

California Advancing and Innovating Medi-Cal (CalAIM) Enhanced Care Management (ECM) Fact Sheet

Background

- The Department of Health Care Services (DHCS) will establish a new, statewide ECM benefit under the CalAIM initiative. ECM would provide a whole-person approach to care that addresses the clinical and non-clinical circumstances of high-need Medi-Cal members. ECM builds on the current Health Homes Program (HHP) and Whole Person Care (WPC) Pilot and transitions those services to this new statewide managed care benefit to provide a broader platform for positive outcomes.
- The overarching goals for ECM are:
 - » Improving care coordination
 - » Integrating services
 - » Facilitating community resources
 - » Improving health outcomes
 - » Addressing social determinants of health
 - » Decreasing inappropriate utilization

Populations of Focus and Timeline

- DHCS is proposing a phased statewide implementation of the ECM benefit and inclusion in the Medi-Cal managed care plan (MCP) contracts:
 - » **January 1, 2022:** MCPs in counties with a WPC pilot and/or HHP will automatically transition all members currently served by them or those in the process of enrolling in WPC pilot and/or HHP into ECM. ECM goes live for the following populations of focus:
 - Homeless (adults and children)
 - High utilizer adults
 - Adults with Serious Mental Illness (SMI)/ Substance Use Disorder (SUD)
 - » **January 1, 2023:** ECM goes live for the following populations of focus:
 - Individuals transitioning from incarceration (adults and children/youth)
 - Members eligible for long-term care (LTC) and at risk of institutionalization
 - Nursing home residents transitioning to the community

- » **July 1, 2023:** ECM goes live for all other children and youth:
 - High utilizer
 - Serious Emotional Disturbance (SED) or identified to be a clinical high risk (CHR) for psychosis
 - Enrolled in California Children's Services (CCS) Whole-Child Model (WCM) with additional needs beyond the CCS qualifying condition
 - Involved in, or with a history of involvement in child welfare (including foster care up to age 26)

Benefit Design

- ECM will be delivered by community-based providers (ECM providers) contracted with MCPs. It will provide multiple opportunities to engage members by stratifying risk and need, develop care plans and strategic interventions to mitigate risk, and help clients achieve improved health and well-being.
- Will extend beyond standard care coordination and disease management activities, and concentrate on the coordination and monitoring of cost-effective, quality direct health care services for members, as well as connections to needed community supports for indirect care needs.
- Is fundamentally person-centered, goal-oriented and culturally relevant to assure that members receive needed services in a supportive, effective, efficient, timely and cost-effective manner.
- Will be high-touch, on-the-ground and face-to-face, with frequent contacts for people residing in community settings and nursing facilities.

Program Administration Expectations

- ECM will be administered by MCPs, who will have direct responsibility for establishing the ECM benefit and criteria for their members, subject to contractual requirements and programmatic guidance provided by DHCS.



A Public Agency

CalOptima
Better. Together.

caloptima.org

  @caloptima

TWITTER, TWEET, RETWEET and the Twitter Bird logo are trademarks of Twitter, Inc. or its affiliates.

CalAIM Fact Sheet: Enhanced Care Management

- DHCS will build enhanced funding into the capitation rates to enable MCPs to successfully provide the ECM benefit.
- MCPs will have strong oversight and will perform regular auditing and monitoring activities to ensure that all requirements are met.
- For individuals with a primary SMI diagnosis, SUD, children with SED, or children involved in child welfare, county behavioral health staff should be considered to serve as the ECM provider through a contractual relationship, provided they agree to coordinate all the services (physical, developmental, oral health, long-term care and social needs) needed by those populations of focus, not just their behavioral health needs.