

Enhanced Care Management (ECM) Provider Certification Application

This ECM provider Certification Application is intended to ensure the ECM provider provides satisfactory evidence of meeting ECM requirements as outlined by the Department of Health Care Services (DHCS) Model of Care to be certified as an ECM provider. **Please complete the ECM Provider Certification Application and submit to ECM_ILOS@healthnet.com.** If you have any questions or concerns as you are completing the application, please contact us immediately via email above. Please refer to the Enhanced Care Management Population of Focus descriptions to determine the appropriate population(s) of focus for your organization, and to review the specific required services for that population that are to be addressed in your application.

The ECM Populations of Focus seeks to improve the health outcomes of a group by monitoring and identifying patients within that group.

Please indicate which ECM Population of Focus this application is submitted for (check the applicable box(es) below):

- High utilizers** are members with multiple hospital admissions, or multiple short-term skilled nursing facility stays, or multiple emergency room visits that could be avoided with appropriate outpatient care or improved treatment adherence. **Go-live date: July 1, 2022**
- Individuals experiencing homelessness, including chronic homelessness** and have one complex physical, behavioral or developmental health need for whom coordination of services would likely result in improved health outcomes or decreased utilization of high-cost services.
Go-live date: July 1, 2022
- Adults and children/youth transitioning from incarceration** within the last 12 months who have significant complex physical or behavioral health needs requiring immediate transition of services to the community. **Go-Live Date: July 1, 2022**
- Adults with serious mental illness or substance use disorder** who have a co-occurring, chronic health conditions and: serious mental illness (SMI) or substance use disorder (SUD) and are actively experiencing one complex social factor influencing their health e.g., food, housing, employment insecurities, etc. and meet different high-risk criteria or high acuity.
Go-live date: July 1, 2022

- Adults at risk for institutionalization, eligible for long-term care. Medi-Cal beneficiaries** who, in the absence of services and supports would otherwise require care for 90 consecutive days or more in an inpatient nursing facility. Individuals be able to continue to live safely in the community with wrap around supports. **Go-live date: January 1, 2023**
- Nursing facility residents who desire to return to living in the community**, who are strong candidates for successful transition back to the community. Transition from the nursing facility to community is strictly voluntary and must be able to transition safely to the community.
Go-live date: January 1, 2023
- Children or youth** with serious emotional disturbance (SED) or enrolled in the California Children Services (CCS)/CCS Whole Child Model with additional needs beyond CCS or involved in child welfare (including those with a history of involvement, and foster care up to age 26). **Go-live date: July 1, 2023**

Instructions for Evidence:

Suggested evidence is to be met by an ECM program description where all documentation (e.g., policies & procedures (P&P), organization charts, workflows, etc.) are collated, attached and referenced. Please indicate the required area for which the evidence is submitted (e.g., Required Area 1: Member Outreach Strategies and Member Consent).

Guiding principles to keep in mind as you prepare your application:

- The recommended evidence submitted to meet the required area criteria should be specific to the population(s) of focus for which the application is submitted as each population of focus may require specific types of documents, policies and/or procedures to demonstrate compliance with the criteria. If there is more than one population that is included in the application, be sure to identify the populations of focus that is being addressed by the evidence.
- The expectations for providing enhanced care management services are set forth in the required area sections of this document. Please review these expectations within your organization to ensure that you have a clear understanding of them and are prepared to deliver the services. There may be additional discussion and/or requirements for specific populations of focus (as described in the ECM Population of Focus document referenced above).
- The Recommended Evidence section is where you will provide information that describes in detail how your organization will implement the ECM services to meet the expectations of the program. Please be clear and concise in your submissions so that reviewers will understand how your organization provides ECM services.
- If you have any subcontractors providing any part of ECM services on behalf of your organization, a copy of the MOU/contract must be submitted as part of your application. Furthermore, any inclusion of a subcontractor being proposed in order to fulfill the ECM provider requirements must also complete "Required Area 12: Oversight & Monitoring."

Post Application Submission:

The Health Plan will review all submitted applications and evidence and will respond to individual ECM providers with request for additional information or clarification for areas of the application that do not satisfy the ECM requirement. The Health Plan will be available to work with you over the course of completion of this application and post submission to ensure certification requirements are satisfied. If the ECM requirements are not met, certification will not be granted.

An ECM provider must be one of the following types of organizations and be able to meet the qualifications and perform the duties below to be authorized to serve as an ECM provider:

- Accountable care organization
- Federally qualified health center
- Primary care or specialist physician or physician group
- City/county government agency
- Community-based organization
- Community mental health center
- County-based behavioral health center
- Other behavioral health entity
- SUD treatment provider
- Rural health center/Indian health center
- Local health department
- Hospital or hospital-based physician group or clinic (including public hospital or district/municipal public hospital)
- Housing provider
- Independent physician
- Jail-based organization
- School/school-based organization
- Other (describe)

This ECM provider Certification Application is intended to ensure the ECM provider provides **satisfactory evidence** of meeting the ECM requirements as outlined by DHCS to be certified as an ECM provider.

Please complete the ECM Provider Certification Application and submit to ECM_ILOS@healthnet.com.

If you have any questions or concerns as you are completing the application, please email the inbox above immediately.

ECM Provider Organization:			
ECM Provider Organization Type:			
Tax Identification Number (TIN):			
National Provider Identifier (NPI) (i.e., Type 2 NPI):			
Completed By:		Date:	
Title:			
Phone Number:		Email Address:	

Overview of ECM Structure

Required Area 1. Overview of ECM Structure

Required Area 1 Overview of ECM Structure	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>Provide a brief overview of the overall structure of the ECM Care Model, including roles and responsibilities.</p>	<p>Recommended documentation: Program description of how population(s) of focus-specific members will receive high-touch, community-based, in-person care management, coordinating all primary, acute, behavioral, oral, and long-term services and supports for the member, including the following:</p> <ul style="list-style-type: none"> • Organization Chart that demonstrates how ECM is integrated within your existing organizational structure. • Job descriptions for each member of the care team that includes their role and responsibilities in providing ECM services and is inclusive of the minimum education and experience requirements. • Memorandum of understandings (MOUs)/contracts for any subcontractor that is engaged to provide ECM services, including a description of workflows and communication that will occur. 			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 1 Overview of ECM Structure	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>Describe the approach to ensuring that each member receiving the ECM benefit will primarily receive care in a face-to-face manner where the members live, seek care, or prefer to access services, meeting the member where they are in the community. Public health precautions and recommendations should be used to accomplish community-based, in-person approach of ECM.</p>	<p>Recommended documentation: Program description of how the services will be provided primarily face-to-face in settings that reflect the individualized need of the population(s) of focus, including:</p> <ul style="list-style-type: none"> • When face-to-face settings are unavailable, alternate methods should be utilized. • The provision of culturally appropriate and timely in-person care management activities including accompanying members to critical appointments when necessary. • Communication with and serve members in a culturally and linguistically appropriate and accessible way. • The provision of ECM services that demonstrate cultural and linguistic competency and humility. • Formal agreements or processes in place to engage and cooperate with hospitals, primary care practices, behavioral health providers, specialists, and other entities, to coordinate as appropriate to each member. • Oversight and monitoring of the ECM service provision to ECM enrolled 			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 1 Overview of ECM Structure	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	members to ensure compliance with the ECM provider requirements.			
Identification of what preferences or specifications, in addition to your identified population(s) of focus above, your organization has existing care teams and experience in serving members, as applicable, such as: <ul style="list-style-type: none"> • Zip Codes. • Empaneled members or primary care assigned members only, as applicable. 	Program description of the specifications of members to be served under ECM by your organization. These specifications must be driven by existing capacity or care teams to demonstrate the ability to provide ECM services.			

ECM Core Service Components:

Required Area 2. Outreach and Engagement

Required Area 2 Outreach and Engagement	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
Describe the required responsibilities for direct outreach activities to locate and engage potentially eligible or ECM-authorized members. Include, at a minimum, the following: <ol style="list-style-type: none"> 1) Strategies 2) Method(s) of outreach 3) Staffing structure 4) Staff expectations 	Recommended documentation: Policy/procedure that describes the comprehensive outreach and engagement process including: <ul style="list-style-type: none"> • Strategies for locating and engaging with the member, including working with community partners; and use of best practices such as trauma-informed care, and use of trauma-sensitive practices, harm reduction 			Yes <input type="checkbox"/> No <input type="checkbox"/>

Required Area 2 Outreach and Engagement	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>5) Timeframes 6) Number of attempts</p> <p>ECM provider is responsible for conducting outreach and engagement to assigned members.</p> <p>If any member materials or call scripts are intended to be utilized to support ECM member outreach and engagement, these will be subject to the Health Plan’s review and approval.</p>	<p>practices, motivational interviewing, and any other best practice specific to the population that would enhance the direct outreach activities.</p> <ul style="list-style-type: none"> • Specific methods that demonstrate a progressive approach to outreach and engagement such as telephonic, face-to-face interactions (online/in person), street outreach or any other method that meets the member where they are geographically, emotionally and physically as appropriate for the specific population(s) of focus. • Staffing structure that shows who is conducting the outreach activities, including protocols for ensuring the safety for staff performing street outreach, as applicable. • Staff roles and responsibilities in outreach and documentation, including training requirements, specific for the population(s) of focus. • Protocol for the timeframe for conducting outreach that is specific for the population(s) of focus. • Protocol for the number of attempts to engage the member in ECM 			

Required Area 2 Outreach and Engagement	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	<p>services, specific to the population(s) of focus.</p> <ul style="list-style-type: none"> Protocol demonstrating how outreach will be prioritized among the ECM population(s) of focus assigned to the ECM provider (i.e., determination of which member(s) to outreach and engage first) with the highest level of risk and need for ECM). 			
Describe all responsibilities to obtain and document verbal or written consent to receive the ECM benefit and to share information for care management purposes to the extent required by law.	<p>Recommended documentation: Policy/procedure that describes the process for obtaining consent, and how the consent is documented, how the consent is stored, and including specific information pertinent to both written and verbal consent. The policy must address both the informed consent to receive ECM services, and the consent for release of information.</p>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Required Area 3: Comprehensive Assessment and Care Management Plan

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1) Incorporating clinical and non-clinical resources and needs into the development of a member's care plan related to physical and	<p>Recommended documentation: 1) Comprehensive assessment and care plan that is specific for the population(s) of focus and includes the following elements:</p>			Yes <input type="checkbox"/> No <input type="checkbox"/>

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>developmental health, mental health, SUD, community-based LTSS, oral health, palliative care, trauma-informed care, necessary community-based and social services, housing, in lieu of services (Community Supports), and social determinants of health.</p> <p>2) Working with member to assess risks, needs, goals and preferences, and collaborate with members as part of the ECM process.</p> <p>3) Timing of initial member assessment, including clinical, behavioral health, developmental, oral, substance use disorder, long-term services and supports, and social determinants of health.</p> <p>4) Ongoing member assessments, including tools used, frequency, and staffing requirements, and setting (e.g., in person, by phone, etc.). Re-assessment</p>	<p>Assessment</p> <ul style="list-style-type: none"> • Demographics. • Eligibility requirements (including validation/verification of non-duplicative services or programs, or member meets ECM exclusionary criteria). • Physical health status (current and previous). • Medication review (current and previous). • Pain management. • ADLs/IADLs. • Behavioral Health Status including: <ul style="list-style-type: none"> o Cognitive function. o Developmental factors. o MH/SUD history. • Critical populations.¹ • Food insecurity. • Housing insecurity. • Culture. • Health literacy. • Vision and hearing • Caregiver resources and involvement. • Family and/or social support(s). • Benefits and eligibility. • End-of-Life. 			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

¹ Residential: Homeless, shelter resident, transitional housing, protective housing, PSH
Legal: court ordered services, probation/parole, re-entry, DUI/restricted license, APC/CPS
Disability: physical, SMI, SED, developmentally disabled, regional center client
Other: currently pregnant, gang involved, veteran, SOGIE

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>requirements for ECM enrolled members will be defined by Health Plans per DHCS guidance.</p> <p>5) Sources of data that will inform care plan development.</p> <p>6) Requirement to co-develop care plan with members, and as appropriate their social support networks and care team members, including those in other systems and organizations.</p> <p>7) Ensuring member has a copy of their care plan and information about how to request updates.</p> <p>8) Evidence of a care management documentation system or process to support the required documentation of ECM enrolled members and facilitate the necessary overall coordination and communication across the care team.</p>	<p>Care Management Plan</p> <ul style="list-style-type: none"> • SMART Goals. • Prioritization of goals and expected timeframe to complete. • Members Stage of Readiness to Change. • Member’s main health concern. • List of interventions/actions directed towards each SMART Goal. • Barriers to achieving each goal. • Outcome of each goal. • The ongoing plan for follow-up with the member. • Self-management activities. <p>2) Policy/procedure that describes approach to patient-centered care planning, taking into account assessed risks, needs, goals and preferences, and approach to ongoing collaboration with members as part of the ECM process.</p> <p>3) Policy/procedure that describes the timeframe of completion of the initial member assessment, based on the population(s) of focus being served.</p> <p>4) Policy/procedure that describes the ongoing care management activities, including:</p>			

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	<ul style="list-style-type: none"> • Tools used to document ongoing assessments and care management plans. • Frequency of follow up, based on member needs, to ensure there are no gaps in the activities designed to address a member’s health and social service needs, and to swiftly address those gaps to ensure progress towards regaining health and function continues. • Settings where meetings will take place, specific to the population(s) of focus where the members live, seek care or prefer to access services, i.e., meeting the person and caregivers where they are within the community (e.g., street outreach, shelters, respite care, schools, psychiatric units, institutions for mental diseases (IMDs) residential settings). • Methods to identify goal completion, including step down procedures to address overall completion of the program. This should include also protocols on warm handoff to a lower level of care/another program, as applicable. 			

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	<p>5) Policy/procedure that describes what sources of data (objective and subjective) are used to inform care plan development (may include screenshots).</p> <p>6) Policy/procedure that describes the process for developing a care management plan that includes:</p> <ul style="list-style-type: none"> • Member involvement in the care plan development. • Member’s social support network involvement as appropriate in the care plan development. • Care team member involvement in the care plan development. • Member’s PCP involvement, partnership, and awareness of the member’s ECM care plan (i.e., ECM provider care plan sharing and collaboration with the ECM member’s PCP). • Involvement of the systems and organizations who are providing services to the member, such as a Community Supports provider, as applicable. 			

Required Area 4: Enhanced Coordination of Care

Required Area 4 Enhanced Coordination of Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>1) Ensuring that the ECM provider will act as the lead care manager' for all member needs, regardless of setting. Care plan will drive the patient care activities.</p> <p>2) Coordination with other entities who may be providing some level of care coordination (California Children's Services, county behavioral health, the Health Plan, etc.)</p> <p>3) Coordination with primary care providers, specialists, behavioral health, community-based long-term services and supports (LTSS) needs and oral health providers involved in the care of the member to support member treatment adherence including:</p> <ul style="list-style-type: none"> • Medication review/reconciliation, scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to 	<p>Recommended documentation:</p> <p>1) Identification of the lead care manager(s) who will be responsible for all of the member's needs, regardless of setting, and including how this is communicated to the member and the member's social support networks.</p> <p>2) Policy/procedure that describes how other entities who may be providing some level of care coordination are identified, and the process that ensures the coordination of care with that entity.</p> <p>3) Policy/procedure that describes how primary care providers, specialists, behavioral health, health, and others who are providing care are identified and the process that ensures coordination of care with those providers.</p> <p>4) Policy/procedure that describes how community agencies currently providing services or potential services are identified and the process that ensures coordination of care with those agencies.</p> <p>5) Policy/procedure that describes how Community Supports are identified and the process that ensures</p>			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 4 Enhanced Coordination of Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>address other barriers to adherence.</p> <p>4) Coordination with community agencies providing, or potentially providing services to the member.</p> <p>5) Coordination of Community Supports.</p> <p>6) Addressing social determinants of health on an ongoing basis as part of the member’s care needs.</p> <p>7) Engaging members and respective social support networks in care coordination activities.</p> <p>8) Obtain and document the member’s authorization to share pertinent information across the care team supporting the member to in order to effectively coordinate the member’s physical health, behavioral health, and community-based long-term services and supports (LTSS).</p>	<p>coordination of care with contracted providers and/or vendors.</p> <p>6) Policy/procedure that describes how social determinants of health needs, such as food security, housing, and employment, are identified on an ongoing basis.</p> <p>7) Policy/procedure that describes how members and their social support networks will be engaged in care coordination activities.</p>			

Required Area 5: Health Promotion

Required Area 5 Health Promotion	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<ol style="list-style-type: none"> 1) Working with members to identify and build on resiliencies and potential family or community supports. 2) Providing services to encourage and support lifestyle choices based on healthy behavior, with the goal of supporting member's ability to successfully monitor and manage their health. 3) Expectations for health promotion and preventive services above and beyond those services provided to the general Medi-Cal population. 4) Supporting members in strengthening skills that enable them to identify and access resources to assist them in managing their conditions and preventing other chronic conditions. 	<p>Recommended documentation:</p> <ol style="list-style-type: none"> 1) Policy/procedure that describes the process of helping members to identify and build on resiliencies and potential family or community supports. 2) Policy/procedure that describes the services that will help the member develop self-management skills that support healthy lifestyle choices. 3) Policy/procedure that describes the health promotion and preventive services activities that are provided based on the complexity and required needs of the member. 4) Policy/procedure that describes the health promotion that would support member in accessing resources to assist them in managing their conditions and prevention of other chronic conditions. 			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 6: Comprehensive Transitional Care

Required Area 6 Comprehensive Transitional Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>1) Transitioning members safely and easily between different levels of care and delivery systems in order to reduce avoidable member admission and readmissions.</p> <p>2) Care Coordination activities triggered by care transitions, including the development and regular maintenance of a transition plan for members.</p> <p>3) Technology and tools used to identify and support care transitions.</p>	<p>Recommended documentation:</p> <p>1) Policy/procedure that describes the planning process, specific to the population(s) of focus, to ensure that all needs are met for members experiencing a transition in the level of care. Documentation of the needs should be in the written transition plan that is shared with the member, and any other service provider that touches this member. The transition plan should include:</p> <ul style="list-style-type: none"> • Reason/cause for transition. • Physical and/or mental health follow up requirements. • Medication review/reconciliation. • Member education requirements. • Self-management activities. • Transportation needs. • Social services supports. • Durable medical equipment needs, as needed. • Home safety evaluation, if needed. • Adherence support and referrals to appropriate services. <p>2) Policy/procedure that describes the types of activities and timelines that are critical to the success of the</p>			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 6 Comprehensive Transitional Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	<p>member’s transition in the level of care, including:</p> <ul style="list-style-type: none"> • Checking in with the member to ensure all needs are met. • Working with discharging facility staff to develop transition plan. • Connecting member back to PCP. • Conducting a case conference with appropriate social support person(s) and care team members, including those in other systems and organizations. • Arranging timely follow-up appointments as needed. • Evaluating and revising care plan as needed. <p>3) Description of the technology and tools used to identify and support care transitions (may include screenshots), including the ability to appropriately track each member’s admission or discharge from an emergency department, hospital inpatient facility, skilled-nursing facility, residential/treatment facility, incarceration facility, or other treatment centers.</p> <ul style="list-style-type: none"> • Including any social determinate status changes (e.g., housing and employment). 			

Required Area 6 Comprehensive Transitional Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>4) Guidelines related to transitioning members to lower levels of care management or graduating them from ECM, including a warm handoff to another entity/program, as applicable.</p>	<p>Recommended documentation: Description of the process and criteria for transitioning members out of ECM, including:</p> <ul style="list-style-type: none"> • Requirements that need to be met such as progress towards goal completion. • Member self-efficacy and ability to function independently. • Member understanding of when, why, and how transition and/or termination will occur. • Criteria for graduation from the ECM program. • Criteria for transitioning to a lower level of case management/care coordination. • Safety plan as appropriate for the specific population. • Maintenance plan as appropriate for the specific population. • Warm handoff of member’s case and care plan to another entity/program, as applicable. 			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 7. Member and Family Supports

Required Area 7 Member and Family Supports	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>1) Documenting a member’s chosen caregiver or family/support person, such as a guardian, AR, caregiver, and/or other authorized support person(s).</p> <p>2) Ensuring the member’s ECM lead care manager serves as the primary point of contact for the member and their chosen family/support persons</p> <p>3) Identifying supports needed for the member and chosen family/support persons to manage the member’s condition and assist them to access needed support services; and</p> <p>4) Providing for appropriate education of the member, family members, guardians and caregivers on care instructions for the member</p>	<p>Recommended documentation:</p> <p>1) Policy/procedure that clearly describes how member and family support services are identified, assessed, and provided. Documentation should include, but is not limited to descriptions and examples of the following:</p> <ul style="list-style-type: none"> • Any aspects that are specific to the ECM population(s) of focus, including which population(s) of focus they pertain to. • Identification of member’s caregiver(s) or family/support person(s) during assessment. • If none identified, document plan for identifying/creating supports with the member. <p>2) Policy/procedure that demonstrate the following:</p> <ul style="list-style-type: none"> • Discussion with member about the lead care manager’s communication (including type and frequency) with identified caregiver(s) or family/support person(s) as a part of services. • Obtained member consent to communicate with caregiver(s) or 			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 7 Member and Family Supports	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	<p>family/support person(s) as applicable.</p> <ul style="list-style-type: none"> • Documentation that the lead care manager informed member, caregiver(s) and/or family/support person(s) that they are the primary point of contact for services and offered their contact information. <p>3) Policy/procedure that demonstrates:</p> <ul style="list-style-type: none"> • Clear identification and description of supports needed for the member and caregiver(s) or family/support person(s) to manage the member’s condition and assist with member’s goals. • Description of how the lead care manager will assist the caregiver(s) or family/support person(s) with accessing support services, including a plan and timeline for follow-up on services. <p>4) Policy/procedure that clearly describe:</p> <ul style="list-style-type: none"> • How and when the lead care manager will provide culturally appropriate person-centered planning, education, training, and care instructions for caregiver(s) or family/support person(s). 			

Required Area 7 Member and Family Supports	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	<ul style="list-style-type: none"> • Where and how person-centered planning, education, training, and care instructions with caregiver(s) or family/support person(s) will be documented. • Documentation of the lead care manager plan for follow up with caregiver(s) or family/support person(s) post planning, education, and training post-instruction. • How the member may request to change their lead case manager and how those requests are managed. 			

Required Area 8: Coordination of and Referral to Community and Social Support Services

Required Area 8 Coordination of and Referral to Community and Social Support Services	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>1) Determining appropriate services to meet the needs of members, including services that address social determinants of health needs, housing and/or services that are offered as Community Supports.</p>	<p>Recommended documentation:</p> <p>1) Policy/procedure that describes how appropriate services, benefits and resources are determined for the member, and how they are located and accessed in the community (e.g., internal resource guide, directory of community partners, use of 211,</p>			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<p>Required Area 8 Coordination of and Referral to Community and Social Support Services</p>	<p>Recommended Evidence</p>	<p>Notes</p>	<p>Submitted Evidence</p>	<p>Compliant (For Internal Use Only)</p>
<p>2) Coordinating and referring members to available community resources and following up with the member to ensure services were rendered (i.e., closed loop referrals).</p> <p>3) Obtain and document the member’s authorization to share pertinent information across the care team supporting the member to in order to effectively coordinate the member’s physical health, behavioral health, and community-based long-term services and supports (LTSS).</p>	<p>findhelp.com, Community Health Record, etc.). If there is more than one population that is included in the application, please be sure to identify each population(s) of focus and your knowledge of accessing needed community resources for this specific population, if applicable. Please be specific in listing evidence of your knowledge of resources for the population(s) served.</p> <p>2) Policy/procedure that describes the workflow of how the referrals are coordinated with the community resource, including how the referral is tracked and confirmation that the service/resource was provided. The procedure or workflow should also include the activities or interventions that support the appropriate completion of the referral. May include screenshots that support referral tracking, if used.</p>			

ECM Provider Administration & Operations

Required Area 9: Claims/Encounters

Required Area 9: Claims/Encounters	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>1) ECM provider must demonstrate the ability to submit claims and/or encounters (at minimum monthly) to Health Plan in accordance with requirements in Department of Health Care Services (DHCS).</p> <p>2) The exact claims/encounter submission process may differ by the Health Plan.</p> <p>3) ECM provider must demonstrate the utilization of a care management documentation system or process. Care management documentation systems may include certified electronic health record technology, or other documentation tools that can: document member goals and goal attainment status; develop and assign care team tasks; define and support member care coordination and care management needs; gather information from other sources to identify member needs and support care team coordination and communication and support</p>	<p>Recommended documentation:</p> <p>1) Evidence of an electronic health record (EHR) or other compliant electronic system that will be used to capture ECM service encounters.</p> <p>2) Evidence of where and how documentation will support coordination of physical, behavioral, social service, and administrative data and information from other entities to support the management and maintenance of a member’s care plan.</p> <p>3) Screenshots or a walk-through, when appropriate, of the configuration changes in order to accommodate ECM claims/encounter submissions based on DHCS final guidance.</p>			<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 9: Claims/Encounters	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>notifications regarding member health status and transitions in care (e.g., discharges from a hospital, long-term care facility, housing status).</p>				

Required Area 10: File Data Exchange

Required Area 10: File Data Exchange	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>The data exchange and/or reporting platform or process may vary by the Health Plan.</p> <p>ECM provider to establish capability to login/connect to Health Plan SFTP site to retrieve and deliver key operational and regulatory data and reporting to ensure the delivery of ECM services to eligible members.</p> <p>1. On a regular basis, ECM providers must retrieve an eligibility and/or enrollment member file that contains assigned ECM members that are eligible to receive ECM services, including both new and existing members. The frequency may vary by the Health Plan.</p>	<p>Recommended documentation:</p> <p>1) Attestation of ECM provider ability to connect to MCP’s secure file transfer protocol (SFTP) sites and retrieve and submit ECM provider files.</p> <p>NOTE: Participation and successful completion of Health Plan file and/or portal testing process is required to be certified as an ECM provider.</p> <p>2) Demonstration of how the ECM provider will be tracking ECM services and any follow up with ECM enrolled members in order to appropriately report on services and activities. Reporting requirements for ECM will be defined by DHCS.</p>			<p>Able to successfully <u>transfer</u> file via SFTP Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Able to successfully <u>receive</u> file via SFTP Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Demonstrated understanding of file formatting expectations and due dates Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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<p>2. On a minimum of a monthly basis, ECM providers must update and report back to the Health Plans via an SFTP file upload identifying the services provided and status of each eligible and enrolled ECM member. Reporting requirements for ECM providers will be defined by DHCS.</p> <p>3. Health Plans may also utilize the SFTP site to exchange other data files to support ECM provider service delivery (i.e., ADT reports, capitation reports, etc.)</p>				

Required Area 11: Staffing

Required Area 11: Staffing	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>ECM provider has the appropriate care team staffing to meet ECM required staffing ratios as outlined by DHCS.</p> <p>1) At the minimum, ECM providers must have an ECM director, ECM clinical consultant(s), and lead case managers.</p> <p>2) Staffing ratios will be based on DHCS requirements. When</p>	<p>Recommended documentation:</p> <p>1) Names, qualifications, and roles of ECM provider care team staff.</p> <p>2) ECM organization staffing chart addressing the required roles and responsibilities and how the ECM care team is integrated within the ECM provider organization</p> <p>3) Policy/procedure that describes the clinical supervision and oversight of</p>			<p>Complete capacity document (including names/titles and contact information of ECM CM team with current caseloads) Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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<p>available, Health Plans will provide guidance on staffing ratios for the members assigned to lead case manager(s) and potentially the ratio for lead case manager(s) assigned to clinical consultants.</p> <p>ECM lead case manager is responsible for:</p> <ul style="list-style-type: none"> 3) Serving as the primary point of contact for the member, member’s family, authorized representative (AR), caregiver, other authorized support person(s) as appropriate, and the multidisciplinary care team providing care to the member. 4) Developing a comprehensive care management plan with input from a multidisciplinary care team, as well as the member, to ensure a whole-person approach is taken in identifying gaps in treatment or gaps in available and needed services. <p>ECM providers have protocols in place outlining how clinical supervision is provided to non-licensed (i.e., paraprofessionals) staff members</p>	<p>the lead case managers, including the frequency of meetings, team huddles, or case conferences required to ensure continued support is provided to the team.</p> <p>4) Policy/procedure that describes how the ECM care team should handle any escalated member cases (e.g., suicidal ideation) and which team members are involved and available to support the lead case managers. This policy/procedure should be specific to the population(s) of focus.</p>			<p>Plan for future staffing/ramp up over time and how they intend to meet ECM staffing requirements Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>ECM organizational staffing chart provided displaying integration of ECM care team at ECM provider Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 11: Staffing	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
serving as a lead case manager to ensure continued guidance, training, and clinical support to appropriate oversee an ECM member's care plan and care coordination.				

Required Area 12: Oversight and Monitoring

This required area only applies if the ECM provider is proposing to subcontract with another entity in order to fulfill the ECM provider requirements.

Please note that any proposal to include a subcontract to fill the ECM provider requirements must be reviewed individually by each Health Plan and will approved and vetted by each individual Health Plan through the ECM certification process.

Required Area 12: Oversight & Monitoring	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>The Health Plan's review and approval of the use of a subcontractor to fulfill the ECM provider requirements must demonstrate:</p> <ol style="list-style-type: none"> 1) Specialized knowledge of the ECM population(s) of focus they intend to serve; and 2) A pre-existing relationship or structure that has promoted the execution of a strong oversight and monitoring plan of the subcontractor(s) (i.e., demonstrated success in other programs with the same or 	<p>Recommended documentation:</p> <ol style="list-style-type: none"> 1) Demonstration of the execution of oversight and monitoring activities to ensure compliance to the ECM provider requirements, including: <ol style="list-style-type: none"> a) The review and selection process/criteria for assessing subcontractors (due diligence). b) Defined role of subcontractor with regards to provision of ECM core services (division of work). 			<p>Comprehensive oversight and monitoring P&P Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Subcontractor demonstrates specialized knowledge of particular ECM populations of focus AND has previous success as a</p>

Required Area 12: Oversight & Monitoring	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
<p>similar subcontracting relationship in place).</p> <p>3) Development and execution of oversight and monitoring activities to ensure compliance to the ECM provider requirements.</p> <p>4) Demonstration of the oversight and monitoring activities to the Health Plans, including the identification of any quality or compliance concerns and execution of corrective action, as applicable.</p>	<p>c) Description of where and how all documentation of ECM activity will be completed.</p> <p>d) Oversight model (frequency and method of oversight including validation of subcontractor credentials).</p> <p>e) Identification of any quality or compliance concerns and the execution of correction action, including communicating to plan, as applicable.</p> <p>f) Requirement and path for subcontractor to report any changes in network to the ECM provider.</p> <p>g) Training responsibilities and oversight.</p> <p>2) Sample/template of subcontractor agreement.</p> <p>3) Mechanism to review reporting and data submission by subcontractors on a monthly and/or quarterly basis, including the oversight of service provision and quality of care and execution of comprehensive audits.</p> <p>4) Billing arrangement including timeliness requirements and</p>			<p>subcontractor with the applicant</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

Required Area 12: Oversight & Monitoring	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	oversight of billing practices for accuracy and fraud prevention. 5) ECM provider to submit quarterly progress reports to MCPs regarding performance of each subcontractor, at minimum or as requested by contractor.			