



<b>KERN HEALTH SYSTEMS</b>					
<b>POLICY AND PROCEDURES</b>					
SUBJECT: WPC/HHP Transition to ECM					POLICY #: 18.31-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 follow the Department of Health Care Services (DHCS) requirements for continuity of care and transition of current Whole Person Care (WPC) and Health Homes Program (HHP) Members into the Enhanced Care Management (ECM) and Community Supports programs.

**DEFINITIONS:**

Term	Definition
WPC-LE	Whole Person Care- Lead Entity

**PROCEDURES:**

KHS will offer ECM to all Members within the population of focus, not just those transitioning from WPC or HHP, according to the implementation schedule defined by DHCS.

- A. Members who are enrolled in the WPC and HHP 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.
  - c. Letter of ECM authorization.
  
- B. KHS will provide training and materials to the frontline care managers at CB-CMEs and WPC-LEs that will outline the process to provide education to Members regarding the transition to ECM. The training will include the ECM program description, goals, objectives and benefits of participation and eligibility criteria.
  
- C. KHS will automatically authorize ECM for all Members of ECM Populations of Focus (POF), who are enrolled in or are in the process of being enrolled in HHP and WPC.
  - a. Member will remain with their current WPC and HHP providers providing they are contracted ECM providers.
  - b. Should the WPC or HHP 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 Members previous WPC or HHP 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 Provider Profile will also be available to the new 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 by the new ECM provider outreach and by notification via letter utilizing the DHCS provided template. Current HHP CB-CMEs and WPC-LEs will also discuss the impending transition to ECM with the Member.
  - c. Members will receive program information including a program overview and benefits, 24/7 toll free contact number should they have questions regarding the program.
  
- D. KHS will assign the HHP and WPC population to ECM Providers based on history and Member preference that considers the ECM Providers experience and skill set to meet the Member's needs.
  - a. All Members assigned to a CB-CME Provider or 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.
  - b. If the Member is assigned to a CB-CME Provider or WPC-LE that is not a contracting ECM provider, the Member will be reassigned based 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.

- c. 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 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. KHS will continue its two-model ECM approach utilizing the HHP Model II program. All Members currently participating in the Model II program will continue to be managed by the KHS ECM Care Team.
- F. KHS will ensure that each Member transitioning from HHP and WPC will be assessed within 6 months to determine the most appropriate level of services for the Member using ECM discontinuation criteria, whether that is ECM or graduation from ECM by transition to a lower level of care management or coordination.
- a. At the time of assessment for each transitioned Member, the lead care manager will evaluate appropriateness of other KHS programs and level of care based on individual needs including cessation of all case management services. Cases are typically closed 60–90 days after Members have reached their goals. The lead care manager will document each graduation from Enhanced Care Management and submit a disenrollment request to KHS.
  - b. All transitioning Members will continue to be stratified monthly utilizing an automated stratification process that analyzes available data including claims and encounters, pharmacy and lab data, previous screening and assessment data, disengaged Member reports, SDoH data including housing statuses and electronic health records, and assigns the Member to the appropriate level of case management and risk tier. The Member will remain in ECM for the remainder of the authorization regardless of stratification outcomes for a total of 6 months at which time they will be transitioned to the appropriate level of case management based on stratification.
  - c. If the Member is determined to be eligible, they will be authorized for another 12 months and receive authorization notification.
  - d. If a Member does not meet eligibility criteria, they will be notified of decision with notification of grievance and appeal rights.
- G. All ECM Provider Staff, KHS ECM Care Team Staff, and Applicable KHS Staff will receive training regarding the HHP/WPC to ECM Transition. Required training modules shall describe the goals and scope of the ECM, team member roles and how they should work together, the services that should be provided, and how ECM intersects with other California state care coordination 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:**

**Revision 2022-06:** Policy received DHCS approval on 6/20/2022 per ECM MOC Addendum 1.

**Revision 2021-12:** General approval for MOC Part 1-3 received by DHCS to implement ECM on January 1, 2022.