



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: ECM Justice Involved Population				POLICY #: 18.32-P	
DEPARTMENT: Enhanced Care Management					
Effective Date: 1/2022	Review/Revised Date: 3/29/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Emily Duran Chief Executive Officer	Date _____
Chief Medical Officer	Date _____
Senior Director of Provider Network	Date _____
Director of Claims	Date _____
Administrative Director of ECM	Date _____

POLICY:

Kern Health Systems (KHS) will ensure all Department of Health Care Services (DHCS) requirements are met for continuity of care for the justice involved Population of Focus eligible for the Enhanced Care Management (ECM) benefit.

Term	Definition
WPC-LE	Whole Person Care – Lead Entity

PROCEDURE:

KHS will offer ECM to all Members within the justice involved Population of Focus, including all individuals transitioning from WPC, according to the implementation schedule defined by DHCS.

A. Referrals

1. Members who are enrolled in the Whole Person Care (WPC) Pilot will receive notification of the new ECM benefit by one or more of the following methods:
 - a. KHS Explanation of Coverage benefit letter to be sent 30 days prior to ECM start date of January 1, 2022
 - b. KHS Member Portal and Member Brochure
 - c. Letter of ECM authorization
 - d. Joint Letter with WPC-LE announcing the transition from EPC to ECM
2. KHS will accept external referrals from the following referral streams:
 - a. Contracted ECM and CSS Providers
 - b. Former WPC-LE
 - c. Other entities serving Adults & Children Transitioning from Incarceration
 - d. Members, caregivers, family, authorized individuals
 - e. Network Providers
3. To act on external referral streams, KHS will follow UM Referral and Authorization Policy, 3.22.

B. Data Infrastructure

1. KHS will leverage existing WPC-LE infrastructure by contracting with the WPC-LE and improve upon the methods used for identifying the justice involved Population of Focus, being Adults & Children Transitioning from Incarceration.
 - a. KHS will perform ongoing evaluation of data capabilities and explore data exchange modalities, with attention to Providers serving justice involved populations and their local partnerships with sheriff's offices, prisons, and jails.
 - b. KHS will participate in and/or host collaborative meetings involving agencies serving the Populations of Focus, including representatives from law enforcement.
2. KHS will coordinate closely with the Community Supports Services (CSS) Program and other KHS departments in order to seamlessly track, manage, and report on infrastructure components including:
 - a. Provider capacity based on Member assignment data
 - b. Member engagement data
 - c. ECM service delivery and provision based on outcomes monitoring
 - d. Closed-loop referral streams

C. Authorizations

1. To authorize ECM for the justice involved Population of Focus, KHS will follow UM Referral and Authorization Policy, 3.22.
2. KHS will automatically authorize ECM for all Members who are enrolled in or are in the process of being enrolled in WPC during the transition period from WPC to ECM.
 - a. Member will remain with their current WPC provider providing they are a contracted ECM Provider.

- b. Should the WPC provider not contract to become an ECM provider, then the Member will be assigned an ECM provider considering the Member's past medical history, cultural and linguistic preferences, geographical location, current PCP, and other data sources available.
 - i. The Member's previous WPC lead care manager will perform a warm hand-off to the new ECM lead care manager that will include information regarding the Member's previous assessment details, SDoH information, and any other important specifics related to the Member's care to ensure continuity of care.
 - ii. The Member Profile will also be available to the assigned ECM provider and will include pertinent member information including Member overview, condition history, utilization patterns, health records, gaps in care and Member engagement history.
 - iii. Members will be notified of the transition to the new ECM provider, if different or the same as their previous WPC-LE, by outreach and by notification via letter utilizing the DHCS provided template. Current WPC-LEs will also discuss the impending transition to ECM with the Member.
 - c. Members will receive program information including benefits overview and a 24/7 toll free contact number should they have questions regarding ECM.
3. KHS will ensure that each Member transitioning from WPC will be assessed within 6 months to determine the most appropriate level of services for the Member following the ECM Member Authorization Policy 18.20-P and reauthorization process for Members as appropriate.
 - a. If the Member is determined to be eligible, they will be authorized for another 12 months and receive authorization notification.
 - b. Notification of approval or denial will be sent to the referring Provider, or entity. If authorized, the Member's PCP will be notified within 10 business days.
 - c. If a Member does not meet eligibility criteria, they will be notified of decision with notification of grievance and appeal rights.
 4. KHS will work with ECM providers serving the justice involved population in monitoring Members that are due for reevaluation for authorization.
 - a. ECM Providers will be notified of authorization, reauthorization, ECM graduation, or transfer to appropriate level of care management via SFTP.
 - b. Members who do not qualify for continuation will receive a Notice of Action identifying their disenrollment from KHS which includes grievance and appeal rights. Notification of disenrollment will be sent to each Member's Provider.

D. Assignment to ECM Providers

1. KHS will assign the justice involved Population of Focus to ECM Providers based on history and Member preference that considers the ECM Provider's experience and skill set to meet the Member's needs.
2. All Members assigned to a WPC-LE that is also a contracting ECM Provider will remain assigned to that Provider to reduce any risk for impact to the Member during transition unless the Member requests a new ECM Provider that serves members transitioning from incarceration.
3. If the Member is assigned to a WPC-LE that is not a contracting ECM provider, the Member will be reassigned utilizing a system with embedded logic that identifies all ECM Providers that are also

community PCP providers. Within the system, Members are attributed to a PCP provider. If the Member is currently assigned to a PCP Provider that is also an ECM Provider the system will utilize rules and mapping to automatically assign the Member to the same PCP and ECM Provider unless the Member has expressed a different preference or KHS identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.

4. If KHS is aware that a Member receives services from a Specialty Mental Health Plan for SED, SUD, and/or SMI and the Member's Behavioral Health (BH) Provider is a contracted ECM Provider, KHS will assign that Member to that BH Provider as the ECM Provider, unless the Member has expressed a different preference or KHS identifies a more appropriate ECM Provider given the Member's individual needs and health conditions.

E. Outreach, Engagement, and Training on ECM Core Services

1. All ECM Providers serving justice involved populations will receive training including required communication to transitioning Members, high-touch and in-person interactions, warm-hand offs, and provision of core ECM services.
2. Required training modules shall describe the goals and scope of the ECM benefit, team member roles and how they should work together, the services that should be provided, and how ECM intersects with other KHS programs. The training shall introduce topics related to caring for the populations served under ECM and the impact of social determinants of health on Members.

REFERENCE:

UM Referral and Authorization Policy 3.22
ECM Member Authorization Policy 18.20-P

Revision 2022-06: Policy received DHCS approval on 6/20/2022 per MOC 2022.