Inland Empire Health Plan

IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Enhanced Care Management	**Guideline #**	UM_OTH 18
		Original Effective Date	5/8/19
Section	Other	**Revision Date**	2/17/2023

COVERAGE POLICY

Criteria:

A. An Enhanced Care Management (ECM)-eligible Member must be a Medi-Cal or Medicare-Medi-Cal (MMD88) Member who meets the eligibility criteria for at least one of the following Populations of Focus (PoFs):

 1. PoF - Homeless (all ages) includes individuals or families who:
   a. Experience homelessness, which is defined as one of the following:
     i. Lacking a fixed, regular, and adequate nighttime residence, OR
     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 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) OR
     iv. Exiting an institution into homelessness (regardless of the length of stay), OR
     v. Will imminently lose housing in the next 30 days, OR
     vi. Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence; AND
   b. Have at least one of the following:
     i. Complex physical health need, OR
     ii. Complex behavioral health need, OR
     iii. Complex 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
 2. PoF-Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization (adults 18+ only) includes individuals with at least one of the following:
   a. 5 or more emergency room visits in a six months period that could have been avoided with appropriate outpatient care or improved treatment adherence, OR
   b. 3 or more unplanned hospital and/or short-term skilled nursing facility stays in a six month period that could have been avoided with appropriate outpatient

care or improved treatment adherence
3. PoF-Serious Mental Health and/or Substance Use Disorder (SUD) (adults 18+ only)
   Adults who:
   a. Meet the eligibility criteria for participation in, or obtaining services through:
      i. Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MHPs);
      ii. The Drug Medi-Cal Organization Delivery System (DMC-ODS) Or the Drug Medi-Cal (DMC) program; AND
   b. Are experiencing at least one complex social factor influencing his/her health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, high measure (4 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
   c. Meet on or more following criteria:
      i. Are at high risk of institutionalization, overdose, and/or suicide, OR
      ii. Uses crisis services, EDs, urgent care, or inpatient stays as the primary source of care; or urgent/crisis care for sole source of care, OR
      iii. Experienced two or more ED visits or two or more hospitalizations due to serious mental health or substance abuse disorder (SUD) in the past twelve months, OR
      iv. Pregnant or post-partum women (12 months from delivery)
4. PoF - Individuals Transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility), all ages includes individuals who:
   a. Are transitioning from a correctional facility, or have transitioned from correctional facility within the past 12 months, from facilities in Riverside County, AND
   b. Have at least one of the following:
      i. Mental illness, OR
      ii. Substance Use Disorder (SUD), OR
      iii. Chronic Condition/Significant Clinical Condition; (e.g., hepatitis C, diabetes), OR
      iv. Intellectual or developmental disability (I/DD), OR
      v. Traumatic Brain Injury (TBI), OR
      vi. HIV/AIDS, OR
      vii. Pregnancy or Postpartum
5. Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization
   Adults who:
   a. Are living in the community who meet the Skilled Nursing Facility (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
   b. 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

    c. 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)

6. Adult Nursing Facility Residents Transitioning to the Community (Adults 18+). Adult nursing facility residents who:
    a. Are interested in moving out of the institution; AND
    b. Are likely candidates to do so successfully; AND
    c. Are able to reside continuously in the community

COVERAGE LIMITATIONS AND EXCLUSIONS

Exclusions criteria: The following Members are not eligible to receive ECM Services

A. Members who are enrolled in the following programs or services:

1. If the Member confirms enrollment in any of the following programs, they are advised to choose either that program or ECM:
    a. 1915(c) Home and Community-Based (HCBS) waiver programs: HIV/AIDS, Assisted Living Waiver (ALW), Multipurpose Senior Services Program (MSSP), Home and Community-based Alternatives (HCBA), HCBA Waiver for Individuals with Development Disabilities (I/DD), Self-Determination Program for Individuals with I/DD
    b. Members with Medicare and/or those enrolled in Medicare Advantage plans are eligible for ECM, but ECM is not provided in the CMC/EAE-DSNP/Fully Integrated Dual eligible Special Needs Plans (FIDE-SNPs) delivery system. Members have the choice to leave the CMC/EAE-DSNP/Fully Integrated Dual eligible Special Needs Plans (FIDE-SNPs) delivery systems to receive ECM services.
    c. Complex Care Management
    d. California Community Transition (CCT), Money follows The Person (MFTP)

2. Medical Beneficiaries enrolled in the following programs are excluded from ECM:
    a. Family Mosaic Project
    b. Hospice
    c. Cal Medi-Connect/EAE-DSNP
    d. FIDE-SNPs
    e. Program for all-inclusive care for elderly (PACE)

B. Other criteria that would determine an IEHP Member <u>ineligible</u> for Enhanced Care Management services:

1. Further assessment demonstrates that an individual is well managed through self-management or through another program or is otherwise determined to not fit the high-risk, high-need, and high-cost eligibility criteria.
2. An individual cannot improve because the Member is uncooperative.
3. An individual's behavior or environment is unsafe for staff.
4. An individual is more appropriate for an alternate care management program.

C. Notice of Action (NOA)

1. IEHP will issue a Notice of Action.
    a. IEHP will issue a Population of Focus eligibility and medical necessity denial if Member or Provider requests that Member participate in ECM but

is not eligible.
   b. IEHP will issue a disenrollment for discontinuing ECM:
      i. The Member has met all care plans;
      ii. The Member is ready to transition to a lower level of care;
      iii. The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage (this can include instances when a Member's behavior or environment is unsafe for the ECM Provider); or
      iv. The ECM Provider has not been able to connect with the Member and/or parent, caregiver, guardian after multiple attempts.
2. IEHP does not issue an NOA if the Member declines to participate or voluntarilydisenrolls.

ADDITIONAL INFORMATION

Overview of ECM:

IEHP's Enhanced Care Management (ECM) is a no-cost Medi Cal benefit that helps eligible IEHP Members who meet a defined population of focus (PoF) by providing a whole-person, collaborative, interdisciplinary approach to care that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs through systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered. ECM offers comprehensive, whole person care management to high-need, high-cost Medi-Cal Managed Care Members with the overarching goals of improving care coordination, integrating services, facilitating community resources, addressing Social Determinants of Health (SDOH), improving health outcomes, and decreasing inappropriate utilization and duplication of services.

IEHP's ECM provides eligible Members a multidisciplinary team to help coordinate and manage their care. The team consists of a Nurse Care Manager, Behavioral Health Care Manager, Care Coordinator and Community Health Worker. These specially trained professionals collaborate with IEHP Members' Primary Care Physicians, Specialists, family support systems, and community partners to create a personalized plan of care to coordinate all care for Members across the physical and behavioral health delivery systems.

CLINICAL/REGULATORY RESOURCE

California Department of Health Care Services

DEFINITION OF TERMS

Drug Medi-Cal Organized Delivery System (DMC-ODS): A continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services. DMC-ODS enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence-based practices in substance abuse treatment and coordinates with other systems of care.

REFERENCES

1. California Department of Health Care Services. Last modified 1/7/2022. Drug Medi-Cal Organized Delivery System. https://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx. Accessed January 31, 2022.

2. California Department of Health Care Services. Last modified 1/11/2022. Medi-Cal Waivers. https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx. Accessed January 11, 2022.

3. California Department of Health Care Services, no date. Enhanced Care Management (ECM): ECM and ILOS Implementation Timeline, ECM Populations of Focus, ECM Overlap with other Programs & Exclusions. https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions.pdf. Accessed January 11, 2022.

4. California Department of Health Care Services. September 2021. CalAIM Enhanced Care Management Policy. https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-September-2021.pdf. Accessed January 11, 2022.

5. Department of Health Care Services (DHCS)-CalAIM Enhanced Care Management Policy Guide, updated 12/2002.

DISCLAIMER