595 Center Avenue, Suite 200 | Martinez, CA 94553 | Phone: (925) 313-6000 | Fax: (925) 313-6002
cchealth.org/healthplan

# Contra Costa Health Plan (CCHP)
# Enhanced Care Management (ECM) Program Overview & Eligibility

ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Medi-Cal managed care health plan (MCP) Members through systematic coordination of services and comprehensive, community-based care management. ECM is part of a broader population health system design within CalAIM, under which MCPs will systematically risk stratify their enrolled populations and offer a menu of care management interventions at different intensity levels, with ECM at the highest intensity level.

The goal of ECM is to coordinate all primary, acute, behavioral, developmental, oral, social needs, and long-term services and supports for Members, including participating in the care planning process, regardless of setting. ECM activities should become integrated with other care coordination processes and functions, and in most cases, the ECM Provider must assume primary responsibility for coordinating the Member's needs, including collaboration with other coordinators who operate in a more limited scope. Below are the seven core services every ECM provider must provide:

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 Supports
7. Coordination of and Referral to Community and Social Support Services

Effective January 1, 2022, CCHP services the following DHCS-approved POF:

1. Adults and their Families Experiencing Homelessness
2. Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization (formerly "High Utilizers")
3. Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs

Effective January 1, 2023, CCHP services the following DHCS-approved POF:

1. Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization
2. Adult Nursing Facility Residents Transitioning to the Community

Effective July 1, 2023, CCHP services the following DHCS-approved POF:

1. Children and Youth Populations of Focus
    a. Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
    b. Children and Youth at Risk for Avoidable Hospital or ED Utilization
    c. Children and Youth with Serious Mental Health and/or SUD Needs
    d. Children and Youth Enrolled in California Children's
    e. Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition
    f. Children and Youth Involved in Child Welfare

Effective January 1, 2024, CCHP services the following DHCS-approved POF:

1. Birth Equity Population of Focus
2. Individuals Transitioning from Incarceration

Enhanced Care Management (ECM) referrals can be submitted through ccLink or by completing our ECM Referral and faxing it back to (925) 252-2609. If you have any questions or need assistance entering referrals, please contact CCHPCalAIM@cchealth.org.

**ECM POF 1: Individuals, Families, and Unaccompanied Children/Youth Experiencing Homelessness**

Overview:

Individuals and families experiencing homelessness are among the highest-need and most vulnerable individuals in Medi-Cal, in that they lack access to shelter and food, both of which are critical to health. These individuals often have extensive medical and behavioral health needs that are difficult to manage due to the social factors that influence their health. This can result in reduced quality of life and high utilization of avoidable, costly services in EDs and inpatient settings that could be avoided with more timely and appropriate care management and potentially the provision of Community Supports. ECM provides the needed link between physical and behavioral health care and connection to housing and other resources associated with Social Drivers of Health (SDoH). As of July 2023, the ECM eligibility criteria for this Population of Focus also includes children and youth, as shown below. The purpose of these modifications is to ensure that ECM captures the breadth of unsafe, substandard, and insecure living conditions that families, children, and youth may experience.

Eligibility

Individuals who:

Are experiencing homelessness, defined as meeting one or more of the following conditions:

a) Lacking a fixed, regular, and adequate nighttime residence; and/or
b) 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; and/or
c) 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); and/or
d) Exiting an institution into homelessness (regardless of length of stay in the institution); and/or
e) Will imminently lose housing in next 30 days; and/or
f) Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous,

traumatic, or life-threatening conditions relating to such violence.

**AND**

2) Have at least one complex physical, behavioral, or developmental need, with 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.

**OR**

Children, Youth, and Families with members under 21 years of age who:

1) Are experiencing homelessness, as defined above in (a) under the modified HHS 42 CFR Section 11302 "Homeless" definition:
   a) Have experienced a long-term period without living independently in permanent housing; and
   b) Have experienced persistent instability as measured by frequent moves over such period; and
   c) Can be expected to continue in such status for an extended period because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment.

**OR**

2) 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 (in hospital without a safe place to be discharged to).

**ECM POF 2: Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")**

Overview

In 2022, DHCS renamed the "High Utilizers" ECM Population of Focus to "Individuals At Risk for Avoidable Hospital or ED Utilization," to reflect that ECM for this Population of Focus aims to reduce avoidable care in costly settings and settings that are of higher acuity than would be necessary with earlier and more whole-person care interventions and approaches.

Eligibility

Adults who meet one or more of the following conditions:

1) **Three or more** emergency room visits in a **six-month** period that could have been avoided with appropriate outpatient care or improved treatment adherence; and/or
2) **Three or more** unplanned hospital and/or short-term skilled nursing facility (SNF) stays in a **six-month** period that could have been avoided with appropriate outpatient care or improved treatment adherence.

Children and youth who meet one or more of the following conditions:

1) **Three or more** ED visits in a **12-month** period that could have been avoided with appropriate

outpatient care or improved treatment adherence; and/or

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

**ECM POF 3: Individuals with Serious Mental Health and/or SUD Needs**

Overview

Medi-Cal MCP Members with serious mental health and SUD needs have disproportionately high rates of chronic physical health conditions as well as complex social needs. For children and youth, several social conditions and risk factors (e.g., exposure to trauma or other adverse childhood experiences (ACEs)) often present as behavioral health needs. Enrolling this child and youth Population of Focus into ECM is critical to addressing risk early and averting long-term chronic illness.

CalAIM includes a suite of changes to the Medi-Cal behavioral health system to advance whole-person, accessible, high-quality care, including updates to the criteria to access specialty mental health services (SMHS). Implementation of ECM for this Population of Focus is designed to provide Members with a trusted Lead Care Manager who can coordinate and help integrate care and services, bridging across delivery systems. Care management through ECM may also help some MCP Members receive SMHS through the county's Mental Health Plan (MHP) who may have been undiagnosed or otherwise not yet connected to the services they need.

Eligibility

Adults who:

1) Meet the eligibility criteria for participation in, or obtaining services through:
    i) SMHS delivered by MHPs; and/or
    ii) The Drug Medi-Cal Organization Delivery System (DMC-ODS) **OR** the Drug Medi-Cal (DMC) program.

**AND**

2) Are experiencing at least one complex social factor influencing their health (e.g., 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**

3) Meet one or more of the following criteria:
    a) Are at high risk for institutionalization, overdose, and/or suicide; and/or
    b) Use crisis services, EDs, urgent care, or inpatient stays as the primary source of care; and/or
    c) Experienced two or more ED visits or two or more hospitalizations due to serious mental health or SUD in the past 12 months; and/or
    d) Are pregnant or postpartum (12 months from delivery).

Children and youth who:

1) Meet the eligibility criteria for participation in, or obtaining services through one or more of:
   a) SMHS delivered by MHPs; and/or
   b) The DMC-ODS **OR** the DMC program.

No further criteria are required to be met for children and youth to qualify for this ECM Population of Focus.

Criteria for Drug Medi-Cal (SUD Program):
Must meet medical necessity for SUD (see below), be eligible for Medi-Cal and reside in Contra Costa
1) Have at least one diagnosis from the current DSM for Substance-Related and Addictive Disorders, except for Tobacco-Related Disorders and Non-Substance Related Disorders;

***OR***

2) **Have had at least one diagnosis** from the current DSM for Substance-Related and Addictive Disorders, except for Tobacco-Related Disorders and Non-Substance Related Disorders, **prior to being incarcerated or during incarceration, as determined by substance use history**.

** Note that a history of SUD is sufficient to qualify even if they are in active treatment or are in maintenance mode and were treated in the past.

Criteria for County Mental Health (SMI Program):
Must have severe impairment – refers to how the diagnosis is impacting a person's daily function. The person suffering from bipolar may be suicidal, spending all of their money and about to lose their housing or utilities because they are not paying their bills. The depressed person may be sleeping most of the day or feeling down most of the time and unable to work so they have no income. The anxious person may be worrying all day and unable to leave the house.

There are 8 impairments listed on the initial assessment:
1) Family Relations
2) Employment/School Performance
3) Recreational/Leisure Activities
4) Food/Shelter
5) Social Relations
6) Physical Health
7) Substance Abuse
8) Activities of Daily Living

At least one impairment must be marked as severe with the supporting documentation.
As background what happens is that when the client is referred to a County clinic by Access Line, the clinician completes a 10-page clinical assessment (based on an interview with the client) to document the symptoms of a qualifying diagnosis and confirm that they have a severe functional impairment.

**ECM POF 4: Individuals Transitioning from Incarceration**

Overview

Many Members transitioning from incarceration have disproportionately high physical and behavioral health care needs that require ongoing treatment and medication maintenance when they are released into the community. Individuals re-entering the community often experience a lack of continuous

physical and behavioral health care which results in a deterioration of their physical and behavioral health conditions, increased use of EDs and inpatient settings, and, in some instances, a return to incarceration. To ensure alignment across pre-release care management and post-release ECM, the Eligibility criteria for the Individuals Transitioning from Incarceration Population of Focus aligns with the eligibility criteria for individuals who are incarcerated to receive targeted pre-release Medi-Cal services. Therefore, all Members who have received pre-release services will be eligible for this ECM POF.

Eligibility

Adults who:

1) Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months.

**AND**

2) Have at least one of the following conditions:
   a) Mental illness; or
   b) SUD; or
   c) Chronic Condition/Significant Non-Chronic Clinical Condition; or
   d) Intellectual or Developmental Disability (I/DD); or
   e) Traumatic Brain Injury (TBI); or
   f) HIV/AIDS; or
   g) Pregnant or Postpartum.

Children and youth who:

1) Are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility within the past 12 months.

No further criteria are required to be met for Children and Youth to qualify for this ECM Population of Focus.

**ECM POF 5: Adults Living in the Community and At Risk for LTC Institutionalization**

Overview

Intensive care coordination through ECM can help adults continue to reside in the community who would otherwise have entered an institutional setting for care.

Eligibility

Adults who:

1) Are living in the community who meet the SNF Level of Care (LOC) criteria;21 **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.

**AND**

2) 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**

3) Can 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).

Exclusions
Adults living in the community who are at risk of institutionalization into Intermediate Care Facilities (ICF) and subacute care facilities26 are excluded from this Population of Focus.

**ECM POF 6: Adult Nursing Facility Residents Transitioning to the Community**
Overview
Intensive care coordination through ECM can help nursing facility residents transition safely into the community.

Eligibility
Adult nursing facility residents who:
1) Are interested in moving out of the institution;

**AND**

2) Are likely candidates to do so successfully;

**AND**

3) Can reside continuously in the community.

Exclusions
Individuals residing in ICFs and subacute care facilities are excluded from this Population of Focus.

**ECM POF 7: Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition**
Overview
California Children's Services (CCS) and CCS Whole Child Model (WCM) serve some of Medi-Cal's most vulnerable children. In addition to their physical health condition qualifying them for CCS/CCS WCM – such as cancer, cerebral palsy, and cystic fibrosis these children often experience a high co-occurrence of social and behavioral health challenges beyond their CCS/CCS WCM qualifying condition. As a result, many children in CCS/CCS WCM work with multiple care/case managers to navigate many delivery systems, creating a need for the child's guardian or other advocate to navigate a variety of fragmented care delivery systems and discordant care plans. ECM Care Managers act as "air traffic control" and are responsible for whole-child care coordination between and among all participants in the child's care plan, thereby ensuring each child's needs are met.

Eligibility
Children and youth who:
1) Are enrolled in CCS **OR** CCS WCM.

**AND**

2) Are experiencing at least one complex social factor influencing their health. Examples include (but are not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four or more) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms.

## ECM POF 8: Children and Youth Involved in Child Welfare

Overview
Children and youth in California who are currently or were previously involved in Child Welfare Services provided through the California Department of Social Services (CDSS) often experience an extraordinary amount of transition and fragmentation of health care, social support services, and adult advocates in their childhoods. Many of the children in child welfare have co-occurring mental health and substance use treatment needs that are often unmet due to the challenge of navigating multiple and siloed service delivery systems. ECM Care Managers act as "air traffic control" and are responsible for whole-child care coordination between and among all participants in the child's care plan, thereby ensuring each child's needs are met.

Eligibility
Children and youth who meet one or more of the following conditions:
1) Are under age 21 and are currently receiving foster care in California; and/or
2) Are under age 21 and previously received foster care in California or another state within the last 12 months; and/or
3) Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state; and/or
4) Are under age 18 and are eligible for and/or in California's Adoption Assistance Program; and/or
5) Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months.

## ECM POF 9: Birth Equity Population of Focus

Overview
Pregnant and postpartum individuals often require care that is accessed across many delivery systems to support themselves and their newborn. Given the significant racial and ethnic disparities in maternal outcomes in California, effectively addressing the needs of this population is a critical part of DHCS' health equity vision. Birth Equity POF will address known disparities in health and birth outcomes in racial and ethnic groups with high maternal morbidity and mortality rates.

Eligibility
Adults and youth who:
1) Are pregnant **OR** are postpartum (through 12 months period).

**AND**

2) Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

Examples of Eligible MCP Members:
Black, American Indian or Alaska Native, or Pacific Islander Member who is pregnant or postpartum (up to 12 months) and does *not* qualify for ECM through another Population of Focus.

**ECM Overlaps and Exclusions**

A. MCP Members can be enrolled in ECM or in the 1915(c) waiver program, not in both at the same time.
    a. Multipurpose Senior Services Program (MSSP)
    b. Assisted Living Waiver (ALW)
    c. Home and Community-Based Alternatives (HCBA) Waiver
    d. HIV/AIDS Waiver
    e. HCBS Waiver for Individuals with Developmental Disabilities (DD)
    f. Self-Determination Program for Individuals with I/DD
B. MCP Member can be enrolled in these programs and ECM. MCP must ensure nonduplication of services between ECM and the other program.
    a. California Children's Services (CCS)
    b. County-based Targeted Case Management (TCM)
    c. Specialty Mental Health (SMHS) TCM
    d. SMHS Intensive Care Coordination for Children (ICC)
    e. Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
    f. CCS Whole Child Model
    g. Community Based Adult Services (CBAS)
    h. AIDS Healthcare Foundation Plans
C. MCP Members cannot be enrolled in ECM or in these programs, not in both at the same time.
    a. Basic Care Management
    b. Complex Care Management
    c. California Community Transition (CCT) Money Follows the Person (MFTP)
D. Medi-Cal beneficiaries enrolled in these programs are excluded from ECM.
    a. Cal MediConnect
    b. Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
    c. Program for All Inclusive Care for the Elderly (PACE)
    d. Family Mosaic Project Services
E. Dually eligible MCP Members can receive ECM if the meet the ECM POF criteria.
    a. Dual Eligible Special Needs Plans (D-SNPs)
    b. D-SNP look-alike plans
    c. Other Medicare Advantage Plans
    d. Medicare FFS