Policy:	GG.1356
Title:	**CalAIM Enhanced Care Management Administration**
Department:	Medical Management
Section:	Case Management

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

Effective Date: 01/01/2022
Revised Date: 08/01/2024

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

I.   PURPOSE

This Policy describes CalOptima Health's responsibilities for the overall administration of Enhanced Care Management (ECM) under the California Advancing and Innovating Medi-Cal for All (CalAIM) initiative.

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) and in accordance with CalOptima Health Policy GG.1354: CalAIM Enhanced Care Management – Eligibility and Outreach.

B. CalOptima Health shall select ECM Providers in accordance with ECM Provider qualifications as defined by DHCS. CalOptima Health shall develop an ECM provider network that includes:

1. ECM Providers specializing in each of the specific POFs with an existing footprint in the communities they serve.

2. Federally Qualified Health Centers, Community Clinics, and Community-Based Organizations for POFs for which the entity has experience and expertise.

3. The County of Orange to serve as the ECM Provider for POFs for which the entity has experience and expertise.

4. Specific Health Networks to serve as the ECM Provider for their assigned members for specific POFs for which the Health Network has experience and expertise.

C. In the event the entities described in Section II.B.1 or II.B.3 of this Policy are unable to serve as an ECM Provider, a community-based ECM Provider or a Health Network shall serve as the ECM Provider for the impacted Members.

D. CalOptima Health shall honor Member choice in assigning Members to ECM Providers.

E. CalOptima Health shall authorize ECM services to be delivered by a Member's assigned ECM Provider:

1. No sooner than January 1, 2023, CalOptima Health shall be responsible for authorizing Enhanced Care Management (ECM) services for CalOptima Health Members through a centralized system.

2. CalOptima Health and ECM Providers shall ensure:

   a. Member information is exchanged daily through a secured process; and

   b. Eligible Members are authorized ECM services timely and appropriately.

F. CalOptima Health shall ensure Members do not face disruption in ECM services as a result of DHCS contract changes with Medi-Cal Managed Care Plans (MCP) referred to as the MCP transition.

   1. CalOptima Health shall coordinate Continuity of Care for MCP transition Members receiving Enhanced Care Management services:

      a. Previous MCP authorization for ECM services shall be honored for the timeframe originally authorized, regardless of whether Members are actively receiving ECM.

      b. CalOptima Health shall assign to existing ECM Provider when the Provider is part of its network, agrees to join its network, or participates under the Continuity of Care.

G. CalOptima Health shall ensure ECM is provided primarily through in-person interaction in settings that are most appropriate for the Member and in accordance with CalOptima Health Policy GG.1353: CalAIM Enhanced Care Management Service Delivery.

H. CalOptima Health shall educate Providers about ECM services, eligibility criteria, and how to request these services for Members.

   1. CalOptima Health shall provide training prior to ECM implementation and ongoing training and technical assistance to participating ECM Provider care management staff pursuant to Section III.F. of this Policy and in accordance with CalOptima Health Policy EE.1103: Provider Education and Training.

I. CalOptima Health shall provide written materials in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services and that are easily accessible and inform Members, family members, guardians, caregivers and/or Authorized Representatives about ECM.

J. CalOptima Health shall use defined Federal and State standards, specifications, code sets, and terminologies when sharing physical, behavioral, social, and administrative data with ECM Providers, to the extent practicable, and with DHCS.

K. CalOptima Health shall ensure that ECM provided to Members includes all Core Service Components and that each Member is assigned a Lead Care Manager (LCM) in accordance with CalOptima Health Policy GG.1353: CalAIM Enhanced Care Management Service Delivery.

L. CalOptima Health shall retain responsibility for oversight of ECM service delivery to authorized ECM Members and ensure that ECM Providers provide these services in compliance with DHCS requirements and Section III.G. of this Policy.

M. CalOptima Health shall provide regular feedback to ECM Providers including results of monitoring and performance against quality measures and/or metrics in compliance with DHCS requirements and Section III.G. of this Policy.

N. An ECM Provider shall comply with applicable Federal and State civil rights laws and shall not discriminate on the basis of any characteristic protected by Federal and State nondiscrimination laws and in accordance with CalOptima Health Policy HH.1104: Complaints of Discrimination.

O. CalOptima Health shall comply with all State and Federal program reporting requirements.

P. ECM Providers shall submit data, including but not limited to information described in this Policy, to CalOptima Health including both standard and ad-hoc reporting to meet regulatory requirements as prescribed by CalOptima Health.

Q. CalOptima Health or a Health Network 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.

III. PROCEDURE

A. ECM Providers shall provide ECM:

1. CalOptima Health shall authorize ECM services and the ECM Provider shall be responsible for engaging Members in ECM in accordance with CalOptima Health Policies GG.1353: CalAIM Enhanced Care Management Service Delivery and GG.1354: CalAIM Enhanced Care Management – Eligibility and Outreach.

2. For MCP Transition CalOptima Health shall ensure Continuity of Care and authorize ECM services with a Previous MCP's ECM provider for up to twelve (12) months if the ECM provider does not wish to enter into a contract or agreement with CalOptima Health.

   a. CalOptima Health shall transition the member to an in-network ECM Provider for outreach activity and continuation of ECM.

   b. CalOptima Health shall inform DHCS when Continuity of Care contracting efforts do not result in agreement with ECM provider.

3. Each ECM Provider will deliver ECM to its assigned Members, and will respect a Member's existing provider relationships, including California Children's Services (CCS)/Whole Child Model (WCM) Providers, behavioral health Providers, primary care Providers, and specialists.

4. ECM Providers shall communicate with Members in culturally and linguistically appropriate and accessible ways, in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services.

5. ECM Providers shall provide a weekly return file to CalOptima Health via secure FTP site with record of outreach efforts, enrollment and referrals, and other reportable data, as appropriate and in accordance with CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting.

6. CalOptima Health shall develop and manage its network of ECM Providers to ensure adequate capacity to meet the needs of the ECM POF.

   a. CalOptima Health shall report on its ECM Provider capacity prior to implementation and on a regular basis as required by DHCS.

b. CalOptima Health's ECM Provider capacity shall be evaluated separately from CalOptima Health's general network capacity.

c. CalOptima Health shall report to DHCS sixty (60) calendar days in advance or as soon as possible on any significant change in the status of the ECM Provider capacity in accordance with CalOptima Health Policy GG.1652: DHCS Notification of Change in the Availability or Location of Covered Services.

B. CalOptima Health shall provide, at a minimum, the following information to all ECM Providers:

1. Member assignment files, which include a listing of Medi-Cal Members authorized for ECM and assigned to the ECM Provider; in accordance with CalOptima Health Policy GG.1354: CalAIM Enhanced Care Management – Eligibility and Outreach;

2. Historical encounters/claims data for assigned Members;

3. ADT feed data within twenty-four (24) hours of admission, transfer, or discharge (if an ADT feed is available);

4. Physical, behavioral and administrative information, and information indicating Member Social Drivers of Health (SDOH) needs, as specified on previously submitted claims, encounters, or identified through other data sources (e.g., HMIS) for assigned Members; and

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

C. CalOptima Health shall have an information technology infrastructure and data analytic capabilities to support ECM, including the capabilities to:

1. Consume and use claims and Encounter data, as well as other data types listed in CalOptima Health Policy GG.1354: CalAIM Enhanced Care Management – Eligibility and Outreach, to identify ECM POF;

2. Utilize Admission, Discharge, Transfer (ADT) feed data

3. Maintain records of assignment of ECM Members to ECM Providers;

4. Keep records of all Members receiving ECM and authorizations necessary for sharing personally identifiable information between CalOptima Health and ECM and other Providers, among ECM Providers and family member(s), and/or support person(s), whether obtained by ECM Provider or by CalOptima Health;

5. Securely share data with ECM Providers and other Providers in support of ECM;

6. Receive, process, and send Encounters from ECM Providers and transmit to DHCS in accordance with DHCS standards;

7. Open, track, and manage referrals to Community Supports Providers;

8. Receive and process supplemental reports from ECM Providers; and

9. Send ECM supplemental reports to DHCS.

D. CalOptima Health shall inform CalOptima Health network Providers and community-based organizations about the referral process and the CalOptima Health ECM Referral form, through the

CalOptima Health website, the CalOptima Health Provider Manual, Provider newsletters, the Health Network Forum, CalOptima Health community announcements, other educational materials, as well as through community events and other regularly scheduled CalOptima Health stakeholder forums.

E. CalOptima Health shall inform Members, their family member(s), guardian, caregiver, and/or a Member's authorized support person(s) about the referral process, including how to submit a request for ECM, through the CalOptima Health website, Member orientation presentations, and communication with CalOptima Health representatives (e.g., Customer Service staff, case management staff).

F. In addition to network Provider training requirements described in CalOptima Health's Medi-Cal Contract with DHCS, CalOptima Health will provide the ECM training described below to ECM Providers including through in-person sessions, webinars, and/or calls, as necessary:

1. ECM program overview, including the care plan, care coordination, and care transition requirements for ECM as well as available community resources and referrals and operational and focused trainings.

2. Training on the CalAIM POF, Social Determinants of Health, trauma informed care, health literacy, culturally competent communication, and data sharing requirements.

3. ECM Providers and LCM will be trained in person-centered planning for Members, including those with long-term services and supports.

G. CalOptima Health shall conduct oversight of the ECM Providers by performing regular monitoring activities and shall provide regular feedback and reporting of monitoring and oversight results to the ECM Providers.

1. CalOptima Health shall ensure ECM Providers meet all of the following requirements:

    a. Operate in areas of the county where Members reside.

    b. Are delegated to provide comprehensive care management services to CalOptima Health Members, including those who meet criteria for ECM POF.

    c. Continue to serve their assigned Members with respect for Member choice and cultural diversity by:

        i. Recruiting staff that reflects the cultures they serve; and

        ii. Providing care management services with cultural and linguistic competency and humility.

    d. Are experienced working with the ECM POF they will serve.

    e. Have experience and expertise with the services they will provide.

    f. Comply with applicable state and federal laws and regulations as well as ECM program requirements.

    g. Have capacity to provide culturally appropriate and timely in-person care management activities, including accompanying Members to critical appointments when necessary.

      i.   ECM Providers and Lead Care Managers shall meet ECM Members where they are in terms of the physical location that is most convenient and desirable for the Member to engage in services and from a medical management and plan of care perspective.

h.   Are able to communicate in culturally and linguistically appropriate and accessible ways.

i.   Have formal agreements and processes in place to engage and cooperate with area hospitals, primary care practices, behavioral health Providers, specialists, and other entities, to coordinate care of each assigned ECM Member, as appropriate.

j.   Use a care management documentation system that supports the documentation and integration of physical, behavioral, social service, and administrative data and information from other entities to support the management and maintenance of ECM Member care plans.

      i.   Care management documentation systems may include Certified Electronic Health Record Technology, or other documentation tools that can:

          a)   Document Member goals and goal attainment status;

          b)   Develop and assign multi-disciplinary care team tasks;

          c)   Define and support Member care coordination and care management needs;

          d)   Gather information from other sources to identify Member needs and support multi-disciplinary care team coordination and communication; and

          e)   Support notifications regarding Member health status and transitions in care (e.g., discharges from a hospital or long-term care facility, housing status).

k.   Maintain processes for sharing ECM Member care plans with other Providers and organizations involved in each ECM Member's care, as appropriate.

2.   In the case where a State level enrollment pathway exists for the ECM Provider, CalOptima Health shall verify that the ECM Provider is enrolled as a Medi-Cal provider, pursuant to relevant DHCS All Plan Letters (APLs), including APL 19-004: Provider Credentialing/Recredentialing and Screening/Enrollment. CalOptima Health shall also credential the ECM Provider in accordance with CalOptima Health Policies GG.1650: Credentialing and Recredentialing of Practitioners and GG.1651: Assessment and Re-Assessment of Organizational Providers.

a.   If no Medi-Cal/Medicaid enrollment pathway exists, CalOptima Health shall verify the qualifications of the provider or provider organization to ensure they meet the standards and capabilities to be an ECM Provider in accordance with CalOptima Health Policies GG.1619: Delegation Oversight and HH.2021: Exclusion and Preclusion Monitoring. CalOptima Health shall also consider the following factors as part of CalOptima Health's process for vetting the qualifications and experience of ECM Providers:

      i.   Ability to receive referrals from CalOptima Health and Health Networks for ECM;

      ii.   Sufficient experience to provide services similar to ECM for POF;

      iii.   Ability to submit claims or invoices for ECM using standardized protocols;

   iv. Business licensing that meets industry standards;

   v. Capability to comply with all reporting and oversight requirements;

   vi. History of fraud, waste, and/or abuse;

   vii. Recent history of criminal activity, including a history of criminal activities that endanger Members and/or their families; and

   viii. History of liability claims against the ECM Provider.

3. CalOptima Health shall, through its oversight activities, hold ECM Providers accountable for all ECM requirements contained in CalOptima Health's Medi-Cal ECM Contract Amendment with the DHCS, associated guidance, and CalOptima Health's Model of Care.

4. CalOptima Health shall hold ECM Providers responsible for the same reporting requirements as those CalOptima Health has with the DHCS.

5. CalOptima Health shall not impose mandatory reporting requirements that differ from or are additional to those required for Encounter and supplemental reporting.

6. CalOptima Health shall not utilize tools developed or promulgated by the National Committee for Quality Assurance (NCQA) to perform oversight of ECM Providers, unless by mutual consent with the ECM Provider.

7. CalOptima Health shall provide annual auditing of each ECM Provider, in accordance with CalOptima Health Policies GG.1619: Delegation Oversight and HH.4002: CalOptima Health Internal Oversight, to ensure accountability for requirements of the ECM and Community Supports contract and compliance with ECM policies.

8. CalOptima Health shall monitor and ensure ECM Provider compliance with supplemental reporting requirements, as specified by DHCS.

9. CalOptima Health shall provide ongoing comprehensive monitoring and oversight of the ECM Core Service Components provided by the ECM Providers at the Member level to include review of:

  a. Provision of core services;

  b. Implementation of assessment;

  c. Care plan quality; and

  d. Member contact.

10. CalOptima Health shall collect and aggregate ECM Provider level data to identify trends in outreach, engagement, quality of care plans, and Member contact on a quarterly basis:

  a. CalOptima Health shall analyze data for trends;

  b. CalOptima Health shall share data with the ECM Providers; and

  c. CalOptima Health shall work with ECM Providers to address any gaps or disparities identified.

H. CalOptima Health shall submit the following data and reports to DHCS to support DHCS' oversight of ECM:

1. Encounter data:

   a. CalOptima Health shall submit all ECM Encounters to DHCS using national standard specifications and code sets to be defined by DHCS, regardless of whether services were provided directly or by a delegate or vendor.

   b. In the event the ECM Provider is unable to submit ECM Encounters to CalOptima Health using the national standard specifications and code sets to be defined by DHCS, CalOptima Health shall be responsible for converting ECM Provider's Encounter information into the national standard specifications and code sets, for submission to DHCS.

2. Supplemental reports:

   a. CalOptima Health shall submit ECM supplemental reports, including quarterly implementation monitoring reports, on a schedule and in a format to be defined by DHCS.

IV.   ATTACHMENT(S)

Not Applicable

V.   REFERENCE(S)

A. Department of Health Care Services (DHCS) CalAIM Enhanced Care Management (ECM) and Community Services Model of Care Template
B. Department of Health Care Services (DHCS) CalAIM Enhanced Care Management (ECM) Policy Guide, February 2024
C. Department of Health Care Services (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) Proposal
D. Department of Health Care Services (DHCS) Managed Care Plan Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template
E. CalOptima Health Policy DD.2002: Cultural and Linguistic Services
F. CalOptima Health Policy EE.1103: Provider Education and Training
G. CalOptima Health Policy GG.1353: CalAIM Enhanced Care Management Service Delivery
H. CalOptima Health Policy GG.1354: CalAIM Enhanced Case Management – Eligibility and Outreach
I. CalOptima Health Policy GG.1619: Delegation Oversight
J. CalOptima Health Policy GG.1650: Credentialing and Recredentialing of Practitioners
K. CalOptima Health Policy GG.1651: Assessment and Re-Assessment of Organizational Providers
L. CalOptima Health Policy GG.1652: DHCS Notification of Change in the Availability or Location of Covered Services
M. CalOptima Health Policy HH.1104: Complaints of Discrimination
N. CalOptima Health Policy HH.2003: Health Network and Delegated Entity Reporting
O. Department of Health Care Services (DHCS) 2024 Medi-Cal Managed Care Plan Transition Policy Guide, Issued 08/07/2023
P. Department of Health Care Services (DHCS) All Plan Letter (APL) 22-013: Provider Credentialing/Re-Credentialing and Screening/Enrollment (Supersedes APL 19-004)
Q. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-018: Managed Care Health Plan Transition Policy Guide
R. Department of Health Care Services (DHCS) All Plan Letter (APL) 23-032: Enhanced Care Management Requirements (Supersedes APL 21-012)

S. Department of Health Care Services (DHCS) All Plan Letter (APL) 24-006: Community Health Worker Services Benefit (Supersedes APL 22-016)
T. Department of Health Care Services (DHCS) CalAIM D-SNP Policy Guide, Contract Year 2024, January 2024

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
12/14/2023	Department of Health Care Services (DHCS)	Approved as Submitted
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.1356	Enhanced Care Management Administration	Medi-Cal
Revised	03/03/2022	GG.1356	Enhanced Care Management Administration	Medi-Cal
Revised	01/01/2023	GG.1356	CalAIM Enhanced Care Management Administration	Medi-Cal OneCare
Revised	10/01/2023	GG.1356	CalAIM Enhanced Care Management Administration	Medi-Cal OneCare
Revised	08/01/2024	GG.1356	CalAIM Enhanced Care Management Administration	Medi-Cal

IX.   GLOSSARY

Term	Definition
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.
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.
Core Service Components	The Core Service Components for ECM include: 1. Outreach and engagement; 2. Comprehensive assessment and care management plan; 3. Enhanced coordination of care; 4. Health promotion; 5. Comprehensive transitional care; 6. Member and family support; and 7. Coordination of and referral to community and social support services.
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) Lead Care Manager (LCM)	A Member's designated Enhanced Care Management (ECM) care manager who works for the ECM Provider organization or as staff of CalOptima Health and is responsible for coordinating all aspects of ECM and any Community Supports as a part of the Member's multi-disciplinary care team, which may include other care managers.
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 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).

Term	Definition
Encounter	Any unit of Covered Services provided to a Member by a Health Network regardless of Health Network reimbursement methodology. Such Covered Services include any service provided to a Member regardless of the service location or provider, including out-of-network services and sub-capitated and delegated Covered Services.
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 to provide Covered Services to Members assigned to that Health Network
Member	A beneficiary enrolled in a CalOptima Health program.

Population 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;
	  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.

Previous MCP	A Prime MCP or Subcontractor MCP that a member is required to leave effective January 1, 2024, for one of the following reasons: (1) the MCP exits the market (i.e., an Exiting MCP), (2) the Subcontractor and the MCP terminate their Subcontractor Agreement, or (3) DHCS requires the Prime MCP to transition members to a Subcontractor MCP.
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.