



KERN HEALTH SYSTEMS					
POLICY AND PROCEDURES					
SUBJECT: Enhanced Care Management Outreach and Engagement				POLICY #: 18.21-P	
DEPARTMENT: Enhanced Care Management					
Effective Date:	Review/Revised Date:	DMHC		PAC	
1/01/2022	9/15/2023	DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

_____	Date _____
Emily Duran	
_____	Date _____
Chief Medical Officer	
_____	Date _____
Chief Operating Officer	
_____	Date _____
Senior Director of Provider Network	
_____	Date _____
Director of Claims	
_____	Date _____
Director of Enhanced Care Management	

POLICY

Kern Health Systems (KHS) will identify, engage, and enroll Enhanced Care Management Program (ECM) eligible Members in compliance with the Department of Health Care Services (DHCS) guidelines.

DEFINITIONS

Term	Definition
HCPCS	Healthcare Common Procedure Coding System

PROCEDURES

A. Population of Focus

1. ECM is designed for populations who have the highest levels of complex health care needs as well as social factors influencing their health.
2. The mandatory ECM Population of Focus populations are:
 - a. Individuals Experiencing Homelessness or chronic homelessness, or who are at risk of becoming homeless, with complex health and/or behavioral health conditions
 - i. Adults without Dependent Children/Youth Living with Them
 - ii. Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness
 - b. Individuals At Risk for Avoidable Hospital or ED Utilization
 - i. Adults At Risk for Avoidable Hospital or ED Utilization
 - ii. Children and Youth At Risk for Avoidable Hospital or ED Utilization
 - c. Individuals with Serious Mental Health and/or SUD Needs
 - i. Adults with Serious Mental Health and/or SUD Needs
 - ii. Children and Youth with Serious Mental Health and/or SUD Needs
 - d. Individuals Transitioning from Incarceration
 - i. Adults Transitioning from Incarceration
 - ii. Children and Youth Transitioning from a Youth Correctional Facility
 - e. Adults Living in the Community and At Risk for LTC Institutionalization
 - f. Adult Nursing Facility Residents Transitioning to the Community
 - g. Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition
 - h. Children and Youth Involved in Child Welfare
 - i. Individuals with I/DD
 - i. Adults with an I/DD
 - ii. Children and Youth with an I/DD
 - j. Pregnancy, Postpartum, and Birth Equity Population of Focus (Adults and Youth)
 - i. Adults and youth who: (1) Are pregnant OR are postpartum (through 12 months period); AND (2) Meet one or more of the following conditions:
 1. Qualify for eligibility in any other adult or youth ECM Population of Focus;
 2. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality (Birth Equity Population of Focus Effective January 1, 2024)

B. Member Program Information

1. Members are provided with information explaining ECM at the time of plan enrollment and annually thereafter. Every Member receives a plan benefit guide that explains ECM and provides information to the Member or other responsible individuals on how to request ECM. Self-referrals or referrals by family members, caregivers or support networks will be evaluated by the KHS ECM team to determine eligibility. KHS will determine eligibility within 5 working days for routine authorizations and within 72 hours for expedited requests.

- a. If Member meets eligibility, an authorization for a period of 12 months will be given. Authorized Members will be sent to the ECM provider(s) and PCP within 10 business days of authorization.
- b. If a Member does not meet eligibility criteria, the Member's referral will be reviewed by a KHS medical director for approval or denial.
- c. Notification of approval or denial will be sent to the referring Member.
 - i. If approved, the ECM Provider will receive an outpatient notification form identifying the approved authorization. The ECM Provider will outreach and enroll the authorized Member.
 - ii. If denied, the Member will receive a Notice of Action from KHS and be provided with notification of grievance and appeal rights.
- d. Denials will go through the KHS appeals and grievance processes.

C. ECM Eligibility Criteria

1. KHS will authorize ECM for all Members (adults and children), identified as eligible in one of the Populations of Focus according to the DHCS ECM Policy Guide. KHS will also transition all Members currently served by HHP or WPC programs or those in the process of enrolling in HHP or WPC. Members who are transitioned from these programs will be reassessed for appropriateness within 6 months of transition.
2. KHS will identify eligible Members through monthly stratification of the KHS population. Populations of Focus will be identified through defined criteria and methodologies utilizing data elements including but not limited to medical and pharmacy claims, DHCS fee for service claims, care management program information, ACG modeler files, EMR data, HRA results, and other external supplemental data. Please see data matrix for additional methodologies related to individual populations of focus.
3. To be eligible for the ECM, a Member must fall into one of the mandatory targeted populations.
4. If an ECM Member is not on the ECM list but may be eligible, the ECM Provider can explore their eligibility by submitting a referral form to KHS via the Provider Portal on the KHS website.

D. Assignment to ECM Provider

1. Utilizing KHS's internal technology algorithms and data KHS will assign every Member authorized for ECM to an ECM Provider or the KHS ECM Care Team within ten (10) business days of authorization, for individuals not currently receiving HHP or WPC.
2. Each ECM Provider will be notified of all new assignments weekly through secure data exchange.
3. KHS will notify each Member's PCP and other key Providers, if different from the ECM Provider, by written notification within ten (10) business days of authorization of the assignment to the ECM Provider.
4. The system has embedded logic that identifies all ECM Providers that are also community PCP providers. Within the system, Members are attributed to a PCP provider or the KHS ECM Care Team.
5. 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.

6. 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.
7. ECM Providers will assign all Members a Lead Care Manager. ECM Providers will assign the Lead Care Manager with experience and knowledge based on the unique needs of the Member and Member preferences identified on assessment. KHS will ensure Lead Care Managers assigned to members with long-term services and supports needs are trained in person-centered planning, as required by federal law (42 CFR § 438.208; 42 CFR § 441.301(c)(1) and (2)).
8. KHS accommodates Members who request to change ECM Providers and/or ECM Lead Care Manager regardless of the reason. Members are provided with details on how to request a different ECM Provider and/or Lead Care Manager in the Welcome Package they receive when they enroll in ECM and on the KHS website. These requests are handled through the KHS ECM Department.
 - a. The assignment to the new ECM Provider or KHS ECM Care Team will occur within (30) thirty days of the request. The former ECM Provider and the New ECM Provider will be notified of the change in writing.
9. ECM Providers, Member PCPs, and other key Providers will provide feedback to KHS via written communication if they determine that the ECM Member assignment was not appropriate at any time during the authorization period.
10. Based on Provider feedback and evaluation of the information received, KHS ECM staff will reassess and reassign the Member as appropriate.
11. KHS will complete analysis of all Provider assignment feedback and the results will be presented at the Quality Committee and Community Advisory Committee meetings on an annual basis at minimum. KHS may use the information to adjust KHS ECM Member stratification.

E. Outreach and Engagement Process

1. KHS develops and updates comprehensive outreach Policies and Procedures as part of the Model of Care revision process. Activities in the Outreach and Engagement core service can include, but are not limited to:
 - a. Attempting to locate, contact and engage Members (and/or their parent, caregiver, guardian) who have been identified as good candidates to receive ECM services, promptly after assignment.
 - b. Using multiple strategies for engagement, as appropriate and to the extent possible, including direct communications with the Member (and/or their parent, caregiver, guardian), such as in-person meetings where the Member lives, seeks care or is accessible; mail, email, texts and telephone; community and street-level outreach; follow-up if the Member presents to another partner in the ECM network; or using claims data to contact Providers the Member is known to use.
 - c. Using an active and progressive approach to outreach and engagement until the Member (and/or their parent, caregiver, guardian) is engaged.

- d. Documenting outreach and engagement attempts and modalities.
 - e. Utilizing educational materials and scripts developed for outreaching and engaging Members, as appropriate.
 - f. Sharing information between the MCP and ECM Providers, to ensure that the MCP can assess Members for other programs if they cannot be reached or decline ECM.
 - g. Providing culturally and linguistically appropriate communications and information to engage Members (and/or their parent, caregiver, guardian) and ensuring that such approaches build trust with communities that have historically been underserved in the Medi-Cal program.
2. Weekly and through secure data exchange, KHS will provide ECM Providers with a list of all assigned Members. The KHS ECM Team is notified of Members identified for ECM through the internal care management platform.
 3. KHS will also identify any new ECM Members previously enrolled in another plan through the presence of ECM service HCPCS codes within the prior 90 days. The presence of such historical utilization data received by KHS via Plan Data Feed will initiate both the standard assignment and outreach and engagement processes for Members within 30 days of KHS notification.
 4. KHS ECM Team will collaborate and support the ECM Provider to conduct outreach and engagement calls to Members identified for ECM. The KHS ECM Team will conduct outreach calls to Members who are assigned to the internal KHS ECM Team. Outreach calls will be prioritized based on the identified risk status of the ECM Member.
 5. All ECM Provider staff and KHS ECM Care Team staff responsible for outreach to the Member for engagement into the ECM program receives training on outreach and engagement processes.
 6. The responsibilities of ECM Providers are provided in the contract and in the training materials.

The responsibilities include:

- a. Initial outreach attempt is the responsibility of the ECM Provider and will be supported by the KHS ECM Team as necessary to ensure timely initiation and delivery of ECM. Initial outreach is targeted to occur within 30 days of the ECM Provider or KHS ECM Care Team receiving their list of eligible Members.
 - i. The eligibility list that KHS provides to the ECM Providers and KHS ECM Care Team will prioritize Members for outreach based on the KHS modeling program which indicates Members assigned risk tier.
 - ii. For individuals transitioning from incarceration, initial ECM engagement locations will depend on the collaborations that MCPs are able to build with local justice partners. At first, ECM Providers will begin working with individuals expected to transition from incarceration in the setting where they are incarcerated (or just outside that setting), or in criminogenic treatment programs. In this setting, the ECM provider will coordinate with the prerelease care manager who will assist with the warm hand-off by sharing re-entry care transition plans. In some cases, the ECM Provider may also serve as the Fee For Service (FFS) pre-release care management provider and provide FFS care management services in the carceral setting.
 - iii. Post-transition, ECM Providers will engage individuals in the most easily accessible setting for the Member. In addition to community-based engagement such as a Member's home or regular Provider office, this may

- also include parole or probation offices if the MCP builds partnerships that allow for engagement in those settings.
- b. The ECM Provider Staff and KHS ECM Team will utilize call scripts provided by KHS to introduce the program to the Member, review Member preferences, and schedule an appointment with the ECM Provider.
 - c. The Member is informed at the time of initial outreach by the ECM Provider staff and KHS ECM Team that they may decline participation in the program and that they may request a different ECM Provider.
 - d. ECM Providers and KHS ECM Team must make (2) two outreach attempts within (30) thirty days at different times during the day and on different days of the week. KHS will capture the separate number of in-person visits, telephonic/video visits, and outreach attempts. KHS will ensure alignment with encounter/claims data and leverage reporting functionality of the KHS medical management platform.
 - i. ECM Providers will electronically submit the number of ECM interactions each assigned Member received during the reporting period according to the following categories:
 - ECM In Person
 - ECM Phone/Telehealth
 - ECM Outreach In Person
 - ECM Outreach Telephonic/Electronic
 - e. ECM Providers will be required to outreach to those members unable to contact until the ECM Authorization End Date terminates. At this point, the Member will be internally referred to KHS Case Management for evaluation to participate in other programs.
 - f. All communication to the Member must be culturally and linguistically appropriate and this is ensured via review of all Member communication materials and on-going staff training.
 - g. ECM Providers and KHS ECM Team will actively seek to engage patients in care through “in reach” and “outreach” strategies to the extent possible such as: mail; email; social media; texts; telephone; community outreach; and in-person meetings where the Member lives, seeks care, or is accessible.
 - h. Schools, health care providers, and other governmental and non-governmental social service providers are avenues to meet an individual for introduction and engagement.
 - i. For children and youth populations of focus, KHS will partner with pediatric providers and work to develop referral pathways with schools and childcare settings.
 - ii. KHS will work to partner with LEAs to create referral pathways to help support identification of ECM eligible children and youth.
 - i. ECM Providers and KHS ECM Team will be expected to conduct outreach primarily in person prioritizing in-person contact where the Member lives, seeks care or is accessible.
 - j. ECM Providers and KHS ECM Team must engage all target populations and implement specific processes to engage and reach Members that are typically hard to reach such as those who are experiencing homelessness.
 - i. In order to coordinate closely with ED staff, KHS will ensure that ECM Providers have access to or are provided ADT feed data information for

- enrolled Members to allow them to manage transitions as part of ECM when available.
- ii. In instances where the Member’s behavioral health provider, such as a county contracted SMHS or DMC / DMC-ODS Provider, is also their ECM Provider, ECM services may be provided wherever they receive behavioral health services.
 - iii. In instances where the Member’s CCS/CCS WCM Provider is also their ECM Provider, ECM services may be provided at their SCC or wherever they receive CCS/CCS WCM services.
 - iv. In instances where the Member’s California Wraparound Care Coordinator or HCPCFC Public Health Nurses is also their ECM Provider, ECM services could be provided where the Member receives California Wraparound or HCPCFC services.
 - v. For Members who also have a Child Family Team (CFT) through California Wraparound, the ECM Provider is expected to consult with them and keep them informed as appropriate.
 - vi. In instances where the Member is also enrolled in a local pregnant or postpartum program (i.e., CPSP, BIH Program, PEI, AIMSS, CHVP, HVP) and that program is also their ECM Provider, ECM services may be provided where the Member receives those services.
 - vii. In instances where the Member is enrolled in a local pregnant or postpartum program (i.e., CPSP, BIH Program, PEI, AIMSS, CHV, HVP) and that program is not their ECM Provider, the ECM Provider is expected to consult with the local pregnant or postpartum program and keep them informed as appropriate.

F. ECM Program Disenrollment

- a. After 2 unsuccessful outreach attempts by the ECM Provider will notify KHS ECM Care Team.
- b. Additional reasons for discontinuing outreach may include:
 - i. Member declined to participate
 - ii. Member is well-managed and not in need of ECM
 - iii. Member has met Care Plan goals
 - iv. Duplicative service(s) in place
 - v. Member displays an unsafe behavior
 - vi. Unable to contact/reach Member
 - vii. Member is not eligible
 - viii. Member is deceased

G. Engaging with Members experiencing homelessness:

- a. KHS has multiple ways to identify homeless Members and to share this information with ECM Providers:
 - i. Addresses: Based on experience with this population there are specific addresses associated with the homeless population used to identify homeless Members.

- ii. Discharge planning: Homeless Members are identified during discharge planning in acute and post-acute facilities.
 - iii. Participation in the Kern County Homeless Collaborative and with the Kern County Housing Authority to identify ECM eligible homeless Members.
 - iv. Kern County Medical HMIS System
- b. KHS may leverage Street medicine providers, teams, mobile clinics, and/or other locations to be able to provide immediate access to Medi-Cal Services. Street medicine providers are ideally suited to conduct outreach and engage with Members who are experiencing homelessness, whether serving as ECM Lead Care Managers within their own teams or handing off to other ECM Providers who will take on the longitudinal role.
 - c. The ECM Provider shall maintain logs and/or documentation of outreach engagement attempts in their EMR systems. This information will be shared with KHS via SFTP data exchange and stored in KHS database.
 - d. The KHS ECM Team will document and track outreach attempts within the Member records held within the KHS medical management system.
 - e. All information sharing with ECM Providers is conducted through SFTP files and meets local, State and Federal privacy and security rules and regulations.

REFERENCE:

CalAIM Enhanced Care Management (ECM) Policy Guide

Revision 2023.05: Revision made by ECM Dept. to further align how the ECM program initiates, requires, and monitors initial outreach interactions to eligible members. This revision was accepted as File and Use by the DHCS on 8/4/2023.

Revision 2023.04: Revisions made to comply with ECM MOC Addendum II, AIR. This revision received approval on 5/3/2023. **Revision 2022.12:** Policy received DHCS approval on 12/8/2022 per ECM MOC Addendum 1. **Revision**

2022.06: Policy received DHCS approval on 6/20/2022 per MOC 2022. 12/21/2021: General approval to implement ECM on January 1, 2022.