



## Enhanced Care Management (ECM) Provider Certification Application

### Addendum for Currently Contracted Providers Interested in Serving Additional POF

This ECM Provider Certification Application **Addendum** is intended to ensure that **currently contracted ECM providers** provide satisfactory evidence of meeting the ECM requirements as outlined by the Department of Health Care Services (DHCS) Model of Care to support additional Populations of Focus (POF). **If your organization is applying to expand support to a new population of focus, you are required to complete Section 1 with DHCS Required Areas noted [Required for the Addendum] with evidence that clearly demonstrates to the health plans your organization’s ability to serve the new/additional POF.** Currently contracted ECM providers do not need to complete “File Data Exchange” and “Claims/Encounters” DHCS Required Area/s again, as your organization has previously demonstrated your ability to meet those requirements to the health plans. If your organization is applying to expand support to include Adults Transitioning from Incarceration and/ or Children/Youth who are transitioning from a youth correctional facility POF, you are required to complete Section 2 on page 19-20.

**Please complete the required sections of the ECM Provider Certification Application Addendum and submit to [CalAIM\\_providers@healthnet.com](mailto:CalAIM_providers@healthnet.com).** Please see the instructions beginning on page 4 for where to submit a completed ECM Provider Certification Application Addendum. If you have any questions or concerns as you are completing the application, please email Health Net immediately at [CalAIM\\_provider@healthnet.com](mailto:CalAIM_provider@healthnet.com). Please refer to the DHCS guidance for details on the ECM benefit: [www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf](http://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf)

Please indicate for **which ADDITIONAL ECM population(s) of focus** this application addendum is submitted (i.e., check the applicable boxes below):

**Note: For full details on the Populations of Focus, refer to: [www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf](http://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf)**

#### Current Populations of Focus

[Check the box if interested in adding]

**1.0 Adults (whether or not they have dependent children/youth living with them) who are experiencing homelessness**, defined as meeting one or more of the following conditions: i) lacking a fixed, regular, and adequate nighttime residence, ii) 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, iii) living in a supervised publicly or privately operated shelter, designed to provide temporary living arrange (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); (iv) exiting an institution into homelessness (regardless of length of stay in the institution); (v) will imminently lose housing in next 30 days; (vii) fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence **AND** have at least one complex physical, behavioral, or developmental health 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. No further criteria are required to be met to qualify for this ECM POF.

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- 1.1 Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness** Children, youth and families with members under age 21 who: 1) are experiencing homelessness, as defined above in (a) under the modified **HHS 42 CFR Section 11302** “Homeless” definition 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), as modified from the 45 CFR 11434a McKinney-Vento Homeless Assistance Act definition of “at risk of homelessness”. No further criteria are required to be met to qualify for this ECM Population of Focus.
- 2.0 Adults At Risk for Avoidable Hospital or Emergency Department (ED) Utilization** who meet one or more of the following conditions: (1) **Five or more** emergency room visits in a **six-month** period that could have been avoided with appropriate outpatient care or improved treatment adherence; (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. No further criteria are required to be met to qualify for this ECM Population of Focus. For this POF, MCPs may choose to authorize ECM for individuals who are at risk for avoidable hospital or ED utilization and who would benefit from ECM but who may not meet the numerical thresholds specified above.
- 2.1 Children and Youth At Risk for Avoidable Hospital or Emergency Department (ED) Utilization** 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; (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. No further criteria are required to be met to qualify for this ECM Population of Focus. For this POF, MCPs may choose to authorize ECM for individuals who are at risk for avoidable hospital or ED utilization and who would benefit from ECM but who may not meet the numerical thresholds specified above.
- 3.0 Adults with Serious Mental Health and/or Substance Use Disorder (SUD) Needs** who: (1) Meet the eligibility criteria for participation in, or obtaining services through: (i) SMHS delivered by MHPs; (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: (i) Are at high risk for institutionalization, overdose, and/or suicide; (ii) Use crisis services, EDs, urgent care, or inpatient stays as the primary source of care; (iii) experienced two or more ED visits or two or more hospitalizations due to serious mental health or SUD in the past 12 months; (iv) are pregnant or postpartum (12 months from delivery). No further criteria are required to be met to qualify for this ECM Population of Focus.
- 3.1 Children and Youth with Serious Mental Health and/or Substance Use Disorder (SUD) Needs** who: (1) Meet the eligibility criteria for participation in, or obtaining services through one or more of: (i) SMHS delivered by MHPs; (ii) 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.
- 4.0 Adults Transitioning from Incarceration** 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 (See Appendix C of DHCS ECM Policy Guide for definitions): (i) Mental illness; (ii) SUD; (iii) Chronic Condition/Significant Non-Chronic Clinical Condition; (iv) Intellectual or Developmental Disability (I/DD); (v) Traumatic Brain Injury (TBI); (vi) HIV/AIDS; (vii) Pregnant or Postpartum. No further criteria are required to be met to qualify for this ECM Population of Focus. **If you select this POF, please complete section 2 on page 19-20 below.**

- 4.1 Children/Youth who 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 to qualify for this ECM Population of Focus. **If you select this POF, please complete section 2 on page 19-20 below.**
- 5.0 Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization** who: (1) Are living in the community who meet the SNF Level of Care (LOC) criteria; **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) Are able to 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). No further criteria are required to be met to qualify for this ECM Population of Focus.
- 6.0 Adult Nursing Facility Residents Transitioning to the Community.** 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) Are able to reside continuously in the community. No further criteria are required to be met to qualify for this ECM Population of Focus.
- 7.0 Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition** 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. No further criteria are required to be met to qualify for this ECM Population of Focus.
- 8.0 Children and Youth involved in Child Welfare** who meet one or more of the following conditions: (1) Are under age 21 and are currently receiving foster care in California; (2) Are under age 21 and previously received foster care in California or another state within the last 12 months; (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; (4) Are under age 18 and are eligible for and/or in California’s Adoption Assistance Program; (5) Are under age 18 and are currently receiving or have received services from California’s Family Maintenance program within the last 12 months. No further criteria are required to be met to qualify for this ECM Population of Focus.
- 9.0 Birth Equity:** Adults and Youth who (1) are pregnant OR are postpartum (through 12 month period) **AND** are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity. No further criteria are required to be met to qualify for this Population of Focus.

**Submission Instructions Required:**

Evidence to be submitted includes policies and procedures, organization charts and workflows. Please indicate the specific “DHCS Required Area” for which the evidence is submitted (submit all documents in a zip files to the appropriate health plan with title “ECM LA\_Organization\_Name\_Certification\_Date of Submission” and include:

- Your organization’s name
- Applicable “DHCS Required Area”
- The date of the document’s creation
  - \*\*E.g., “ECM LA\_Organization Name\_ Overview of ECM Structure\_Date of Submission”

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

- All applicants must complete all sections noted [Required for the Addendum].
- Applicants who are applying to serve the Justice Involved Population of Focus: 4.0 Adults Transitioning from Incarceration and/or 4.1 Children/Youth who are transitioning from a youth correctional facility must complete Section 2 on page 19-20.
- The documentation submitted to meet the requirements 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 requirements. If there is more than one population of focus that is included in the application, be sure to identify which populations of focus the documentation is addressing.
- The expectations for providing ECM services are set forth in this addendum.
- Please review these expectations within your organization to ensure that you have a clear understanding of the expectations/requirements and are prepared to deliver the services.
- Section 1 (and Section 2 if serving the Justice Involved Population of Focus: 4.0 Adults Transitioning from Incarceration and/or 4.1 Children/Youth who are transitioning from a youth correctional facility) of this addendum 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 memorandum of understanding (MOU)/contract must be submitted as part of your addendum Furthermore, any inclusion of a subcontractor being proposed requires completion of DHCS Required Area: Oversight & Monitoring in Section 1.

**Post Application Submission:**

Health Net will review all submitted addendum and evidence and will respond to individual ECM providers with request for additional information or clarification for areas of the addendum that do not satisfy the ECM requirement. Health Net will be available to work with you over the course of completion of this addendum 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:

<ul style="list-style-type: none"> <li>• Accountable care organization</li> <li>• Behavioral health entity</li> <li>• California Children’s Services (CCS) providers</li> <li>• Child Welfare Organization</li> <li>• City/county government agency</li> <li>• County behavioral health provider</li> <li>• Community health center</li> <li>• Community mental health center</li> <li>• Community Based Adult Services (CBAS) providers</li> <li>• Community-based organization</li> <li>• Federally qualified health center (FQHC)</li> </ul>	<ul style="list-style-type: none"> <li>• First 5 County Commissioners</li> <li>• Hospital or hospital-based physician group or clinic (including public hospital and/or district/municipal public hospital)</li> <li>• County behavioral health provider (FQHC)and/</li> <li>• Independent physician</li> <li>• Local health department</li> <li>• Organizations serving individuals experiencing homelessness</li> <li>• Organizations serving justice-involved individuals</li> <li>• Primary care or specialist physician or physician group</li> </ul>	<ul style="list-style-type: none"> <li>• Private non-profit organization</li> <li>• Regional Centers</li> <li>• Rural health center/Indian health center</li> <li>• School/school-based organization</li> <li>• Skilled Nursing Facilities (SNFs)</li> <li>• Substance use disorder treatment provider</li> <li>• Other qualified provider or entity that are not listed, as approved by DHCS (if this applies to your organization, please describe)</li> </ul>
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This ECM Provider Certification Application Addendum 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 for currently contracted providers to support additional populations of focus.

Please complete the ECM Provider Certification Application Addendum and submit to [CalAIM\\_providers@healthnet.com](mailto:CalAIM_providers@healthnet.com).

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

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

<b>Location and National Provider Identifier (NPI) (i.e., type 2 NPI): <i>Please list each location and associated NPI. Add additional rows if needed.</i></b>			
<b>Location 1 Address:</b>		<b>Location 1 NPI:</b>	
<b>Location 2 Address:</b>		<b>Location 2 NPI:</b>	
<b>Location 3 Address:</b>		<b>Location 3 NPI:</b>	
<b>Location 4 Address:</b>		<b>Location 4 NPI:</b>	
<b>Location 5 Address:</b>		<b>Location 5 NPI:</b>	

<b>SECTION 1: Application Requirements – Complete <i>[Required for the Addendum]</i> Sections</b>					
<b>DHCS Required Area/s</b>	<b>Documentation Requested</b>	<b>Requirements</b>	<b>Policy Provided (list policy or document name)</b>	<b>Score (meets/partially meets/does not meet) <i>To be completed by the Health Plan</i></b>	<b>Gap(s) Identified <i>To be completed by the Health Plan</i></b>
<i>[Required for the Addendum]</i> Overview of ECM Structure	Provide a copy of your ECM policy(ies) and procedure(s) that includes the required elements.  Please provide a copy of member’s rights and responsibilities.  Please see DHCS program guide section (enter section) for additional information.	Overview of the ECM services and workflow			
		Options for modes of patient contact; prioritizing in-person ECM services.			
		Description of services that address the individualized needs of the members (member specific), specifically addressing all Populations of Focus your organization supports, and demonstrate cultural and linguistic competency.			
		Description of member population your organization serves including SPA’s (if applicable), Zip Codes, empaneled membership (members/clients/patients who could meet eligibility criteria) preferences based on expertise and experience, etc.			
<i>[Required for the Addendum]</i> Overview of ECM Structure/Staffing		Policies/procedures in place and specific description of how the ECM care team will handle grievances and any urgent/escalated member cases including response to member crises, specific to Populations of Focus			
		Describes the clinical supervision and oversight of the lead case managers, including oversight of the care plan documents, consultation availability and the frequency of meetings, team huddles, or case conferences required to ensure continued support is provided to the ECM team.			

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		<p>Identification of staff assigned to service specifically to each of the population of focus selected above</p>			
		<p>Organizational chart that incorporates the ECM model into existing org structure addressing the required roles (At the minimum, ECM providers must have an ECM Director, ECM clinical consultant(s), and lead case managers.)</p>			
<p><i>[Required for the Addendum]</i> Overview of ECM Structure/Outreach &amp; Engagement</p>	<p>Provide a copy of the organizational chart.</p>	<p>Care team job descriptions include:</p> <ul style="list-style-type: none"> <li>• Provision of minimum education and experience requirements.</li> <li>• Responsibilities of each member of the care team.</li> <li>• The lead care manager is responsible for the following at a minimum:                             <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ Conducting a comprehensive assessment and developing a comprehensive care management plan with input from the member and/or their parent, caregiver, guardian and</li> </ul> </li> </ul>			



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		multidisciplinary care team, to ensure a whole-person approach is taken in identifying gaps in treatment or gaps in available and needed services.			
	Provide a copy of the job descriptions for ECM team members including the ECM director, clinical consultant, and lead care manager at a minimum.	Identification of staff roles related to member outreach, engagement and documentation.			
		Outreach and engagement strategies that include evidence-based approaches for locating and engaging with the member, including working with community partners/best practices.			
<b><i>[Required for the Addendum]</i></b> Outreach and Engagement	Provide a copy of your outreach and engagement policy that includes the required elements.	Specific methods that demonstrate an active and progressive approach to outreach (including timeframes for outreach, different types or modes of outreach, number of attempts) and description of how face-to-face interactions (in-person), street outreach or other methods that meet the member where they live or seek care will be prioritized. When in-person interactions or modalities are unsuccessful, a description of alternative modalities that will be used such as telephonic, innovative use of telehealth, email, text or any other methods that are geographically, emotionally and			

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		physically appropriate for the specific population(s) of focus.			
		Written safety protocols for in-person outreach.			
		Training plan for outreach and engagement activities.			
		Policies/procedures reflect the procedure for the informed member opt-in into ECM.			
<b><i>[Required for the Addendum]</i></b> Outreach and Engagement	Provide a copy of your policy outlining the process for obtaining member consents.	Policies/procedures reflect the procedure for opt-in to ECM services and release of information protocol including sharing pertinent information across the care team supporting the member in order to effectively coordinate the member's physical health, behavioral health, and community-based long-term services and supports (LTSS), and care coordination.			
		Comprehensive biopsychosocial assessment is patient-centered, and encompasses the whole-person, and assesses the member's current health status including physical, mental health, SUD, palliative, community based LTSS, oral health, trauma, social support and SDOH needs including family/caregiver involvement.			

**SECTION 1: Application Requirements – Complete *[Required for the Addendum]* Sections**

DHCS Required Area/s	Documentation Requested	Requirements	Policy Provided (list policy or document name)	Score (meets/partially meets/does not meet) <i>To be completed by the Health Plan</i>	Gap(s) Identified <i>To be completed by the Health Plan</i>
<p><i>[Required for the Addendum]</i> Comprehensive Assessment and Care Management Plan/Member and Family Supports/ Administration &amp; Operations</p>	<p>Provide a copy of your ECM policy describing the ECM assessment and care plan development process that includes requirements listed.</p>	<p>Attestation of adopting the L.A. Care Adult and Children/Youth ECM Comprehensive assessment and capacity to make updates as requested by L.A. Care.</p>			
		<p>Timeframe for assessment start and completion, based on population (if applicable) and ongoing member assessments including required updates based on changes in member conditions or needs.</p>			
		<p>Description of care management plan development process that includes involvement of the member, social supports (as appropriate), care team, PCP and external agencies/organizations and includes description of data sources (objective and subjective) that inform the care plan.</p>			
		<p>The care management plan is developed to:</p> <ul style="list-style-type: none"> <li>• Keep the member’s priorities, strengths and preferences in mind.</li> <li>• Include problem (opportunity), interventions, member outcomes, barriers, risks and/or needs and follow-up on referrals.</li> <li>• Utilize the SMART goal format and goals include timelines or due date (s).</li> <li>• Prioritize self-management skills.</li> </ul>			

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		<ul style="list-style-type: none"> <li>• Incorporate evidence-based practices such as motivational interviewing.</li> <li>• Include coordination with other delivery systems (i.e, agencies, Community Supports, other programs).</li> <li>• Include dates of care plan updates and dates care plan reviewed with the member.</li> <li>• Include frequency of contact with the member based on their acuity and needs.</li> </ul>			
		Description of care management activities, documentation tools, frequency of follow up/communication and location, identification and methods of goal completion, step-down procedures, including warm handoffs.			
		Ensuring member has a copy of their care plan and information about how to request updates including the member’s preferred language/format for receiving a copy of their care plan.			
		Demonstrates a care management documentation system to support the ECM program: <ul style="list-style-type: none"> <li>• Overall coordination and communication across the care team.</li> </ul>			

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		<ul style="list-style-type: none"> <li>Coordination of patient data and information from other entities to support the management and maintenance of a member’s care plan.</li> <li>ECM claims/encounter submissions based on DHCS final guidance.</li> </ul>			
		Identification of qualified lead care manager, and communication of this to the member and supports, including process to request a new lead care manager.			
<b><i>[Required for the Addendum]</i></b> Enhanced Coordination of Care/Member and Family Supports/ Enhanced Coordination of Care/ Coordination of and Referral to Community and Social Support Services/ Member and Family Supports	Provide your ECM policy(ies) that describe the ongoing coordination of care for members that meets the requirements listed.	Describes how other entities who may be providing services are identified and coordinated with, including care coordination, primary care providers, specialists, behavioral health, and community agencies.			
		Policy/procedure that describes how appropriate services, benefits and resources are determined for the member; how these are located and accessed in the community; and includes social determinants of health needs, such as food security, housing, and employment; and are identified on an ongoing basis.			

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		Description of how to engage members and their supports in care coordination activities including: <ul style="list-style-type: none"> <li>Identifying/creating supports with the member (if needed).</li> <li>Providing culturally appropriate person-centered planning, education, training, and care instructions for caregiver(s) or family/support person(s).</li> </ul>			
		Policy/procedure that describes the workflow of how the referrals are coordinated with the community resource, including how the referral is tracked and documentation requirement of confirmation that the service/resource was provided.			
		Process to assist members with building resilience and identification of social supports.			
<i>[Required for the Addendum]</i> Health Promotion	Provide your organization’s ECM policy addressing your approach to health promotion for ECM members.	Description of services to support the development of self-management skills and promote healthy behaviors/lifestyle choices.			
		Description of health promotion and preventive services based on complexity of member needs and requirements of the member (member specific).			
		Activities to assist/ promote access to resources that assist in self-management of their conditions and			

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		prevention of complications and other chronic conditions.			
		Policies and procedures that identify how support services are identified, assessed, and provided, with supporting documentation.			
		Comprehensive description of the transitions of care planning process including timelines and technology/tools used to identify and support care transitions for all Populations of Focus.			
<i>[Required for the Addendum]</i> Transitional Care Services	Provide your policy on managing ECM members' transitions of care that meets the requirements listed.	Transitional care services, at a minimum, includes the following activities: <ul style="list-style-type: none"> <li>• Outreach to the member and discharge facility to begin coordination.</li> <li>• Completion and sharing of a Discharge Risk Assessment and Discharge Summary/Planning documents with appropriate parties.</li> <li>• Reason/cause for transition.</li> <li>• Physical and/or mental health follow-up requirements.</li> <li>• Medication review/reconciliation.</li> <li>• Member education requirements.</li> <li>• Closed loop referrals.</li> <li>• Self-management activities.</li> <li>• Transportation needs.</li> <li>• Social services supports.</li> </ul>			

<b>SECTION 1: Application Requirements – Complete [Required for the Addendum] Sections</b>					
<b>DHCS Required Area/s</b>	<b>Documentation Requested</b>	<b>Requirements</b>	<b>Policy Provided (list policy or document name)</b>	<b>Score (meets/partially meets/does not meet) <i>To be completed by the Health Plan</i></b>	<b>Gap(s) Identified <i>To be completed by the Health Plan</i></b>
		<ul style="list-style-type: none"> <li>• Durable medical equipment needs, as needed.</li> <li>• Home safety evaluation, if needed.</li> <li>• Adherence support and referrals to appropriate services.</li> <li>• Post discharge follow-up to check in with the member to ensure all needs are met.</li> <li>• Connecting member back to PCP.</li> <li>• Conducting a case conference with appropriate social support person(s) and care team members, including those in other systems and organizations.</li> <li>• Arranging timely follow-up appointments as needed.</li> <li>• Evaluating and revising care plan as needed.</li> </ul>			
		<p>Description of the process/procedures (including assessment for readiness) and criteria for transitioning members out of ECM including:</p> <ul style="list-style-type: none"> <li>• Requirements that need to be met such as progress towards goal completion.</li> <li>• Member self-efficacy and ability to function independently.</li> <li>• Member understanding of when, why, and how transition and/or termination will occur.</li> </ul>			



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<b>DHCS Required Area/s</b>	<b>Documentation Requested</b>	<b>Requirements</b>	<b>Policy Provided (list policy or document name)</b>	<b>Score (meets/partially meets/does not meet) <i>To be completed by the Health Plan</i></b>	<b>Gap(s) Identified <i>To be completed by the Health Plan</i></b>
		<ul style="list-style-type: none"> <li>Criteria for graduation from the ECM program and identification of alternative care management programs in the community.</li> <li>Criteria for transitioning to a lower level of case management/care coordination.</li> <li>Safety plan as appropriate for the specific population.</li> <li>Maintenance plan as appropriate for the specific population.</li> <li>Warm hand-off of the member’s case and care plan to another entity/program, as applicable.</li> </ul>			
		Description of data transfer process including retrieving files from Health Plan Secure File Transfer Protocol (SFTP) sites (monthly Member Information File (MIF) files, Admission Discharge Transfer (ADT) reports, capitation reports, etc.).			
<b><i>[Not Required for the Addendum]</i></b> File Data Exchange	<b><i>[Not Required for the Addendum]</i></b> Provide a copy of your policy that outlines the data exchange process, including receipt of information from health plans and submission of data back to	<b><i>[Not Required for the Addendum]</i></b> Documented process for capturing and reporting required data monthly to health plan including timelines for submission (details may vary by health plan).  ECM provider must demonstrate the ability to submit claims and/or encounters.	<b><i>[Not Required for the Addendum]</i></b>		
			<b><i>[Not Required for the Addendum]</i></b>		

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<b>DHCS Required Area/s</b>	<b>Documentation Requested</b>	<b>Requirements</b>	<b>Policy Provided (list policy or document name)</b>	<b>Score (meets/partially meets/does not meet) <i>To be completed by the Health Plan</i></b>	<b>Gap(s) Identified <i>To be completed by the Health Plan</i></b>
	health plans that includes the requirements listed.				
<b><i>[Not Required for the Addendum]</i></b> Claims/Encounters	Submit screenshots from electronic medical record (EMR) or any example of CMS 1500 form.	Policy and procedure include comprehensive oversight/monitoring activities and plan to regularly review reporting and data submission.	<b><i>[Not Required for the Addendum]</i></b>		
<b><i>[Required for the Addendum]</i></b> Oversight and Monitoring	Provide a copy of your organization’s oversight and monitoring policy/procedures that meet the listed requirements.	Plan on how to submit quarterly progress reports to MCPs regarding subcontractor performance.			
		Subcontractor demonstrates specialized knowledge of particular ECM populations of focus <b>AND</b> has previous success as a subcontractor with the applicant.			
		MOUs/contracts for any subcontractor that is engaged to provide ECM services, including a description of workflows and communication that will occur.			
		Complete list of all subcontractors.			

<b>SECTION 2: Complete this section ONLY if you selected the following ECM Populations of Focus for the Addendum:</b>		
<b>4.0. Adults Transitioning from Incarceration AND/OR 4.1. Children &amp; Youth who are transitioning from a youth correctional facility</b>		
Please indicate <u>Yes or No</u> for each of the DHCS justice-involved (JI) ECM Provider requirements listed below. These are the JI ECM provider-specific requirements stipulated by DHCS. MCPs will work with your organization in order to meet these requirements if you do not meet them currently. Link to DHCS JI ECM Policy Guide: <a href="https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf">https://www.dhcs.ca.gov/provgovpart/pharmacy/Documents/CalAIM-JI-Policy-and-Operations-Guide-FINAL-October-2023-updated.pdf</a>		
<b>JI ECM PROVIDER REQUIREMENT</b>	<b>YES</b>	<b>NO</b>
1. Has your organization been enrolled through the Provider Application and Validation Enrollment (PAVE) in order to provide Medi-Cal fee-for-service (FFS) services to members prior to their release?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization employ individuals with experience serving the JI Population of Focus (POF)? Examples of experience serving the JI POF include: <ul style="list-style-type: none"> <li>• Experience working with correctional facilities (prisons, jails, youth correctional facilities).</li> <li>• Experience working with probation and parole.</li> <li>• Experience serving populations with disproportionate levels of contact with the justice system.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
<b>JI ECM PROVIDER REQUIREMENT</b>	<b>YES</b>	<b>NO</b>
3. Does your organization employ individuals with lived experience in the justice system, including community health workers (CHWs)? “Lived Experience” as it pertains to the CalAIM Justice Involved Initiative can be defined as the following: <ul style="list-style-type: none"> <li>• First-hand experience with the criminal justice system, including a history of arrest or incarceration; or</li> <li>• Second-hand experience, including having a close family member, being a caregiver; or</li> <li>• Having a partner who has experience with the criminal justice systems.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization currently have formal agreements with the correctional facilities serving Los Angeles County? Correctional facilities include state prisons, county jails and county youth correctional facilities.	<input type="checkbox"/>	<input type="checkbox"/>
5. Does your organization use a care management documentation system or process that supports documentation of integrated services and information?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is your organization able to provide in-reach services and warm handoffs or only provide warm handoffs?	<input type="checkbox"/>	<input type="checkbox"/>
7. Is your organization able to submit claims for the provision of ECM-related services to the Managed Care Plan using the national standard specifications and code set to be defined by DHCS, or invoices adhering to DHCS’ billing and invoicing standards?	<input type="checkbox"/>	<input type="checkbox"/>

<b>NARRATIVE RESPONSES</b>	
<b>Question</b>	<b>Response</b>
8. Is your organization increasing its capacity and hiring staff in order to address the JI population? Please describe.	
9. What activities and efforts are taking place to ensure staff with lived experience in the justice system are hired? Please describe.	