Tri-Counties CalAIM PATH Collaborative

March 19, 2025

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Please introduce yourself in the chat!

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Today's Agenda

Time	Agenda Topic
11:00-11:05	Welcome and Introductions
11:05-11:30	Santa Maria Wisdom Center: Intake Best Practices
11:30-11:40	Managed Care Plan Updates
11:40-11:50	DHCS Policy Updates
11:50-12:00	Resources, Upcoming Events, & Closing
12:00-12:30	Office Hours

2025 Collaborative Aim Statement

By December 2025, the Collaborative will strengthen local implementation of CalAIM by creating a sustainable network of providers. We will accomplish this through hosting quarterly peer learning sessions and at least 2 workforce development trainings.

- Strengthen the capacity of providers to sustainably deliver CalAIM services
- Build education and awareness of CalAIM among members, providers, and community partners to drive referrals
- Increase ECM & Community Supports referrals and care coordination among providers

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Guest Presentation: Intake Process Best Practices

Wisdom Center

Nicole Bennett, MPH
Executive Director, CalAIM Programs

Lillian Goulart, LVN
Director of ECM

Rebekah Eschenbach
Outreach Coordinator

Santa Maria Wisdom Center

We are committed to enhancing the health and quality of life for CenCal Health, Veterans, and community members in Northern Santa Barbara County and Southern San Luis Obispo County.

Through our Enhanced Care Management (ECM), Housing, and Adult Day Health Care (ADHC) programs, we provide a comprehensive range of services designed to address the complex needs of our community.

Enhanced Care Management (ECM)

Housing Services

Adult Day Health Care (ADHC)

For more information, please visit our website:

https://smwisdomcenter.org/ecm/

Santa Maria Wisdom Center

The Need for an Intake Process

We noticed a significant lack of timely access to services for members

We know that MCP Member Information File data has limitations

Objective: The goal is to improve the speed and quality of service delivery by developing a robust intake process at Wisdom Center.

Santa Maria Wisdom Center

Step 1: Where do we meet members?

Community Events and Meetings

Street Outreach/MIF Outreach

Our Office

Santa Maria Wisdom Center

Step 1: Who do we receive referrals from?

Other Housing, ECM, and other Partnering Agencies

Adult Protective Services- (DSS)

Continuum of Care (CoC) & Partner Agencies

Health Plan MIF

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Step 2: How do we engage?

In-Person
(Direct Outreach, Events)

Digital
(Electronic Forms, Platforms)

Mobile Outreach
(Mobile Services, Community Interactions)

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Step 3: Creating the Intake Form

- Wisdom Center designed our intake form to meet our objective: improving the speed and quality of service delivery of our CalAIM services
  - **Fillable and Accessible:** The intake form is both electronic and printable.
  - **Bilingual:** Available in both English and Spanish to ensure accessibility.
  - **Flexibility:** The form can be used in a variety of settings—at events, during outreach, or in office visits.
  - **QR Code Integration:** A QR code is available for easy digital access.
  - **Website:** A fillable form has been embedded into the Enhanced Care Management tab of or website to provide a second digital option access.

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Step 4: Creating an Internal Operational Process

- **Prepare for Increased Referrals**
  - Expect an **increase in referrals**, leading to more administrative work
  - Plan to handle the **increased workload efficiently**

    Create Workflows
    - **Design clear workflows** for intake processing
    - Ensure consistent steps for intake, follow-ups, and tracking

    Create a Tracking System
    - Develop a **tracking system** to monitor referrals, intake progress, and outcomes
    - Use tools to ensure **accurate record-keeping** and follow-through

    Ensure Adequate Staffing
    - **Assess staffing levels** to ensure you have enough team members to handle the increase in referrals
    - Plan for potential **temporary support** or **overtime** if needed

    Create a Quality Assurance System
    - Implement a **QA system** to review and maintain high standards in the intake process
    - Regularly check for **accuracy, consistency, and efficiency**

    Create Templates for Referral Sources
    - Develop **pre-written templates** for communicating with referral sources
    - Ensure templates are **clear, professional, and easily customizable**

Step 5: Ongoing Collaboration and Feedback

- **Ensuring Accessibility:** Offering the intake form in multiple formats and languages to meet the needs of diverse members.
- **Consistency in Engagement:** Standardizing the intake process across different engagement channels to ensure smooth and timely service delivery.
- **Timely Data Collection:** Gathering updated, accurate data at the point of contact to minimize delays in services.
- **Collaboration and Feedback:** Continuously evaluating the process based on feedback from staff and members to improve efficiency and effectiveness.

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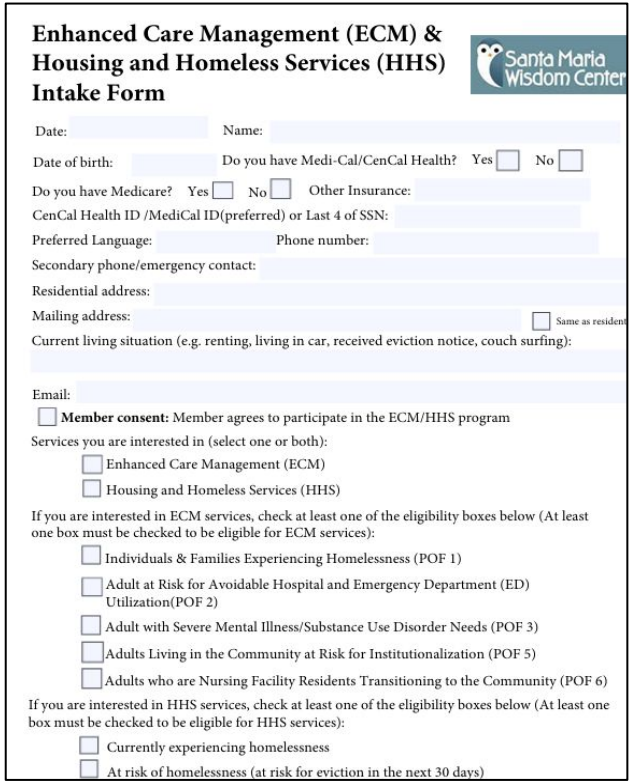
Bridging the Gap and Improving Service Delivery



Enhanced Care Management (ECM) & Housing and Homeless Services (HHS) Intake Form

Santa Maria Wisdom Center

Date: Name:

Date of birth: Do you have Medi-Cal/CenCal Health? Yes ☐ No ☐

Do you have Medicare? Yes ☐ No ☐ Other Insurance:

CenCal Health ID /MediCal ID(preferred) or Last 4 of SSN:

Preferred Language: Phone number:

Secondary phone/emergency contact:

Residential address:

Mailing address: ☐ Same as resident

Current living situation (e.g. renting, living in car, received eviction notice, couch surfing):

Email:

☐ **Member consent:** Member agrees to participate in the ECM/HHS program

Services you are interested in (select one or both):

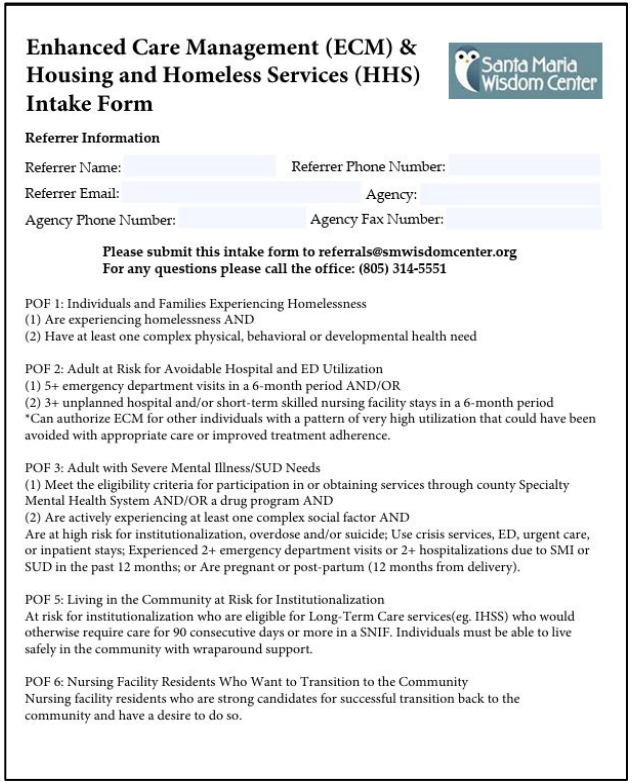
- ☐ Enhanced Care Management (ECM)
- ☐ Housing and Homeless Services (HHS)

If you are interested in ECM services, check at least one of the eligibility boxes below (At least one box must be checked to be eligible for ECM services):

- ☐ Individuals & Families Experiencing Homelessness (POF 1)
- ☐ Adult at Risk for Avoidable Hospital and Emergency Department (ED) Utilization(POF 2)
- ☐ Adult with Severe Mental Illness/Substance Use Disorder Needs (POF 3)
- ☐ Adults Living in the Community at Risk for Institutionalization (POF 5)
- ☐ Adults who are Nursing Facility Residents Transitioning to the Community (POF 6)

If you are interested in HHS services, check at least one of the eligibility boxes below (At least one box must be checked to be eligible for HHS services):

- ☐ Currently experiencing homelessness
- ☐ At risk of homelessness (at risk for eviction in the next 30 days)



Enhanced Care Management (ECM) & Housing and Homeless Services (HHS) Intake Form

Santa Maria Wisdom Center

Referrer Information

Referrer Name: Referrer Phone Number:

Referrer Email: Agency:

Agency Phone Number: Agency Fax Number:

Please submit this intake form to referrals@smwisdomcenter.org
For any questions please call the office: (805) 314-5551

POF 1: Individuals and Families Experiencing Homelessness
(1) Are experiencing homelessness AND
(2) Have at least one complex physical, behavioral or developmental health need

POF 2: Adult at Risk for Avoidable Hospital and ED Utilization
(1) 5+ emergency department visits in a 6-month period AND/OR
(2) 3+ unplanned hospital and/or short-term skilled nursing facility stays in a 6-month period
*Can authorize ECM for other individuals with a pattern of very high utilization that could have been avoided with appropriate care or improved treatment adherence.

POF 3: Adult with Severe Mental Illness/SUD Needs
(1) Meet the eligibility criteria for participation in or obtaining services through county Specialty Mental Health System AND/OR a drug program AND
(2) Are actively experiencing at least one complex social factor AND
Are at high risk for institutionalization, overdose and/or suicide; Use crisis services, ED, urgent care, or inpatient stays; Experienced 2+ emergency department visits or 2+ hospitalizations due to SMI or SUD in the past 12 months; or Are pregnant or post-partum (12 months from delivery).

POF 5: Living in the Community at Risk for Institutionalization
At risk for institutionalization who are eligible for Long-Term Care services(eg. IHSS) who would otherwise require care for 90 consecutive days or more in a SNIF. Individuals must be able to live safely in the community with wraparound support.

POF 6: Nursing Facility Residents Who Want to Transition to the Community
Nursing facility residents who are strong candidates for successful transition back to the community and have a desire to do so.

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Best Practices for Members

Literacy Levels

- Use 5th-grade reading level for all materials
- Ensure simple, clear language in both English and Spanish
- Aim for easily understood instructions and information

Availability for Walk-Ins

- Intake form available in the lobby for walk-ins
- If staff are available, support will begin immediately
- If not, members will receive a return call within 48 hours

Collecting Member's Living Situation

- Required for eligibility in housing services
- Be respectful and thorough when gathering this information

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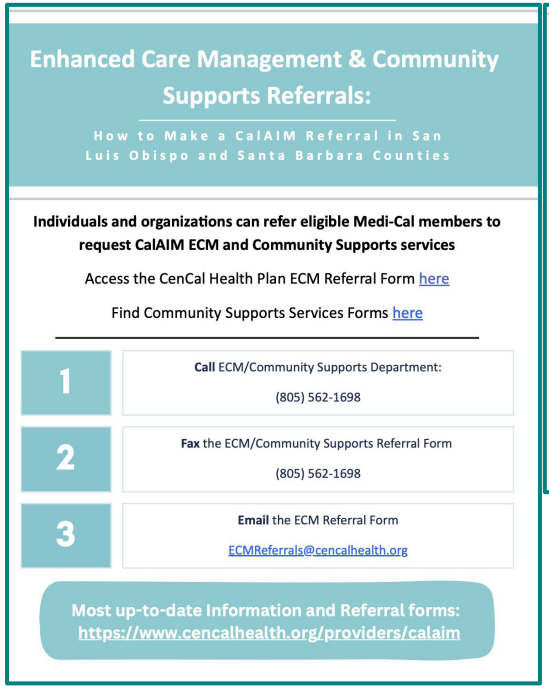
Managed Care Plan Best Practices and Updates

Intake and Care Plan Best Practices

- What are common mistakes MCPs see in client/member intake processes?
- How can ECM and Community Supports providers avoid these common gaps in information or mistakes ?
- Where can providers find examples of MCP templates or care plans?
- How can the Collaborative support streamlined intake strategies to optimize client information?

New Resources on Referrals

SLO + Santa Barbara Referral 101 Flyer



Enhanced Care Management & Community Supports Referrals:

How to Make a CalAIM Referral in San Luis Obispo and Santa Barbara Counties

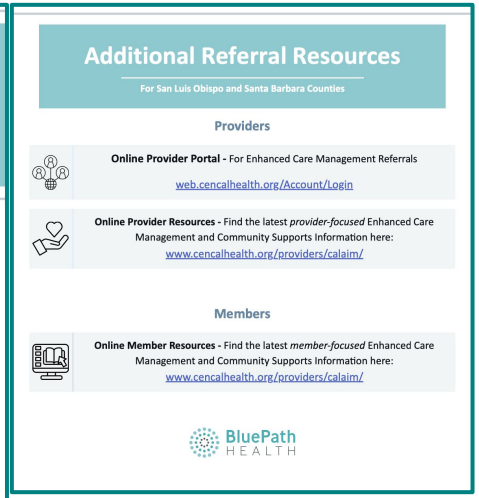
Individuals and organizations can refer eligible Medi-Cal members to request CalAIM ECM and Community Supports services

Access the CenCal Health Plan ECM Referral Form here

Find Community Supports Services Forms here

1	**Call** ECM/Community Supports Department: (805) 562-1698
2	**Fax** the ECM/Community Supports Referral Form (805) 562-1698
3	**Email** the ECM Referral Form ECMReferrals@cencalhealth.org

Most up-to-date Information and Referral forms: https://www.cencalhealth.org/providers/calaim



Additional Referral Resources

For San Luis Obispo and Santa Barbara Counties

Providers

Online Provider Portal - For Enhanced Care Management Referrals web.cencalhealth.org/Account/Login

Online Provider Resources - Find the latest *provider-focused* Enhanced Care Management and Community Supports Information here: www.cencalhealth.org/providers/calaim/

Members

Online Member Resources - Find the latest *member-focused* Enhanced Care Management and Community Supports Information here: www.cencalhealth.org/providers/calaim/

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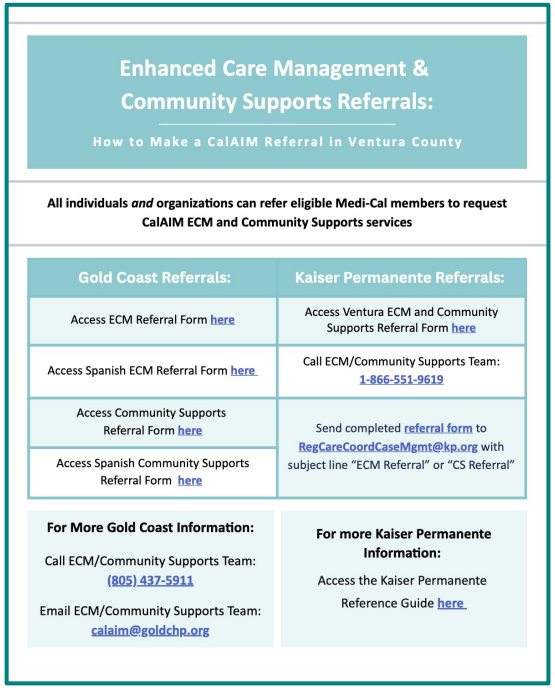
Ventura Referral 101 Flyer



Enhanced Care Management & Community Supports Referrals:

How to Make a CalAIM Referral in Ventura County

All individuals *and* organizations can refer eligible Medi-Cal members to request CalAIM ECM and Community Supports services

Gold Coast Referrals:	Kaiser Permanente Referrals:
Access ECM Referral Form here	Access Ventura ECM and Community Supports Referral Form here
Access Spanish ECM Referral Form here	Call ECM/Community Supports Team: 1-866-551-9619
Access Community Supports Referral Form here	Send completed referral form to RegCareCoordCaseMgmt@kp.org with subject line "ECM Referral" or "CS Referral"
Access Spanish Community Supports Referral Form here	

For More Gold Coast Information:

Call ECM/Community Supports Team: (805) 437-5911

Email ECM/Community Supports Team: calaim@goldchp.org

For more Kaiser Permanente Information:

Access the Kaiser Permanente Reference Guide here

Kaiser Permanente

Tri-Counties PATH CPI Meeting
Ventura County

March 2025

Additional NLE Provider Support | Provider Office Hours

Kaiser Permanente is working with Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers.

INDEPENDENT Living Systems

NEW: Contracted Providers
Second/Fourth Thursdays
1:00 – 2:00 pm
Join Meeting Now

NEW: Prospective Providers
First Thursdays of the Month 1:00 - 2:00 pm
Begins Feb 6
Join Meeting Now

Questions?
ILSCAProviderRelations@ilshealth.com
Phone number: 844-269-3447

Full Circle Health Network

Contracted Providers
Tuesdays 3:00 - 4:00 pm
Register and Join Here

Prospective Providers
Second/Fourth Thursdays of the Month
12:00 - 1:00 pm
Register and Join Here

Questions?
network@fullcirclehn.org
Phone number: 888-749-8877

Submitting ECM & CS Referrals

KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Referrals may be placed via email or via phone or KP Health Connect
- **NEW: For providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity**

Area	All Northern California Counties	All Southern California Counties
Phone (Member)	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
Email (Counties/CBOs)	Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”	Send completed referral form to RegCareCoordCaseMgmt@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”
Email (NEW: NLE Contracted providers submitting referrals to their own organization)	Send completed self referral form to contracted Network Lead Entity	Send completed self referral form to contracted Network Lead Entity

Streamlined Authorization for Enhanced Care Management (ECM)

Below summarizes Kaiser Permanente's streamlined ECM authorization process.

Details

- Streamlined Authorization is ***only*** for ECM providers who are currently contracted with Network Lead Entities (NLEs).
- Streamlined Authorization applies ***only*** to ECM, not CS or CHW.
- Providers can begin working with members right away, but they must submit an ECM referral through their NLE no later than 5 working days before the end of the streamlined authorization period.
- Total Streamlined Authorization period is 30 days or up to the date KP makes and communicates the authorization, whichever comes first.
- Providers will be paid for the 30-day ECM authorization period.
- Streamlined Authorizations route back to the original provider and ECM Lead Care Manager through the NLE.

Do's & Don'ts

- **DO** submit an ECM referral through contracted NLEs.
- **DO** indicate "Streamlined Authorization" on the referral form
- **DO** add the first date of start of services to completed referral.
- **DO** submit an ECM referral no later than 5 business days before the Streamlined Authorization period ends.
- **DON'T** submit a Streamlined Authorization for CS or CHW; the Streamlined Authorization is for ECM only.

How To Submit

- Email the ECM referral directly to the contracted NLE.
  - Full Circle Health Network: referral@fullcirclehn.org
  - Independent Living Systems: kpreferrals@ilshealth.com
  - Partners in Care Foundation: ECM@picf.org
- Send any questions directly to the contracted NLE.
- To resolve issues, email the NLE and cc: medi-cal-externalengagement@kp.org

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DHCS Policy Updates

March 10 DHCS Update

Community Supports in California Remain Unaffected

DHCS partners may have seen recent updates from the federal Centers for Medicare & Medicaid Services (CMS) regarding the rescission of previous guidance on health-related social needs (HRSN). This guidance outlined pathways for states to incorporate services addressing HRSNs, such as housing supports and nutrition services, into Medicaid programs. This action has raised concerns about the potential impact on programs like Medi-Cal's Community Supports, which provide critical services to address non-medical factors influencing health.

CMS confirmed that existing approvals, including California's 1115 waivers supporting Community Supports, remain unaffected. California supports Medi-Cal members having access to essential services that address HRSNs. DHCS will continue the ongoing implementation and delivery of all California Advancing and Innovating Medi-Cal (CalAIM) and Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) services. DHCS, Medi-Cal managed care plans, and Medi-Cal providers will continue to provide Community Supports to address Medi-Cal members' HRSNs, help them live healthier lives, and avoid higher, costlier levels of care.

Funding Opportunity: CITED Round 4

- Applications are open **until May 2, 2025**
- **State priorities** for funding include:
  - County-Specific ECM and Community Supports gaps
  - Statewide ECM and Community Supports gaps (Birth Equity, Justice-Involved, and Transitional Rent)
  - Tribal Entities or other entities serving tribal members
  - Entities serving individuals whose primary language is not English
  - Local Community-Based Organizations
- Resources about identifying gaps are included in the CITED Round 4 Guidance Document

CITED Round 4 Office Hours

February CITED Office Hours

Thursday, March 27

10:00am-11:00am

Register Here:

March CITED Office Hours

Monday, April 10

10:00am-11:00am

Register Here:

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Upcoming Events and Closing

SB+SLO April Meeting in Nipomo

In-Person San Luis Obispo + Santa Barbara
focused on referral information sharing

April 16, 2025, 12:00pm - 1:30pm

Nipomo Public Library

Register for April 16 SLO+SB Collaborative:

Ventura April Meeting with VCCHIC

In-Person meeting for Ventura participants
in conjunction with the VCCHIC quarterly meeting

April 17, 2025, 9:30am - 11:00am

Ventura County Public Health Building

VENTURA COUNTY COMMUNITY HEALTH IMPROVEMENT COLLABORATIVE

VENTURA COUNTY PUBLIC HEALTH

Register for April 17 Ventura Collaborative:

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May Trainings Poll

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Share your feedback!

Poll

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See you in April!

Questions? pathinfo@bluepathhealth.com

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Appendix

Updated Community Supports Revisions

- DHCS released updated Community Supports definitions for the following services:
  - Asthma Remediation
  - Medically Tailored Meals/Medically Supportive Food
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  - Community Transition Services/Nursing Facility Transition to a Home
- These new definitions are effective **July 1, 2025**

Community Supports Revisions: Medically Tailored Meals Definitions

Medically Tailored Meals (MTM): Meals that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.

Medically Tailored Groceries (MTG): Preselected whole food items that adhere to established, evidence-based nutrition guidelines for specific nutrition-sensitive health conditions.

Community Supports Revisions: Medically Supportive Food

Medically Supportive Groceries: Preselected foods that follow the DGA* and meet recommendations for the recipients' nutrition-sensitive health conditions.

Produce Prescriptions: Fruits and vegetables, typically procured in retail settings, such as grocery stores or farmers' markets, obtained via a financial mechanism such as a physical or electronic voucher or card.

Healthy Food Vouchers: Vouchers used to procure pre-selected foods that follow the DGA* and meet recommendations for the recipients' nutrition-sensitive health conditions, via retail settings such as grocery stores or farmers' markets.

Food Pharmacy: Often housed in a health care setting, providing patients with coordinated clinical, food, and nutrition education services targeted at specific nutrition-sensitive health conditions. The healthy food "prescription" includes access to a selection of specific whole foods appropriate for the specific health condition(s) that follow the DGA* and meet recommendations for the targeted health condition(s).

*DGA = Dietary Guidelines for Americans

Community Supports Revisions: Eligibility Criteria

Individuals who have chronic or other serious health conditions that are nutrition sensitive, such as (but not limited to):

Cancer(s) Cardiovascular disorders Chronic kidney disease Chronic lung disorders or other pulmonary conditions such as asthma/COPD Heart failure Diabetes or other metabolic conditions Elevated lead levels End-stage renal disease, High cholesterol Human immunodeficiency virus Hypertension	Liver disease Dyslipidemia Fatty liver Malnutrition Obesity Stroke Gastrointestinal disorders Gestational diabetes High risk perinatal conditions chronic or disabling mental/behavioral health disorders

Community Supports Revisions: Asthma Remediation

- Asthma Self-Management Education and In-Home Environmental Trigger Assessments are now covered under the Asthma Preventive Services (APS) Benefit (transition effective January 2026)
- Streamlines eligibility and documentation requirements
- Clarifies eligible supplies
- Confirms that supplies do not need to be delivered at a single point as long as service complies with $7500 lifetime maximum

Community Supports Revisions: Nursing Facility Transition

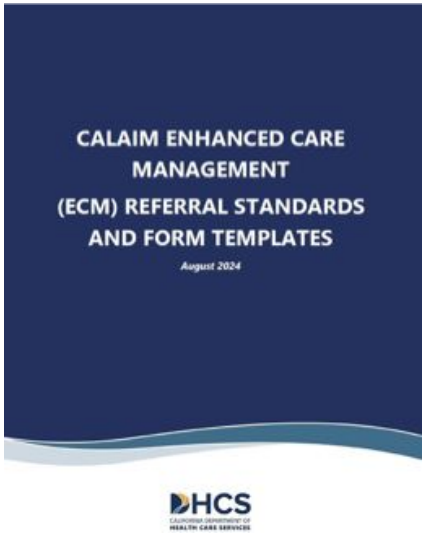
- Clarifies that members residing in private residences or public subsidized housing can be eligible for this support
- Clarifies that there are two distinct components of this Community Support:
  - Time-limited transition services and expenses
  - Ongoing assisted living services (not room and board, but support with Activities of Daily Living, meal prep, transportation, companion services, etc)

Community Supports Revisions: Community Transition Services

- Clarifies that members may receive Housing Transition Navigation, Housing Deposits, and/or Home Modifications at the same time as Community Transition Services
- Clarifies that there are two distinct components of this Community Support:
  - Transitional coordination services (securing housing, landlord communication, etc.)
  - One-time set-up expenses (security deposits, utility set-up fees, air conditioner or heater, etc.)

ECM Referral Standards and Form

DHCS developed new ECM Referral Standards and Form Template to streamline and standardize ECM Referrals made to Managed Care Plans (MCPs) from providers, community-based organizations, and other entities.



The new ECM Referral Standards define the information that MCPs are expected to collect for Medi-Cal members being referred to an MCP for ECM.

The new **ECM Referral Form Templates** are forms for use by MCPs and referring organizations that prefer a PDF or hard copy form to make a referral.

ECM Referral Standards and Form

The ECM Referral Standards and Form Templates define the following:

- Medi-Cal Member Information
- Referral Source Information
- Eligibility Criteria for Adults and Children/Youth
- Enrollment In Other Programs
- Referral Transmission Methods – including guidance encouraging batch referrals

***Note: The ECM Referral Standards will not change the existing processes for the MIF and RTF.**

ECM Referral Standards and Form

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- **Effective January 1, 2025:**
  - All ECM Referrals **must** follow the guidelines established in the ECM Referral Standards *regardless* of referral modality (electronic, EMR, hard copy, etc.).
  - MCPs choose **which** referral modalities (electronic, EMR, hard copy, etc.) they want to deploy in the community. Electronic referrals are encouraged.
  - MCPs **may not** require additional documentation (e.g., ICD-10 codes, supplemental checklists, Treatment Authorization Request (TAR) forms) from referring partners or ECM Providers beyond the information in the ECM referral.
  - DHCS expects that many MCPs will embed the referral standards into their existing provider portals but may also offer other electronic referral pathways.

Presumptive Authorization: POFs and Providers

Column 1: ECM Population of Focus	Column 2: ECM Providers That Can Serve Members Through Presumptive Authorization
1) Adults & Children Experiencing Homelessness	• Street Medicine Providers • Community Supports Providers of the Housing Trio Services: Housing Transition Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services • County-contracted and County-operated Specialty Behavioral Health Providers
2) Adults & Children At Risk for Avoidable Hospital or ED Utilization	• Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs), County-operated primary care, and other primary care)
3) Adults & Children with SMI/SUD Needs	• County-contracted and County-operated Specialty Behavioral Health Providers
4) Adults & Children Transitioning from Incarceration	• Existing DHCS guidance governs authorizations and warm handoffs to support Members receiving pre-release services in the JI POF. See Section 13.3.d of the Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative for details.
5) Adults Living in the Community and At Risk for LTC Institutionalization	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
6) Adult SNF Residents Transitioning to the Community	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
7) Children & Youth Enrolled in CCS/CCS WCM	• CCS Paneled Providers and Local Health Department CCS Programs
8) Children & Youth Involved in Child Welfare	• County-contracted and County-operated Specialty Behavioral Health Providers • High Fidelity Wraparound Providers • Health Care Program for Children in Foster Care Providers • Department of Social Services (DSS) Offices • Foster Family Agencies • Transitional Housing Programs Current and Former Foster Youth • Children's Crisis Residential Programs
9) Birth Equity Population of Focus	• OB/GYN Practices • Midwifery Practices • Entities that deliver the following services: Entities that deliver the following services: Black Infant Health (BIH) Program, Perinatal Equity Initiative (PEI), Indian Health Program, American Indian Maternal Support Services (AIMSS)

ECM Presumptive Authorization

Starting on Jan. 1st 2025, select ECM Providers will be able to quickly initiate ECM services *prior to submitting an ECM referral to an MCP* and be reimbursed for services during a 30-day timeframe.

» **What ECM Presumptive Authorization IS:**

- **Select ECM Providers will be able to directly authorize ECM for Medi-Cal Members in select POFs they serve and be paid for ECM services for a 30-day timeframe** until the MCP communicates the authorization or denial of ECM based on a complete assessment of Member eligibility for ECM.
- ECM Providers under presumptive authorization will still check for Member eligibility and submit an ECM referral to the MCP within the 30-day timeframe to receive the full, 12-month ECM authorization.

» **What presumptive authorization is NOT:**

- ECM presumptive authorization is different from *"presumptive eligibility"* policies for Medi-Cal coverage that allow special populations to more rapidly access Medi-Cal insurance (children, pregnant individuals, individuals experiencing homelessness).
- ECM presumptive authorization is different from *"retrospective authorization"* in which MCPs pay for ECM services provided in the past, but only if a Member is ultimately authorized for ECM.

The ECM Presumptive Authorization Policy is included beginning on page 107 in the August 2024 version of the ECM Policy Guide.

ECM Presumptive Authorization

ECM Presumptive Authorization Reimbursement

Start of Payment: MCPs must allow network ECM Providers under presumptive authorization to start billing and be reimbursed for ECM services from the date the Member first receives ECM services.

Timeframe for MCP Payment: 30 days or up to the date the MCP communicates the authorization decision to the ECM Provider, whichever is sooner.

Does payment occur if a MCP does not authorize ECM for a Member after the presumptive authorization timeframe because the Member is enrolled in an overlapping program or plan (1915c waiver, D-SNP, etc.)?

Answer: The MCP must still reimburse for services delivered during the presumptive authorization timeframe for Members who are later denied for the full, 12-month ECM authorization due to enrollment in programs that may overlap with ECM.

ECM Presumptive Authorization

Exceptions to MCP Payment
In the Presumptive Authorization Timeframe

- If the Member has an **existing, open ECM authorization** with another ECM Provider, the MCP is not required to reimburse for services delivered in the presumptive authorization period. DHCS allows for this exception in MCP payment to limit instances of payment for duplicative services.
- If the individual is **not an active Member** of the MCP during the dates of ECM service delivery.

MCP Provider Portal Active ECM Authorizations
Required by January 1, 2025:

To reduce the risk that ECM Providers are not reimbursed for services due to an existing ECM authorization, MCPs must make Members' ECM authorization statuses accessible to ECM Providers via their Plan Portal or similar online system by January 1, 2025.