



GCHP Frequently Asked Questions

Enhanced Care Management (ECM) and Community Supports (CS)

GENERAL INFORMATION ABOUT GOLD COAST HEALTH PLAN'S (GCHP) ENHANCED CARE MANAGEMENT (ECM) AND COMMUNITY SUPPORTS (CS) AND ONGOING FAQs

Q: How can providers pose ongoing questions to GCHP regarding ECM and CS?

A: GCHP has created the following mailbox for provider inquiries: calaimpr@goldchp.org. GCHP will make every effort to respond to questions sent to the mailbox within five days after receipt of the question.

Q: How frequently will GCHP update these FAQs based on ongoing questions relating to ECM and CS?

A: GCHP will update these FAQs upon receipt of ongoing questions and additional guidance from the state Department of Health Care Services (DHCS).

Q: What are the links to all relevant ECM and CS forms for the ECM and CS program?

A: Please see links to all the relevant ECM and CS forms:

- [ECM Provider web page](#)
- [CS Provider web page](#)

Q: Will GCHP offer training for ECM and CS providers? If so, when will this be offered?

A: Yes. GCHP will offer regular training sessions for ECM and CS providers. Please check the GCHP webpage for future updates.

Q: Will GCHP invite more community based organizations (CBOs) to serve as ECM and CS providers?

A: Yes. Consistent with DHCS' goals of increasing capacity and access, GCHP will invite more CBOs to serve as ECM and CS providers.

Q: What should a CBO do if it wishes to become an ECM or CS provider?

A: If a CBO wishes to become an ECM or CS provider, please complete a Provider Certification Application and send it to calaimpr@goldchp.org

BECOMING AN ECM PROVIDER

Q: How can a provider become an ECM provider?

A: The first step to becoming an ECM provider is completing the GCHP ECM Provider Certification Application. Once complete, GCHP staff will reach out to you to outline the next steps.



GCHP Frequently Asked Questions

Enhanced Care Management (ECM) and Community Supports (CS)

Q: How long does it take to become a GCHP ECM provider?

A: For most providers, GCHP estimates a 90-day turnaround time to become an ECM provider. This timeline is anchored in a provider's submission of a complete certification application. The time will vary depending on the completeness of the application and the successful completion of the GCHP readiness review process.

SERVING AS AN ECM PROVIDER

Q: Are ECM providers required to serve all eligible ECM target populations?

A: No. ECM providers may serve one or more of the ECM target populations or a subset of target populations with which they have experience and expertise. DHCS has identified seven mandatory "target populations" for ECM. These target populations are:

1. Children or youth with complex physical, behavioral, or developmental health needs (e.g., California Children's Services, foster care, youth with Clinical High Risk Syndrome, or first episode of psychosis).
2. Individuals experiencing homelessness or chronic homelessness, or who are at risk of becoming homeless with complex health and/or behavioral health conditions.
3. High utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits.
4. Individuals at risk for institutionalization who are eligible for long term care services.
5. Nursing facility residents who want to transition to the community.
6. Individuals at risk for institutionalization who have co-occurring chronic health conditions and:
 - Serious Mental Illness (SMI, adults);
 - Serious Emotional Disturbance (SED, children, and youth); or
 - Substance Use Disorder (SUD).
7. Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition to the community.

Q: Do ECM providers need to be enrolled in the Medi-Cal Program?

A: Yes. ECM providers must be enrolled in the Medi-Cal program. For more information on Medi-Cal enrollment, visit the DHCS [Provider Enrollment Division \(PED\) webpage](#).

Q: What is an outreach attempt for purposes of ECM services?

A: An outreach attempt is an interaction with a referred GCHP member who is not yet enrolled in ECM but who appears to be eligible for ECM.



GCHP Frequently Asked Questions

Enhanced Care Management (ECM) and Community Supports (CS)

Q: How should providers keep track of outreach attempts?

A: Providers should track outreach attempts in the Electronic Health Record (EHR).

Q: How should providers make notes regarding the care that they give?

A: Depending upon the type of provider, the notes would vary. ECM providers are required to have integrated care plans that prescribe goals, next steps, collaborations, etc. All notes should be documented in the EHR under the member's care plan.

Q: How does GCHP handle the Targeted Engagement List (TEL)?

A: GCHP pulls targeted engagement lists together through data mining using utilization data, encounter data, ICD codes, and social determinants of health data. Report logic is created in a collaboration between data and clinical teams and based on DHCS guidance.

Q: How often does GCHP update the TEL?

A: GCHP will provide the Targeted Engagement List (TEL) on a monthly basis.

Q: If GCHP refers a member to an ECM provider, what must the provider do before engaging with the GCHP member?

A: The ECM provider should provide outreach and initial assessment to ensure the member meets the criteria for ECM program.

Q: Does the ECM provider have to verify a member's GCHP eligibility status?

A: No. If ECM provider receives a member's information from a GCHP referral or from Targeted Outreach lists, the member will be eligible with GCHP. In some rare circumstances, a member may lose eligibility between the time that the lists were run, or the referral was sent.

Q: Does GCHP have a care plan template that ECM providers can use?

A: GCHP has requirements for what a care plan should contain, but providers can document these within the structure of existing EHR. If a provider needs assistance or would like guidance, the GCHP Care Management Team has technical assistance materials to support care plan development. To contact the GCHP Care Management Team, email calaim@goldchp.org or call the CalAIM Hotline at 1-805-437-5911.

Q: Does GCHP allow ECM providers to make referrals to CS providers?

A: Yes.



GCHP Frequently Asked Questions

Enhanced Care Management (ECM) and Community Supports (CS)

Q: Can ECM providers make referrals to any other Medi-Cal providers on behalf of the member?

A: This is dependent upon the type of provider. ECM providers can refer members to additional supports and services, and, if needed, support a member in changing a primary care provider (PCP). However, it is the PCP assigned to the member who would be the point of contact for any specialist referrals.

Q: Can an ECM provider speak to a family member and have that count as a monthly encounter?

A: If the family member is the authorized representative and the ECM provider is discussing care plan issues during that call, the ECM provider can count the call as a monthly encounter.

Q: Can a Community Health Worker serve as the lead on an Individualized Care Plan?

A: Per DHCS guidance, Community Health Workers (CHWs) are authorized to act as an ECM Lead Care Manager for the ECM benefit. This includes developing and maintaining the member's Individualized Care Plan (ICP) for ECM.

Q: What does GCHP require in the care plan?

A: GCHP adheres to DHCS guidelines and policy around care plans. For the most up-to-date information, please visit the [DHCS website](#). GCHP will provide timely information to contracted ECM providers should DHCS guidance change.

Q: When does GCHP require the care plan to be updated?

A: The care plan is a working document between the ECM provider and the member and, as such, needs to reflect the ongoing needs and changes in the member's needs and progress towards goals while the member is receiving ECM services.

GETTING PAID BY GCHP FOR ECM SERVICES

Q: How should ECM providers submit claims for failed and successful outreach?

A: The contract between the ECM provider and GCHP will address payment. As a DHCS requirement, all outreach needs to be submitted via billing (claim or invoice) and on the Initial Outreach Tracker (IOT) reporting file.

Q: How should ECM providers report outreach attempts on the claim and reports?

A: GCHP expects ECM providers to report outreach attempts through claims and ongoing reporting. Both answered and unanswered attempts should be documented.

Q: What are the required steps that ECM providers must take to be paid?

A: The contract between the ECM provider and GCHP will address payment. As a DHCS requirement, all outreach needs to be submitted via billing (claim or invoice) and on the IOT reporting file.