KERN HEALTH SYSTEMS

KERN HEALTH SYSTEMS POLICY AND PROCEDURES			
Policy Title	Enhanced Care Management Outreach and Engagement	**Policy #**	18.21-P
Policy Owner	Enhanced Care Management	**Original Effective Date**	1/01/2022
Revision Effective Date	4/15/2025	**Approval Date**	6/2/2025
Line of Business	☒ Medi-Cal ☐ Medicare ☐ Corporate		

I. PURPOSE

The Enhanced Care Management (ECM) Outreach and Engagement Policy outlines the process of identifying members eligible for the ECM program, assignment to appropriate ECM program providers, and the overall outreach and engagement process for the ECM program.

II. 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.

III. DEFINITIONS

TERMS	DEFINITIONS
HCPCS	Healthcare Common Procedure Coding System

IV. 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 Emergency Department (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 Substance Use Disorder (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 Long-Term Care (LTC) Institutionalization
f. Adult Nursing Facility Residents Transitioning to the Community
g. Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition
h. Children and Youth Involved in Child Welfare
i. Birth Equity Population of Focus (Adults and Youth)
    i. Adults and youth who: (1) Are pregnant OR are postpartum (through 12 months period); AND
    ii. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

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 five (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 Primary Care Physician (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 Department of Health Care Services (DHCS) ECM Policy Guide.

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, Adjusted Clinical Group (ACG) modeler files, Electronic Medical Record (EMR) data, Health Risk Assessment (HRA) results, and other external supplemental data. Please see data source matrix for additional methodologies related to individual populations of focus.

3. To be eligible for the ECM Program, 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 within ten (10) business days of authorization.

2. Each ECM Provider will be notified of all new assignments weekly through secure data exchange.

3. KHS will notify each Member's Primary Care Physician (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. 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.

5. If KHS is aware that a Member receives services from a Specialty Mental Health Plan for SUD and/or Serious Mental Illness (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.

6. 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 Code of Federal Regulations (CFR) § 438.208; 42 CFR § 441.301(c)(1) and (2)).

7. 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 Letter 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 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.

8. 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.

9. Based on Provider feedback and evaluation of the information received, KHS ECM staff will reassess and reassign the Member as appropriate.

10. KHS will complete analysis of all Provider assignment feedback and the results will be presented at the Quality Improvement Workgroup (QIW) 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 Managed Care Plan (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 and/or in-person visits to Members who are identified as aging on the overall eligibility list.

5. All ECM Provider staff and KHS ECM Team staff responsible for outreach to the Member for engagement into the ECM program receive 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 receiving their list of eligible Members.
        i. The eligibility list that KHS provides to the ECM Providers will prioritize Members for outreach based on the KHS modeling program which indicates Members assigned risk tier.
        ii. For individuals transitioning from incarceration, 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, including but not limited to, community-based engagement such as the Member's home, regular Provider office, parole or probation offices, etc.

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 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:
        1) ECM In Person
        2) ECM Phone/Telehealth
        3) ECM Outreach In Person
        4) ECM Outreach Telephonic/Electronic
e. ECM Providers will be required to outreach to members on the Member Information File until the ECM Authorization End Date terminates. At this point, the Member may be internally referred to KHS Case Management for evaluation to participate in other programs as appropriate.
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 Local Educational Agencies (LEAs) to create referral pathways to help support identification of ECM eligible children and youth.

i. ECM Providers 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 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 (Admissions Discharges Transfers) ADT feed data information for enrolled Members to allow them to manage transitions as part of ECM when available. If ADT information is not available, KHS will leverage daily plan utilization data.
    ii. In instances where the Member's behavioral health provider, such as a county contracted Specialty Mental Health Services (SMHS) or Drug Medi-Cal (DMC) / Drug Medi-Cal Organized Delivery System (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 Special Care Centers (SCC) or wherever they receive CCS/CCS WCM services.
    iv. In instances where the Member's California Wraparound Care Coordinator or Health Care Program for Children in Foster Care (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., Comprehensive Perinatal Services Program [CPSP], Black Infant Health [BIH] Program, Perinatal Equity Initiative [PEI], American Indian Maternal Support Services [AIMSS], California Home Visiting Program [CHVP], Home Visiting Program [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, CHVP, 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.

7. ECM referrals are required to be tracked, supported, and monitored by Kern Health Systems through the Closed-Loop Referral (CLR) process as per DHCS guidelines. CLR requirements aim to improve information collection, supportive actions on individual referrals, and system-level improvements that will result in Members being connected more quickly to priority services for their health and well-being.

a. ECM member referrals must be tracked by KHS to ensure the referrals are complete and that necessary information is shared timely and accurately. ECM program providers must engage in data exchange with KHS to receive referrals timely, accurately, and must return referral status information to KHS in a timely, accurate manner, to ensure that the referral has been responded to.
b. KHS will support member referrals by such methods as intervening to support individual referrals that experience barriers, initiating re-referrals, closing the loop and/or informing Members and Referring Entities of a referral's progress, etc. Strategies may include working with individual ECM program providers to escalate referrals that have not been responded to timely and/or assisting ECM program providers with any barriers they may be experiencing, etc. Should a referral be denied by an ECM program provider due to eligibility or capacity of the ECM program provider, KHS will either follow-up with the ECM program provider for more information and/or will reassign the referral to ensure the member receives timely ECM outreach and/or services.
c. KHS will monitor trends in the ECM Closed-Loop Referral process regarding the timely connection of Members to services. KHS will take data-driven action to support the CLR process, including but not limited to sharing the volume of Members that an ECM program provider continues to have pending referrals for and identifying ECM program providers with higher rates of Referral Loop Closure due to 'Member Unable to Reach'.
d. It is expected that all ECM program providers will respond to assigned ECM referrals in a timely and accurate manner. KHS will reassign referrals as needed to different ECM program providers based on overall referral-closure rates and/or an ECM program provider's failure to respond timely to referrals on an ongoing basis. Should there be multiple failures to respond timely and appropriate technical assistance has been provided by KHS, an ECM program provider could be at risk of losing their assigned eligibility list(s) for reassignment to other available ECM program providers.
e. KHS will submit data as required back to DHCS for the overall monitoring of Closed-Loop Referrals.

F. ECM Program Disenrollment

1. The ECM Provider will actively outreach to all eligible members for the initial 12-month authorization period.

2. Reasons for discontinuing ECM may include:

    a. Member has met all Care Plan Goals.
    b. The member is ready to transition to a lower level of care.
    c. The member no longer wishes to receive ECM.
    d. The ECM provider has not been able to connect with the member after multiple attempts.
    e. Incarcerated.

f. Declined to participate.
g. Duplicative program.
h. Lost Medi-Cal coverage.
i. Switched health plans.
j. Moved out of the county.
k. Moved out of the country.
l. Unsafe behavior or environment.
m. Member not reauthorized for ECM services.
n. Deceased.
o. Other.

G. Engaging with Members experiencing homelessness:

1. KHS has multiple ways to identify homeless Members and to share this information with ECM Providers:

    a. Addresses: Based on experience with this population there are specific addresses associated with the homeless population used to identify homeless Members.
    b. Discharge planning: Homeless Members are identified during discharge planning in acute and post-acute facilities.
    c. Participation in the Kern County Homeless Collaborative and with the Kern County Housing Authority to identify ECM eligible homeless Members.
    d. Kern County Medical Homeless Management Information System (HMIS) System
        i. 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
        ii. 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 Secure File Transfer Process/Protocol (SFTP) data exchange and stored in the KHS database.
        iii. The KHS ECM Team will document and track outreach attempts within the Member records held within the KHS medical management system.
        iv. All information sharing with ECM Providers is conducted through SFTP files and meets local, State and Federal privacy and security rules and regulations.

V. ATTACHMENTS

N/A	

VI. REFERENCES

Reference Type	Specific Reference
Regulatory	CalAIM Enhanced Care Management (ECM) Policy Guide
Regulatory	CalAIM Addendum to the PHM Policy Guide: Closed-Loop Referral Implementation Guidance

VII. REVISION HISTORY

Action	Date	Brief Description of Updates	Author
Revised	4/15/2025	Annual review of policy by ECM Department Leadership. Grammatical revisions and updates to include the Closed Loop Referral (CLR) requirements added.	L.H.P. Enhanced Care Management
Revised	4/1/2024	Annual review of policy by ECM Department Leadership. Revisions made to update current processes to ensure proper listing of Populations of Focus, removal of references to internal ECM "Care" Team, and updates to program disenrollment reasons added.	L.H.P Enhanced Care Management
Revised	8/2/2023	Revisions made by ECM Department 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.	Enhanced Care Management
Revised	5/3/2023	Revisions made to comply with ECM MOC Addendum II, AIR. This revision received approval on 5/3/23.	Enhanced Care Management
Revised	12/2022	Policy Received DHCS Approval on 12/8/22 per ECM MOC Addendum 1.	Enhanced Care Management
Revised	06/2022	Policy received DHCS approval on 6/20/2022 per MOC 2022.	Enhanced Care Management
Effective	1/01/2022	New Policy, General Approval to implemental ECM on January 1, 2022.	Enhanced Care Management

VIII. APPROVALS

Committees | Board (if applicable)	Date Reviewed	Date Approved
Choose an item. N/A		

Regulatory Agencies (if applicable)	Date Reviewed	Date Approved
Department of Health Care Services (DHCS)	File and Use	08/04/2023
Department of Health Care Services (DHCS)	ECM MOC Addendum II	05/03/2023

Department of Health Care Services (DHCS)	ECM MOC Addendum 1	12/08/2022
Department of Health Care Services (DHCS)	MOC 2022	06/20/2022

Chief Executive Leadership Approval *		
Title	**Signature**	**Date Approved**
Chief Executive Officer		
Chief Medical Officer		
Chief Operating Officer		
Chief Financial Officer		
Chief Compliance and Fraud Prevention Officer		
Chief Health Equity Officer		
Chief Legal and Human Resources Officer		
Deputy Chief Information Officer		
*Signatures are kept on file for reference but will not be on the published copy		

KERN HEALTH SYSTEMS

Policy and Procedure Review

KHS Policy & Procedure: 18.21-P ECM Outreach and Engagement

Previous implemented version: 4/2024

Reason for revision: Annual review of policy by ECM Department Leadership. Grammatical revisions and updates to include the Closed Loop Referral (CLR) requirements added.

Director Approval		
Title	**Signature**	**Date Approved**
Loni Hill-Pirtle Director of Enhanced Care Management		
Amisha Pannu Senior Director of Provider Network		
Robin Dow-Morales Senior Director of Claims		

Date posted to public drive: _____

Date posted to website ("P" policies only): _____