supports designed to allow a Member with functional limitations and/or chronic illnesses the ability to live or work in the setting of the Member's choice, which may include the Member's home, a worksite, a Provider-owned or controlled residential setting, a nursing facility, or other institutional setting, and includes both LTC and Home and Community Based Services, and carved-in and carved-out services.
Member	A Medi-Cal eligible beneficiary as determined by the County of Orange Social Services Agency, the California Department of Health Care Services (DHCS) Medi-Cal Program, or the United States Social Security Administration, who is enrolled in the CalOptima Health program.
Populations of Focus (POF)	Subject to the phase-in requirements prescribed by DHCS and Member transition requirements for HHP and WPC, Members eligible to participate in ECM under the CalAIM initiative include the following, as defined by DHCS: 1. Adult Populations of Focus include the following: a. Individuals and families experiencing Homelessness; b. Individuals At Risk for Avoidable Hospital or emergency department utilization; c. Adults with Serious Mental Illness (SMI) and/or Substance Use Disorders (SUD); d. Individuals transitioning from incarceration; e. Individuals who are at risk for institutionalization and are eligible for long-term care (LTC); f. Nursing facility residents who want to transition to the community; and g. Birth Equity Population of Focus. 2. Populations of Focus for Children and Youth include the following: a. Children (up to age 21) experiencing Homelessness; b. Individuals At Risk for Avoidable Hospital or emergency department utilization; c. Children (up to age 21) with Serious Mental Illness (SMI) and/or Substance Use Disorders (SUD); d. Individuals transitioning from incarceration; e. Enrolled in California Children's Services (CCS) Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition;

Term	Definition
	f. Involved in, or with a history of involvement in, child welfare (including foster care up to age 26); and g. Birth Equity Population of Focus.
Practitioner	A licensed independent Practitioner including but not limited to a Doctor of Medicine (MD), Doctor of Osteopathy (DO), Doctor of Podiatric Medicine (DPM), Doctor of Chiropractic Medicine (DC), Doctor of Dental Surgery (DDS), Doctor of Psychology (PhD or PsyD), Licensed Clinical Social Worker (LCSW), Marriage and Family Therapist (MFT or MFCC), Nurse Practitioner (NP), Nurse Midwife, Physician Assistant (PA), Optometrist (OD), Registered Physical Therapist (RPT), Occupational Therapist (OT), Speech and Language Therapist furnishing Covered Services.
Pregnant or Postpartum	A person who is "Pregnant or Postpartum" shall be either currently pregnant or within 12 months postpartum.
Provider	Any individual or entity that is engaged in the delivery of services, or ordering or referring for those services, and is licensed or certified to do so.
Social Drivers of Health (SDOH)	The environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health functioning, and quality-of-life outcomes and risk. Also known as Health Related Social Needs.
Specialty Mental Health (SMH) Services	A Medi-Cal covered mental health service provided or arranged by county mental health plans for Members in their counties that need Medically Necessary specialty mental health services.
Substance Use Disorder (SUD)	Those set forth in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition, published by the American Psychiatric Association.
Whole Child Model (WCM)	An organized delivery system established for Medi-Cal eligible CCS children and youth, pursuant to California Welfare & Institutions Code (commencing with Section 14094.4), and that (i) incorporates CCS covered services into Medi-Cal managed care for CCS-eligible Members and (ii) integrates Medi-Cal managed care with specified county CCS program administrative functions to provide comprehensive treatment of the whole child and care coordination in the areas of primary, specialty, and behavioral health for CCS-eligible and non-CCS-eligible conditions.