Gold Coast Health Plan℠

A Public Entity

[ECM] Enhanced Care Management

Provider Certification Application

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Enhanced Care Management (ECM) Provider Certification Application

This ECM Provider Certification Application is intended to ensure the ECM provider provides satisfactory evidence of meeting the ECM requirements as outlined by Gold Coast Health Plan's (GCHP) Model of Care to be certified as an ECM provider. **Please complete the ECM Provider Certification Application and submit to calaimpr@goldchp.org with the subject line *"ECM_Provider: Organization_ Name_Certification_Date"*** within three weeks of receipt. If you have any questions or concerns as you are completing the application, please contact calaimpr@goldchp.org.

DHCS Reference Documents for ECM:

• **ECM and CS Standard Provider Terms and Conditions** document provides details on provider expectations.

• **ECM Policy Guide** provides details on ECM Populations of Focus, core service components, program overlaps and exclusions, and engaging members in ECM.

The ECM Populations of Focus seek to improve the health outcomes of a group by monitoring and identifying patients within that group.

Please indicate which ECM population(s) of focus this application is being submitted for:

☐ **High utilizers** are members with multiple hospital admissions, OR multiple short-term skilled nursing facility stays, OR multiple emergency room visits that could be avoided with appropriate outpatient care or improved treatment adherence.

☐ **Individuals experiencing homelessness, including chronic homelessness, and have one complex physical, behavioral or developmental health need for whom coordination or services would likely result improved health outcomes or decreased utilization of high-cost services.**

☐ **Adults and Children / Youth transitioning from incarceration within the last 12 months who have significant complex physical or behavioral health needs requiring immediate transition of service to the community.**

☐ **Adults with Serious Mental Illness or Substance Use Disorder** who have a co-occurring chronic health conditions and Serious Mental Illness (SMI) or Substance Use Disorder (SUD), and are actively experiencing one complex social factor influencing their health (e.g., food, housing, employment insecurities, etc.) and meet different high risk criteria or high acuity.

☐ **Individuals at risk for institutionalization, eligible for long-term care.** Members who, in the absence of services and supports, would otherwise require care for 90 consecutive days or more in an inpatient nursing facility. Individuals be able to continue to live safely in the community with wrap around supports.

☐ **Nursing facility residents who desire to return to living in the community,** who are strong candidates for successful transition back to the community. Transition from the nursing facility to community is strictly voluntary and must be able to transition safely to the community.

☐ **Children or youth with Serious Emotional Disturbance (SED) or enrolled in California Children Services (CCS) / CCS Whole Child Model with additional needs beyond CCS or involved in Child Welfare (including those with a history of involvement, and foster care up to 26 years of age).**

Instruction for Evidence:

Suggested evidence is to be met by an ECM Program Description where all documentation (e.g., policies and procedures, organization charts, workflows, etc.) are collated, attached and referenced. Please indicate the required area for which the evidence is submitted (e.g., Required Area 1: Member Outreach Strategies and Member Consent).

Guiding principles to keep in mind as you prepare your application:

- The recommended evidence submitted to meet the required area criteria should be specific to the population(s) of focus for which the application is submitted as each population of focus may require specific types of documents, policies and/or procedures to demonstrate compliance with the criteria. If there is more than one population that is included in the application, be sure to identify the populations of focus that is being addressed by the evidence.

- The expectations for providing enhanced care management services are set forth in the required area sections of this document. Please review these expectations within your organization to ensure that you have a clear understanding of them and are prepared to deliver the services. There may be additional discussion and/or requirements for specific populations of focus as described in the ECM Policy Guide referenced above.

- The recommended evidence section is where you will provide information that describes in detail how your organization will implement the ECM services to meet the expectations of the program. Please be clear and concise in your submissions so that reviewers will understand how your organization provides ECM services.

- If you have any subcontractors providing any part of ECM services on behalf of your organization, a copy of the MOU / contract must be submitted as part of your application. Furthermore, any inclusion of a subcontractor being proposed to fulfill the ECM provider requirements must also complete "Required Area 12: Oversight and Monitoring."

Post Application Submission:

GCHP will review all submitted applications and evidence and will respond to individual ECM providers with request for additional information or clarification for areas of the application that do not satisfy the ECM requirement. GCHP will be available to work with you over the course of completion of this application and post submission to ensure certification requirements are satisfied. If the ECM requirements are not met, certification will not be granted.

An ECM provider must be one of the following types of organizations and be able to meet the qualifications below and perform the duties below to be authorized to serve as an ECM provider:

- Accountable care organization.
- Federally qualified health center.
- Primary care or specialist physician or physician group.
- City / county government agency.
- Community-based organization.

- Community mental health center.
- County-based behavioral health.
- Other behavioral health entity.
- SUD treatment provider.
- Rural health center / Indian health center.
- Local health department.
- Hospital or hospital-based physician group or clinic (including public hospital or district / municipal public hospital).
- Housing provider.
- Independent physician.
- Jail-based organization.
- School / school-based organization.
- Other (describe):

This ECM Provider Certification Application is intended to ensure the ECM provider provides **satisfactory evidence** of meeting the ECM requirements as outlined by DHCS and GCHP to be certified as an ECM provider.

Please complete the ECM Provider Certification Application and submit to calaimpr@goldchp.org with the subject line *"ECM_Provider: Organization_ Name_Certification_ Date"* within three weeks of receipt. If you have any questions or concerns as you are completing the application, please contact calaimpr@goldchp.org.

ECM Provider Organization:	
ECM Provider Organization Type:	
Tax Identification Number (TIN):	
National Provider Identifier (NPI) (i.e., Type 2 NPI):	
Completed By:	
Date:	
Title:	
Phone Number:	
Email Adress:	

Overview of ECM Structure

Required Area 1: Overview of ECM Structure

Required Area 1 Overview of ECM Structure	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
Provide a brief overview of the overall structure of the ECM Care Model, including roles and responsibilities provider.	**Recommended Documentation:** Program description of how **population(s) of focus-specific members** will receive high-touch, community-based, in-person care management, coordinating all primary, acute, behavioral, oral, and long-term services and supports for the member, including the following: • Organization chart that demonstrates how ECM is integrated within your existing organizational structure. • Job descriptions for each member of the care team that includes their role and responsibilities in providing ECM services, and is inclusive of the minimum education and experience requirements. • MOUs / contracts for any subcontractor that is engaged to provide ECM services, including a description of workflows and communication that will occur.			Yes ☐ No ☐

Required Area 1 Overview of ECM Structure	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
Describe the approach to ensure that each member receiving the ECM benefit will primarily receive care in a face-to-face manner where the members live, seek care, or prefer to access services, meeting the member where they are in the community. Public health precautions and recommendations should be used to accomplish a community-based, in-person approach of ECM.	**Recommended Documentation:** Program description of how the services will be provided primarily face-to-face in settings that reflect the individualized need of the population(s) of focus, including: • When face-to-face settings are unavailable, alternative methods should be utilized. • The provision of culturally appropriate and timely in-person care management activities including accompanying members to critical appointments when necessary. • Communication with members in a culturally and linguistically appropriate and accessible way. • Formal agreements or processes in place to engage and cooperate with hospitals, primary care practices, behavioral health providers, specialists, and other entities, to coordinate as appropriate to each member. • Oversight and monitoring of the ECM service provision to ECM enrolled members to ensure compliance with the ECM provider requirements.			Yes ☐ No ☐
Identification of what preferences or specifications, in addition to your identified population(s) of focus above, your organization has existing care teams and experience in serving members, as applicable, such as: • Zip codes. • Empaneled members or primary care assigned members only, as applicable.	**Recommended Documentation:** Program description of the specifications of members to be served under ECM by your organization. These specifications must be driven by existing capacity or care teams to demonstrate the ability to provide ECM services.			

ECM Core Service Components

Required Area 2: Outreach and Engagement

Required Area 2 Outreach and Engagement	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
Describe the required responsibilities for direct outreach activities to locate and engage potentially eligible or ECM-authorized members. Include, at a minimum, the following: 1. Strategies. 2. Method(s) of outreach. 3. Staffing structure. 4. Staff expectations. 5. Timeframes. 6. Number of attempts. ECM provider is responsible for conducting outreach and engagement to assigned members. If any member materials or call scripts are intended to be utilized to support ECM member outreach and engagement, these will be subject to GCHP's review and approval.	**Recommended Documentation:** 1. Program description of how **population(s) of focus-specific members** will receive high-touch, community-based, in-person care management, coordinating all primary, acute, behavioral, oral, and long-term services and supports for the member, including the following: • Organization chart that demonstrates how ECM is integrated within your existing organizational structure. • Job descriptions for each member of the care team that includes their role and responsibilities in providing ECM services, and is inclusive of the minimum education and experience requirements. • MOUs / contracts for any subcontractor that is engaged to provide ECM services, including a description of workflows and communication that will occur. • Specific methods that demonstrate a progressive approach to outreach and engagement such as telephonic, face-to-face interactions (online / in person), street outreach, secure email, secure text, or any other method that meets the member where they are geographically, emotionally, and physically as appropriate for the specific **population(s) of focus**. • Staffing structure that shows who is conducting the outreach activities, including protocols for ensuring the safety for staff performing street outreach, as applicable. • Staff roles and responsibilities in outreach and documentation, including training requirements, specific for the **population(s) of focus**. • Protocol for the timeframe for conducting outreach that is specific for the **population(s) of focus**.			Yes ☐ No ☐

Required Area 2 Outreach and Engagement	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	• Protocol for the number of attempts to engage the member in ECM services, specific to the **population(s) of focus**. • Protocol demonstrating how outreach will be prioritized among the ECM population(s) of focus assigned to the ECM provider (i.e., determination of which member(s) to outreach and engage first) with the highest level of risk and need for ECM). • Protocol for ensuring members engaged in ECM do not receive duplicative services. 2. Materials ECM provider intends to use to conduct Member outreach and engagement (e.g. call scripts, fliers, etc.). 3. Policy / procedure describing how ECM provider shall advise member on the process for changing ECM providers and how GCHP will be notified of such change requests. 4. Estimated Member Capacity: Describe the estimated number of members your organization can serve related to ECM services.			
Describe all responsibilities to obtain and document verbal or written consent to receive the ECM benefit and to share information for care management purposes to the extent required by law.	**Recommended Documentation:** 1. Policy / procedure that describes the process for obtaining consent, and how the consent is documented, how the consent is stored, and including specific information pertinent to both written and verbal consent. The policy must address both the informed consent to receive ECM services, and the consent for release of information. 2. Document ECM provider will use as Member Consent Form.			

Required Area 3: Comprehensive Assessment and Care Management Plan

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1. Incorporating clinical and non-clinical resources and needs into the development of a member's care plan related to physical and developmental health, mental health, SUD, community-based LTSS, oral health, palliative care, trauma-informed care, necessary community-based and social services, housing, community supports (CS) services, and social determinants of health. 2. Working with member to assess risks, needs, goals and preferences, and collaborate with members as part of the ECM process. 3. Timing of initial member assessment, including clinical, behavioral health, developmental, oral, substance use disorder, long-term services and supports, and social determinants of health.	**Recommended Documentation:** 1. Comprehensive assessment and care plan that is specific for the population(s) of focus and includes the following elements: **Assessment** • Demographics. • Eligibility requirements (including validation/verification of non-duplicative services or programs, or member meets ECM exclusionary criteria). • Physical Health Status (current and previous). • Medication review (current and previous). • Pain management. • ADLs/IADLs. • Behavioral Health Status including: » Cognitive function. » Developmental factors. » MH/SUD history. • Critical populations[1]. • Food insecurity. • Housing insecurity. • Culture. • Health Literacy. • Vision and Hearing. • Caregiver resources and involvement. • Family and/or social support(s). • Benefits and eligibility. • End-of Life.			Yes ☐ No ☐

[1] Residential: Homeless, shelter resident, transitional housing, protective housing, PSH.
Legal: court ordered services, probation / parole, re-entry, DUI / restricted license, APC/CPS.
Disability: physical, SMI, SED, developmentally disabled, regional center client.
Other: currently pregnant, gang involved, veteran, SOGIE.

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
4. Ongoing member assessments, including tools used, frequency, and staffing requirements, and setting (e.g. in person, by phone, etc.). Re-assessments requirements for ECM enrolled members will be defined by GCHP per DHCS guidance. 5. Sources of data that will inform care plan development. 6. Requirement to co-develop care plan with members, and as appropriate their social support networks and care team members, including those in other systems and organizations. 7. Ensuring member has a copy of their care plan and information about how to request updates. 8. Evidence of a care management documentation system or process to support the required documentation of ECM enrolled members and facilitate the necessary overall coordination and communication across the care team.	**Care Management Plan** • SMART Goals. • Prioritization of Goals and expected timeframe to complete. • Members Stage of 'Readiness to Change.' • Member's Main Health Concern. • List of Interventions / actions directed towards each SMART Goal. • Barriers to achieving each goal. • Outcome of each goal – The ongoing plan for follow up with the member. • Self-Management Activities. 2. Policy / procedure that describes approach to interdisciplinary, patient-centered care planning, considering assessed risks, needs, goals and preferences, and approach to ongoing collaboration with members as part of the ECM process. 3. Policy / procedure that describes the timeframe of completion of the initial member assessment, based on the **population(s) of focus** being served. 4. Policy / procedure that describes the ongoing care management activities, including: • Tools used to document ongoing assessments and care management plans. • Frequency of follow up, based on member needs, to ensure there are no gaps in the activities designed to address a member's health and social service needs, and to swiftly address those gaps to ensure progress towards regaining health and function continues.			

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	• Settings where meetings will take place, specific to the population(s) of focus where the members live, seek care or prefer to access services, i.e. meeting the person and caregivers where they are within the community (e.g., street outreach, shelters, respite care, schools, psych units, IMDs residential settings). • Methods to identify goal completion, including step down procedures to address overall completion of the program. This should include also protocols on warm hand-off to a lower level of care / another program, as applicable. 5. Policy / procedure that describes what objective and subjective sources of data are used to inform care plan development (may include screen shots). 6. Policy/procedure that describes the process for developing a care management plan that includes: • Member involvement in the care plan development. • Member's social support network involvement as appropriate in the care plan development. • Care team member involvement in the care plan development. • Member's PCP involvement, partnership, and awareness of the member's ECM care plan (i.e., ECM provider care plan sharing and collaboration with the ECM member's PCP). • Involvement of the systems and organizations who are providing services to the member, such as an Community Supports (CS) provider, as applicable.			

Required Area 3 Comprehensive Assessment and Care Management Plan	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	7. Policy / procedure describing discontinuation of ECM without a transition to a lower level of care – e.g., member has not demonstrated adequate therapeutic benefit from services offered; member no longer wishes to receive ECM or is unresponsive or unwilling to engage; ECM provider has not been able to connect with member after multiple attempts; member has moved; member has transitioned to long-term institutionalization; member no longer qualified for Medi-Cal benefits; or member death.			

Required Area 4: Enhanced Coordination of Care

Required Area 4 Enhanced Coordination of Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1. Ensuring that the ECM provider will act as the 'lead care manager' for all member needs, regardless of setting. Care plan will drive the patient care activities. 2. Coordination with other entities who may be providing some level of care coordination (California Children's Services, county behavioral health, GCHP, etc.).	**Recommended Documentation:** 1. Identification of the lead care manager(s) who will be responsible for all of the member's needs, regardless of setting, and including how this is communicated to the member and the member's social support networks. 2. Policy / procedure that describes how other entities who may be providing some level of care coordination are identified, and the process that ensures the coordination of care with that entity. 3. Policy / procedure that describes how primary care providers, specialists, behavioral health, health, and others who are providing care are identified and the process that ensures coordination of care with those providers.			Yes ☐ No ☐

Required Area 4 Enhanced Coordination of Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
3. Coordination with primary care providers, specialists, behavioral health, community-based long-term services and supports (LTSS) needs and oral health providers involved in the care of the member to support member treatment adherence including: a. Medication review / reconciliation, scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to address other barriers to adherence. b. Coordination with community agencies providing, or potentially providing services to the member. c. Coordination of Community Supports (CS) services. d. Addressing social determinants of health on an ongoing basis as part of the member's care needs. e. Engaging members and respective social support networks in care coordination activities.	4. Policy / procedure that describes how community agencies currently providing services or potential services are identified and the process that ensures coordination of care with those agencies. 5. Policy/procedure that describes how CS services are identified and the process that ensures coordination of care with contracted providers and/or vendors. 6. Policy / procedure that describes how social determinants of health needs, such as food security, housing, and employment, are identified on an ongoing basis. 7. Policy / procedure that describes how members and their social support networks will be engaged in care coordination activities.			

Required Area 5: Health Promotion

Required Area 5 Health Promotion	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1. Working with members to identify and build on resiliencies and potential family or community supports. 2. Providing services to encourage and support lifestyle choices based on healthy behavior, with the goal of supporting member's ability to successfully monitor and manage their health. 3. Expectations for health promotion and preventive services above and beyond those services provided to the general Medi-Cal population. 4. Supporting members in strengthening skills that enable them to identify and access resources to assist them in managing their conditions and preventing other chronic conditions.	**Recommended Documentation:** 1. Policy / procedure that describes the process of helping members to identify and build on resiliencies and potential family or community supports. 2. Policy / procedure that describes the services that will help the member develop self-management skills that support healthy lifestyle choices. 3. Policy / procedure that describes the health promotion and preventive services activities that are provided based on the complexity and required needs of the member. 4. Policy / procedure that describes the health promotion that would support member in accessing resources to assist them in managing their conditions and prevention of other chronic conditions.			Yes ☐ No ☐

Required Area 6: Comprehensive Transitional Care

Required Area 6 Comprehensive Transitional Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1. Transitioning members safely and easily between different levels of care and delivery systems in order to reduce avoidable member admission and readmissions. 2. Care coordination activities triggered by care transitions, including the development and regular maintenance of a transition plan for members. 3. Technology and tools used to identify and support care transitions.	**Recommended Documentation:** 1. Policy / procedure that describes the planning process, **specific to the population(s) of focus**, to ensure that all needs are met for members experiencing a transition in the level of care. Documentation of the needs should be in the written transition plan that is shared with the member, and any other service provider that touches this member. The transition plan should include: • Reason / cause for transition. • Physical and/or mental health follow up requirements. • Medication review / reconciliation. • Member education requirements. • Self-management activities. • Transportation needs. • Social services supports. • Durable medical equipment needs, as needed. • Home safety evaluation, if needed. • Adherence support and referrals to appropriate services 2. Policy / procedure that describes the types of activities and timelines that are critical to the success of the member's transition in the level of care, including: • Checking in with the member to ensure all needs are met. • Working with discharging facility staff to develop transition plan. • Connecting member back to PCP. • Conducting a case conference with appropriate social support person(s) and care team members, including those in other systems and organizations. • Arranging timely follow-up appointments as needed. • Evaluating and revising care plan as needed.			Yes ☐ No ☐

Required Area 6 Comprehensive Transitional Care	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	3. Description of the technology and tools used to identify and support care transitions (may include screen shots), including the ability to appropriately track each member's admission or discharge from an emergency department, hospital inpatient facility, skilled-nursing facility, residential / treatment facility, incarceration facility, or other treatment centers. • Including any social determinate status changes (e.g., housing and employment)			
4. Guidelines related to transitioning members to lower levels of care management or graduating them from ECM, including a warm-hand off to another entity / program, as applicable.	**Recommended Documentation:** Description of the process and criteria for transitioning members out of ECM, including: • Requirements that need to be met such as progress towards goal completion. • Member self-efficacy and ability to function independently. • Member understanding of when, why, and how transition and/or termination will occur. • Criteria for graduation from the ECM program. • Criteria for transitioning to a lower level of case management / care coordination. • Safety plan as appropriate for the specific population. • Maintenance plan as appropriate for the specific population. • Warm hand off of member's case and care plan to another entity / program, as applicable.			Yes ☐ No ☐

Required Area 7: Member and Family Supports

Required Area 7 Member and Family Supports	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1. Documenting a members chosen caregiver or family / support person, such as a guardian, AR, caregiver, and/ or other authorized support person(s). 2. Ensuring the member's ECM lead care manager serves as the primary point of contact for the member and their chosen family / support persons. 3. Identifying supports needed for the member and chosen family / support persons to manage the member's condition and assist them to access needed support services; and 4. Providing for appropriate education of the member, family members, guardians, and caregivers on care instructions for the member.	**Recommended Documentation:** 1. Policy / procedure that clearly describes how member and family support services are identified, assessed, and provided. Documentation should include, but is not limited to descriptions and examples of the following: • Any aspects that are specific to any of the ECM population(s) of focus, including which population(s) of focus they pertain to. • Identification of member's caregiver(s) or family / support person(s) during assessment. • If none identified, document plan for identifying / creating supports with the member. 2. Policy / procedure that demonstrate the following: • Discussion with member about lead care manager's communication (including type and frequency) with identified caregiver(s) or family / support person(s) as a part of services. • Obtained member consent to communicate with caregiver(s) or family / support person(s) as applicable. • Documentation that lead care manager informed member, caregiver(s) and/or family / support person(s) that they are the primary point of contact for services and offered their contact information. 3. Policy / procedure that demonstrates: • Clear identification and description of supports needed for the member and caregiver(s) or family / support person(s) to manage the member's condition and assist with member's goals. • Description of how the lead care manager will assist the caregiver(s) or family / support person(s) with accessing support services, including a plan and timeline for follow up on services.			Yes ☐ No ☐

Required Area 7 Member and Family Supports	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
	4. Policy / procedure that clearly describe: • How and when the lead care manager will provide culturally appropriate person-centered planning, education, training, and care instructions for caregiver(s) or family / support person(s). • Where and how person-centered planning, education, training, and care instructions with caregiver(s) or family / support person(s) will be documented. • Documentation of the lead care manager plan for follow up with caregiver(s) or family / support person(s) post planning, education, and training post-instruction. • How the member may request to change their lead care manager, how those requests are managed, and how GCHP will be notified of change requests.			

Required Area 8: Coordination of and Referral to Community and Social Support Services

Required Area 8 Coordination of and Referral to Community and Social Support Services	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1. Determining appropriate services to meet the needs of members, including services that address social determinants of health needs, housing and/or services that are offered as Community Supports (CS) services. 2. Coordinating and referring members to available community resources and following up with the member to ensure services were rendered (i.e., closed loop referrals). 3. Obtain and document the member's authorization to share pertinent information across the care team supporting the member to in order to effectively coordinate the member's physical health, behavioral health, and community-based long-term services and supports (LTSS).	**Recommended Documentation:** 1. Policy / procedure that describes how appropriate services, benefits and resources are determined for the member, and how they are located and accessed in the community (e.g., internal resource guide, directory of community partners, use of 211, Aunt Bertha, Community Health Record, etc.). If there is more than one population that is included in the application, please be sure to identify each population(s) of focus and your knowledge of accessing needed community resources for this specific population, if applicable. Please be specific in listing evidence of your knowledge of resources for the population(s) served. 2. Policy / procedure that describes the workflow of how the referrals are coordinated with the community resource, including how the referral is tracked and confirmation that the service / resource was provided. The procedure or workflow should also include the activities or interventions that support the appropriate completion of the referral. May include screenshots that support referral tracking, if used.			Yes ☐ No ☐

ECM Provider Administration and Operations

Required Area 9: Claims / Encounters

Required Area 9: Claims / Encounters	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
1. ECM provider must demonstrate the ability to submit claims and/or encounters (at minimum monthly) to GCHP in accordance with requirements in DHCS inclusive of appropriate diagnoses codes and related modifiers. 2. ECM provider must demonstrate the utilization of a care management documentation system or process. Care management documentation systems may include Certified Electronic Health Record Technology, or other documentation tools that can: document member goals and goal attainment status; develop and assign care team tasks; define and support member care coordination and care management needs; gather information from other sources to identify member needs and support care team coordination and communication and support notifications regarding member health status and transitions in care (e.g., discharges from a hospital, long-term care facility, housing status).	**Recommended Documentation:** 1. Evidence of an Electronic Health Record (EHR) or other compliant electronic system that will be used to document ECM outreach and service encounters. 2. Evidence of where and how documentation will support coordination of physical, behavioral, social service, and administrative data and information from other entities to support the management and maintenance of a member's care plan. 3. Screenshots or a walk-through, when appropriate, of the configuration changes in order to accommodate ECM claims / encounter submissions based on DHCS guidance. **NOTE:** *Participation and successful completion of GCHP claims / invoice submission testing process is required to be certified as an ECM provider.*			Yes ☐ No ☐

Required Area 10: File Data Exchange

Required Area 10 File Data Exchange	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
ECM provider to establish capability to login / connect to GCHP's SFTP site to retrieve, process, and deliver key operational and regulatory data and reporting to ensure the delivery of ECM services to eligible members. 1. On a regular basis, ECM providers must retrieve an eligibility and/or enrollment member file that contains ECM members that are potentially eligible to receive ECM services, including both new and existing members. 2. On a regular basis, ECM providers must retrieve a member Information File inclusive of personal health information (PHI) regarding potentially eligible and enrolled members. 3. On a minimum of a monthly basis, ECM providers must update and report back to GCHP via an SFTP file upload identifying the services provided and status of each eligible and enrolled ECM member. 4. On a monthly and quarterly basis, ECM providers must provide supplemental reports to GCHP as required by DHCS. 5. GCHP may also utilize the SFTP site to exchange other data files to support ECM provider service delivery (i.e., ADT reports, capitation reports, etc.)	**Recommended Documentation:** 1. Attestation of ECM provider ability to connect to MCP's SFTP sites and retrieve and submit ECM provider files. **NOTE:** *Participation and successful completion of GCHP file testing process is required to be certified as an ECM provider.*			Able to successfully **transfer** files via SFTP? Yes ☐ No ☐ Able to successfully **receive and process** files via SFTP? Yes ☐ No ☐ Demonstrated understanding of file formatting expectations and due dates? Yes ☐ No ☐

Required Area 11: Staffing

Required Area 11 Staffing	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
ECM provider has the appropriate care team staffing to meet ECM required staffing ratios as outlined by DHCS. 1. At the minimum, ECM providers must have an ECM director, ECM clinical consultant(s), and lead care managers. 2. Staffing ratios will be based on DHCS requirements. When available, GCHP will provide guidance on staffing ratios for the members assigned to lead care manager(s) and potentially the ratio for lead care manager(s) assigned to clinical consultants. ECM lead care manager is responsible for: 3. Serving as the primary point of contact for the member, member's family, authorized representative (AR), caregiver, other authorized support person(s) as appropriate, and the multidisciplinary care team providing care to the member. 4. Developing a comprehensive Care Management Plan with input from a multidisciplinary care team, as well as the member, to ensure a whole-person approach is taken in identifying gaps in treatment or gaps in available and needed services. ECM providers have protocols in place outlining how clinical supervision is provided to non-licensed (i.e., paraprofessionals) staff members serving as a lead care manager to ensure continued guidance, training, and clinical support to appropriate oversee an ECM member's care plan and care coordination.	**Recommended Documentation:** 1. Names, qualifications, and roles of ECM provider care team staff. 2. ECM organization staffing chart addressing the required roles and responsibilities and how the ECM care team is integrated within the ECM provider organization 3. Policy / procedure that describes the clinical supervision and oversight of the lead care managers, including the frequency of meetings, team huddles, or case conferences required to ensure continued support is provided to the team. 4. Policy / procedure that describes how the ECM care team should handle any escalated member cases (e.g., suicidal ideation) and which team members are involved and available to support the lead care managers. This policy / procedure should be specific to the population(s) of focus.			Complete capacity document (including names / titles and contact information of ECM CM team with current caseloads)? Yes ☐ No ☐ Plan for future staffing / ramp up over time and how they intend to meet ECM staffing requirements files via SFTP? Yes ☐ No ☐ ECM organizational staffing chart provided displaying integration of ECM care team at ECM provider? Yes ☐ No ☐

Required Area 12: Oversight and Monitoring

This required area only applies if the ECM provider is proposing to subcontract with another entity in order to fulfil the ECM provider requirements.

Please note that any proposal to include a subcontract to fill the ECM provider requirements must be reviewed, vetted, and approved by GCHP through the ECM provider certification process.

Required Area 12: Oversight & Monitoring	Recommended Evidence	Notes	Submitted Evidence	Compliant (For Internal Use Only)
GCHP's review and approval of the use of a subcontractor to fulfill the ECM provider requirements must demonstrate: 1. Specialized knowledge of the ECM **population(s) of focus** they intend to serve; and 2. A pre-existing relationship or structure that has promoted the execution of a strong oversight and monitoring plan of the subcontractor(s) (i.e., demonstrated success in other programs with the same or similar subcontracting relationship in place). 3. Development and execution of oversight and monitoring activities to ensure compliance to the ECM provider requirements. 4. Demonstration of the oversight and monitoring activities to GCHP, including the identification of any quality or compliance concerns and execution of corrective action, as applicable.	**Recommended Documentation:** 1. Demonstration of the execution of oversight and monitoring activities to ensure compliance to the ECM provider requirements, including the identification of any quality or compliance concerns and the execution of correction action, as applicable. 2. Oversight and monitoring plan for subcontractor(s) to review reporting and data submission by subcontractors on a monthly and/or quarterly basis, including the oversight of service provision and quality of care and execution of comprehensive audits. 3. ECM provider to submit quarterly progress reports to MCPs regarding performance of each subcontractor.			Comprehensive oversight and monitoring P&P? Yes ☐ No ☐ Subcontractor demonstrates specialized knowledge of particular ECM populations of focus **AND** has previous success as a subcontractor with the applicant? Yes ☐ No ☐

Gold Coast Health Plan℠

A Public Entity

Enhanced Care Management (ECM)
Provider Certification Application

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