



## **Enhanced Care Management (ECM) FAQ**

### **1. What is ECM?**

ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of members with the most complex medical and social needs. Members are assigned an ECM lead care manager (LCM) who provides high-touch, community-based, comprehensive care management, and care coordination. ECM builds on both the design and the lessons from the Whole-Person Care (WPC) pilots and the Health Homes Program (HHP). For more detailed information, please see the Department of Health Care Services (DHCS) [CalAIM Enhanced Care Management Policy Guide](#).

### **2. What are the eligibility criteria for ECM?**

To be eligible for ECM, members must be enrolled with CalOptima Health and meet the eligibility criteria of at least one of the California Advancing and Innovating Medi-Cal (CalAIM) ECM Populations of Focus. The Populations of Focus definitions can be found in the DHCS [CalAIM Enhanced Care Management Policy Guide](#).

### **3. Can members meet the criteria for more than one Populations of Focus?**

Yes, members may meet eligibility criteria for one or more Populations of Focus. Specific ECM Providers are contracted to provide ECM services to members eligible in each Population of Focus, yet they will receive the same required ECM services regardless of Populations of Focus.

### **4. Who authorizes ECM services?**

CalOptima Health became responsible for authorizing ECM services for all members regardless of their health network (HN) on January 1, 2023.

### **5. Who provides ECM services?**

CalOptima contracts with more than fifty ECM Providers, including CalOptima Health's delegated HNs, Federally Qualified Health Centers, Community Based Organizations and Community Clinics. All ECM Providers are responsible for providing the seven core components required of ECM services:

1. Outreach and engagement
2. Comprehensive assessment and care management plan
3. Enhanced coordination of care
4. Health promotion
5. Transitional care services
6. Member and family supports
7. Coordination of and referral to community and social support services



Please see the [DHCS CalAIM Enhanced Care Management Policy Guide](#) for additional guidance and examples of ECM services.

CalOptima Health ECM providers are contracted to serve specific Populations of Focus in which they have experience and expertise. For a list of ECM providers, please see the [Provider Directory](#).

1. Click on “Find a doctor or specialist”
2. Locate “Specialty” which will be 3<sup>rd</sup> row down on the right.
3. Click on the drop down and select “Enhanced Care Management”
4. Click “Search” and it should provide a list of our contracted ECM providers

**6. How does CalOptima Health define and identify members with needs related to social determinants of health (SDOH)?**

SDOH are the environmental conditions driven by where people are born, live, learn, work, play and worship, as well as their age, that affect a wide range of health, functioning and quality-of-life outcomes and risks. For each Population of Focus, CalOptima Health will use all available data sources — including ICD-10 diagnoses — to identify members with needs related to SDOHs.

**7. How does CalOptima Health plan to outreach to members at risk of being homeless and are limited English proficiency (LEP)?**

CalOptima Health's ability to identify members at imminent risk of homelessness will be largely based on information received from an impacted member, family member or from their health care team (provider, hospital, case manager or community-based organization), including contracted ECM Providers. CalOptima Health provides Street Medicine in three cities in Orange County, Anaheim, Costa Mesa, and Garden Grove where contracted providers meet members where they are to provide urgent care and coordination of services. In addition, CalOptima Health’s Customer Service department provides interpreter services, bilingual staff, and materials in all Orange County threshold languages to connect with LEP individuals.

**8. What is Orange County Behavioral Health Services’ role in CalAIM?**

CalOptima Health is working with the county to coordinate the provision of ECM services through Orange County Behavioral Health Services for members who are authorized for ECM under the Population of Focus for Serious Mental Health Needs and/or Substance Use Disorder Needs.

**9. Will the Orange County Health Care Agency (OC HCA) be held to the same requirements as other ECM providers?**



Yes, the OC HCA is responsible for delivering the seven ECM core service components, including outreach and engagement services.

**10. Who is financially responsible for ECM services provided by the county?**

CalOptima Health is financially responsible for the ECM services provided by all contracted ECM Providers including the county. The county will submit claims directly to CalOptima Health for payment.

**11. How will a member be notified that they will receive ECM services from the county?**

If a member meets the criteria for ECM and is authorized for services, the county, CalOptima Health and HNs will collaborate on providing notices of the approval of ECM services to the member. Following approval of the ECM authorization, the county will begin outreach and engagement activities with the member, if it has not already been initiated.

**12. What is the reassessment time frame for ECM (after the initial twelve months)?**

To ensure members receive the most appropriate level of care management or coordination of services, ECM reauthorization will occur every six months.

**13. Will CalOptima Health share the expected ECM program staffing ratios?**

DHCS did not provide a staffing ratio model for the number of members who can be served by each care manager. CalOptima Health recommends a 1:30 Lead Case Manager (LCM) to member ratio and no more than 1:60. ECM Providers can tailor their ratios to the specific ECM Populations of Focus that they serve.

**14. How will ECM providers be paid?**

ECM payment is on a per-eligible-member-per-month basis. ECM providers will only receive payment if an ECM member received eight (8) units of service equal to two (2) hours per month. One unit equals 15 minutes of interaction with the member or work done on the member's behalf. Engagement and outreach services may count towards the eight-unit threshold if the member has been authorized for ECM as of the outreach and engagement dates of service.

**15. Can a member's Personal Care Coordinator (PCC) be the LCM?**

Yes, a PCC can be the LCM, but, depending on the member's medical needs, they should work with a registered nurse (RN) as part of the member's care team to review the care plan and coordinate care. The LCM is responsible for interacting directly with the



member and/or family, authorized representatives, caretakers, and/or other authorized support persons as appropriate. At a minimum, they are also responsible for engaging with a multidisciplinary care team to identify gaps in the member’s care and ensure appropriate input is obtained to effectively coordinate all primary, behavioral, developmental, oral health, long-term services and supports (LTSS), Community Supports and other services that address SDOHs, regardless of setting.

**16. What reporting requirements are ECM Providers held to?**

All Providers are required to update their capacity within the CalOptima Connect ‘Client Capacity’ page on a weekly basis and at a minimum, monthly towards the end of each month. This will assist the CalOptima Health team in our process flow to ensure members are assigned to providers with open capacity. CalOptima Health is also required to report those numbers to DHCS on a monthly and quarterly basis.

**17. What trainings are new ECM Providers required to attend?**

CalOptima Health requires all new ECM Providers to attend the CalOptima Health 6-month ECM Academy Training prior to contracting. At least one member of staff from each ECM organization is required to attend and is expected to share the information within their own organization. These trainings touch upon philosophy of care, best practices, the CalOptima Connect system, and more.