



Enhanced Care Management Program Exclusionary Screening Checklist

The Department of Health Care Services (DHCS) examined existing programs that include elements of care management and/or care coordination to determine approaches to program coordination and the prevention of non-duplication with Enhanced Care Management (ECM) services. DHCS developed three approaches to ECM eligibility (**Absolute, Duplicative, and Wrap**).

There are three steps to the screening and referral process:

1. **First, complete the *Populations of Focus Screening Checklist*** to confirm member eligibility.
2. Next, complete this ***Exclusionary Screening Checklist*** to:
 - a. Confirm member eligibility,
 - b. Identify duplicative programs for which the member must choose, and
 - c. Enroll member in potential programs while also in ECM, which will require coordination of services.
3. If the member **is determined to be eligible for ECM** based on **both screening checklists**, complete the ***ECM Program Member Referral Form*** and send secure fax (Fax Number: 800-743-1655) to the member's Health Plan for review (***Exclusionary Screening Checklist* does not need to be submitted**).

Both screening checklists and the ***ECM Program Member Referral Form*** can be used as resources and references to support the enrollment and engagement process.

Exclusionary Screening Checklist

Absolute exclusion criteria

Medi-Cal beneficiaries enrolled in the programs below are excluded from ECM.

- Cal MediConnect

If box is checked, STOP. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

- Hospice

If box is checked, STOP. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

- Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)

If box is checked, STOP. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

- Program for All Inclusive Care for the Elderly (PACE)

If box is checked, STOP. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

- Family Mosaic Project Services (FMPS)

If box is checked, STOP. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

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Duplicative programs – either ECM or other program

Members who are enrolled in the below duplicative programs have a choice of continuing enrollment in these programs or enrolling in ECM. The member maintains the right to choose or switch between ECM and other duplicative care management programs. However, members are encouraged to choose the program that best meets their needs.

Member is currently enrolled in one of the following **1915 Waiver Programs**:

- Multipurpose Senior Services Program (MSSP)
- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA) Waiver
- HIV/AIDS Waiver
- HCBS Waiver for Individuals with Developmental Disabilities (I/DD)
- Self-Determination Program for Individuals with Developmental Disabilities (I/DD)

If a **box is checked, STOP**. Member has a choice to continue in their existing 1915 Waiver program or switch to Health Homes. Please consult with the 1915 Waiver program if possible.

If no box is checked, move on to next question.

Member is currently enrolled in one of the following programs (**Medi-Cal managed care benefit**):

- Basic Case Management
- Complex Case Management

If a **box is checked, STOP**. Member has a choice to continue in their existing case management program or switch to ECM. Please consult with the case management program, if possible.

If no box is checked, move on to next question.

Member is currently enrolled in one of the following **other programs**:

- California Community Transitions (CCT)
- Money Follows the Person (MFTP)

If a **box is checked, STOP**. Member has a choice to continue in their existing CCT or MFTP program or switch to ECM. Please consult with the CCT or MFTP program if possible.

If no box is checked, move on to next question.

ECM as a “Wrap” – can be in both

CalViva Health members can be enrolled in **both** ECM and other programs. ECM enhances and/or coordinates across the case/care management available in the other programs. The Health Plan must ensure non-duplication of services between ECM and the other programs. These programs are considered to be complementary of ECM.

The below programs are not exclusionary for ECM and can be used for reference and coordination purposes.

Member is currently enrolled in one of the following programs (**carve-out services**):

- California Children’s Services (CCS)
- County-based Targeted Case Management (TCM)
- Specialty Mental Health (SMHS) TCM
- SMHS Intensive Care Coordination for Children (ICC)
- Drug Medi-Cal Organized Delivery Systems (DMC-ODS)

Member is currently enrolled in one of the following programs (**Medi-Cal managed care benefit**):

- CCS Whole Child Model
- Community Based Adult Services (CBAS)

Member is currently receiving coverage under a **Dually Eligible for Medicare and Medicaid** managed care plan.

Note: Dually eligible members can receive ECM if they meet ECM Populations of Focus criteria.

- Dual Eligible Special Needs Plans (D-SNPs)
- D-SNP Look-alike Plans
- Other Medicare Advantage Plans
- Medicare Fee-for-Service (FFS)

Member is currently enrolled in one of these **other programs**:

- AIDS Healthcare Foundation Plans
- Adult Full Service Partnership (FSP) *Note: It is recommended that ECM Providers coordinate with FSP programs to ensure non-duplication of services.*