



IEHP UM Subcommittee Approved Authorization Guideline			
Guideline	Enhanced Care Management	Guideline #	UM_OTH 18
		Original Effective Date	5/8/19
Section	Other	Revision Date	2/9/2022

COVERAGE POLICY

Criteria:

- A. An Enhanced Care Management (ECM)-eligible Member must be a Medi-Cal or Medicare-Medi-Cal (MMD88) Member who meets the eligibility criteria for at least one of the following Populations of Focus (PoFs):
1. PoF - Homeless (all ages) includes individuals or families who:
 - a. Experience homelessness, which is defined as one of the following:
 - i. Lacks a fixed, regular, and adequate nighttime residence, OR
 - ii. Has a primary residence that is a public or private place not designed for or ordinarily used for habitation, OR
 - iii. Lives in a shelter, OR
 - iv. Is exiting an institution to homelessness (they are considered homeless if they were homeless immediately before entering the institution, regardless of the length of stay), OR
 - v. Will imminently lose housing in the next 30 days, OR
 - vi. Is an unaccompanied youth or member of a family with children and youth who are defined as homeless under other Federal statues, OR
 - vii. Is fleeing domestic violence, AND
 - b. Have at least one of the following:
 - i. Complex physical health need, OR
 - ii. Complex behavioral health need, OR
 - iii. Complex developmental health need
 2. PoF - High Utilizers (adults 18+ only) includes individuals with at least one of the following:
 - a. 5 or more emergency room visits in the last six months, OR
 - b. 3 or more unplanned hospital and/or short-term

- skilled nursing facility stays in the last six months,
OR
- c. Those who have been identified by their health plan as having a pattern of high utilization that could have been avoided.
3. PoF - Serious Mental Illness (adults 18+ only) includes individuals who:
- a. Currently receive specialty mental health services through the county, or have a diagnosis of mental disorder from the Diagnostic and Statistical Manual of Mental Disorders (DSM), or one is suspected by a Provider (excluding substance use, sleep, dementia, or autistic disorders), and experience or at risk of personal distress, disability, or dysfunction in their social, work, or personal life due to the disorder, AND
 - b. Have one or more complex Social Determinants of Health (SDOH) risk factors, AND
 - c. Have at least one of the following:
 - i. Is at high risk of institutionalization, overdose, or suicide, OR
 - ii. Uses hospital, ER, or urgent/crisis care for sole source of care, OR
 - iii. Two or more ED visits or two or more hospitalizations due to serious mental illness (SMI) or substance abuse disorder (SUD) in the last twelve months, OR
 - iv. Pregnant and post-partum women (12 months from delivery)
4. PoF – Substance Use Disorder (adults 18+ only) includes individuals who:
- a. Are currently receiving services from Drug Medi-Cal Organization Delivery System or the Drug Medi-Cal program, or have at least one diagnosis from the Diagnostic and Statistical Manual of Mental Disorders (DSM) for substance-related and addictive disorders (except for tobacco-related disorders), AND
 - b. Have one or more complex SDOH risk factors, AND
 - c. Have at least one of the following:
 - i. Is at high risk of institutionalization, overdose, or suicide, OR
 - ii. Uses hospital, ER, or urgent/crisis care for sole source of care, OR
 - iii. Two or more ED visits or two or more hospitalizations due to SMI or SUD in the last twelve months, OR
 - iv. Pregnant and post-partum women (12 months from delivery)
5. PoF - Individuals Transitioning from Incarceration (all ages) includes individuals who:
- a. Are transitioning from incarceration, or have transitioned from incarceration within the last 12 months, from facilities in Riverside County, AND
 - b. Have at least one of the following:
 - i. Chronic mental illness, OR

- ii. Substance Use Disorder (SUD), OR
- iii. Chronic Disease (e.g., hepatitis C, diabetes),
OR
- iv. Intellectual or developmental disability, OR
- v. Traumatic brain injury, OR
- vi. HIV, OR
- vii. Pregnancy

COVERAGE LIMITATIONS AND EXCLUSIONS

Exclusions criteria: The following Members are not eligible to receive ECM Services

A. Members who are enrolled in the following programs or services:

1. 1915(c) Home and Community-Based (HCBS) waiver programs:
 - a. Multipurpose Senior Services Program (MSSP)
 - b. Assisted Living Waiver (ALW)
 - c. Home and Community-Based Alternatives (HCBA) Waiver
 - d. HIV/AIDS Waiver
 - e. HCBS Waiver for Individuals with Developmental Disabilities (DD)
 - f. Self-Determination Program for Individuals with I/DD
2. IEHP Basic or Complex Case Management
3. IEHP DualChoice Cal MediConnect Plan (Medicare-Medicaid Plan) (CMC)
4. Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
5. Program for All Inclusive Care for the Elderly (PACE)
6. California Community Transitions (CCT) Money Follows the Person (MFTP)
7. Family Mosaic Project Services
8. Hospice

B. Other criteria that would determine an IEHP Member ineligible for Enhanced Care Management services:

1. Further assessment demonstrates that an individual is well managed through self-management or through another program or is otherwise determined to not fit the high-risk, high-need, and high-cost eligibility criteria.
2. An individual cannot improve because the Member is uncooperative.
3. An individual's behavior or environment is unsafe for staff.
4. An individual is more appropriate for an alternate care management program.

C. Notice of Action (NOA)

1. IEHP will issue a Notice of Action.
 - a. IEHP will issue a medical necessity denial if Member or Provider requests that Member participate in ECM but is not eligible.
 - b. If a Member wishes to continue to receive services but the Provider wishes to discontinue ECM services because they feel the Member is no longer appropriate for ECM services, the Provider will notify IEHP. IEHP will review and issue a medical necessity denial.
2. IEHP does not issue an NOA if the Member declines to participate or voluntarily disenrolls.

ADDITIONAL INFORMATION

Overview of ECM:

IEHP's Enhanced Care Management (ECM) is a no-cost Medi Cal benefit that helps eligible IEHP Members who meet a defined population of focus (PoF) by providing a whole-person, collaborative, interdisciplinary approach to care that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs through systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered. ECM offers comprehensive, whole person care management to high-need, high-cost Medi-Cal Managed Care Members with the overarching goals of improving care coordination, integrating services, facilitating community resources, addressing Social Determinants of Health (SDOH), improving health outcomes, and decreasing inappropriate utilization and duplication of services.

IEHP's ECM provides eligible Members a multidisciplinary team to help coordinate and manage their care. The team consists of a Nurse Care Manager, Behavioral Health Care Manager, Care Coordinator and Community Health Worker. These specially trained professionals collaborate with IEHP Members' Primary Care Physicians, Specialists, family support systems, and community partners to create a personalized plan of care to coordinate all care for Members across the physical and behavioral health delivery systems.

CLINICAL/REGULATORY RESOURCE

California Department of Health Care Services

DEFINITION OF TERMS

Drug Medi-Cal Organized Delivery System (DMC-ODS): A continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services. DMC-ODS enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence based practices in substance abuse treatment and coordinates with other systems of care.

REFERENCES

1. California Department of Health Care Services. Last modified 1/7/2022. Drug Medi-Cal Organized Delivery System. <https://www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx>. Accessed January 31, 2022.
2. California Department of Health Care Services. Last modified 1/11/2022. Medi-Cal Waivers. <https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>. Accessed January 11, 2022.
3. California Department of Health Care Services, no date. Enhanced Care Management (ECM): ECM and ILOS Implementation Timeline, ECM Populations of Focus, ECM Overlap with other Programs & Exclusions. <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions.pdf>. Accessed January 11, 2022.
4. California Department of Health Care Services. September 2021. CalAIM Enhanced Care Management Policy. <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide-September-2021.pdf>. Accessed January 11, 2022.

DISCLAIMER

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