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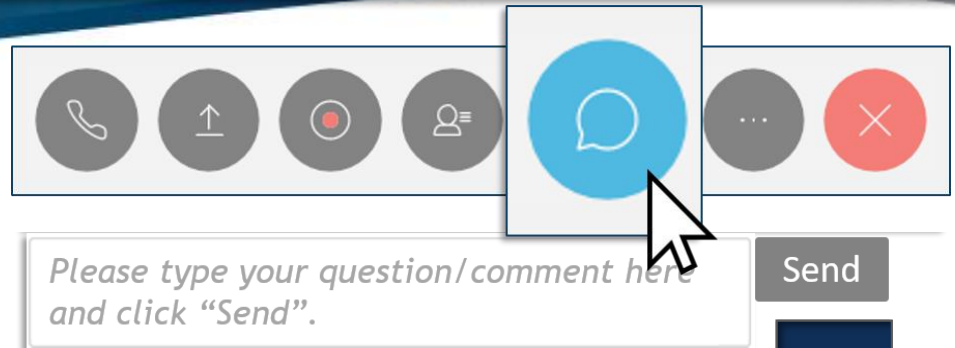
ECM Webinar Fridays

The ECM Referral Form and Submission Process

Call: 1-415-655-0001

Access code: 2555 021 7627

Everyone is *automatically* **MUTED...**
Please communicate via the **CHAT** feature



**We will begin at
12:03p.m.**

Thank you



Enhanced Care Management Webinar Fridays:

The ECM Referral Form and Submission Process



L.A. Care
HEALTH PLAN[®]

For All of L.A.

January 14, 2022

Presented by:

**L.A. Care Health Plan | Health Net
Anthem Blue Cross | Blue Shield Promise Health Plan | Molina**

Housekeeping

- This webinar is being recorded
- Attendance will be tracked via log-in
- Questions will be managed through the Chat. Please submit all questions to Everyone
- Send a message to the host if you cannot hear or see the slides
- Post the webinar you will get a copy of the PowerPoint
- Post event survey will display in pop-up window



Webinar Overview

Topic	Time
Welcome & Introductions	5 minutes
Health Plan Updates	5 minutes
The ECM Screening and Referral Process	30 minutes
Q&A	15 minutes



The ECM Screening and Referral Process: Today's Presenters

Laura Collins, LICSW
Senior Consultant
Health Management Associates

Melissa Wanyo
Manager, ECM
L.A. Care Health Plan



Francis Nepomuceno, MPH
Program Manager, ECM
L.A. Care Health Plan

**With input from our Plan
Partners**



Learning Objectives



Review the ECM Model of Care including the 7 Core Services



Understand the ECM Populations of Focus and Exclusionary Checklists



Discuss the overall referral process



A top-down view of a light-colored wooden desk with various medical and office supplies. In the upper center is a white computer keyboard. To the left is a stethoscope. To the right are surgical forceps. In the lower right is a white marker and a syringe. The background is a soft-focus image of these items.

Today's Agenda

- 1. Brief overview of ECM and Grandfathered Members**
- 2. The ECM Populations of Focus and Exclusionary Checklists**
- 3. The Referral Form and Process**
- 4. Q&A**



Recap of ECM



Enhanced Care Management (ECM) is a new statewide Medical benefit replacing Health Homes & Whole Person Care Programs



Very similar to Health Homes Program but includes additional populations & additional Core Services



ECM is a whole-person, interdisciplinary approach to comprehensive care management



ECM addresses the clinical and non-clinical needs of high-cost, high-need managed care members



ECM provides and coordinates services that are community-based, interdisciplinary, high-touch, and person-centered



ECM's Seven Core Services

Continuing the Wrap-Around Approach with a Focus on In-person Services

Outreach and Engagement

- Contact & Engage → Risk Stratify → Use Various Modes → Multiple Attempts → Culturally & Linguistically Appropriate

Comprehensive Assessment and Care Management Plan

- Engage → Assess → Develop Goals & Create Plan → Reassess

Enhanced Coordination of Care

- Organize & Implement Care Plan Goals → Promote Integration of Care → Identify & Reduce Barriers → Communicate with the Team

Comprehensive Transitional Care

- Provide Support & Coordination During TOC → Coordinate → Educate → Goal to Reduce Avoidable Readmissions

Health Promotion

- Identify Strengths & Promote Resiliency → Coaching to Healthy Choices, Skill-Building, Self-Management

Integration with Individual and Social Supports

- Identify, Document & Educate Caregiver/Support → Integrate in Member's Care → Connect with Resources

Referrals to Community and Social Services

- Identify Needed Resources → Coordinate and Refer → Close the Loop



Access to ECM: Grandfathering in Existing HHP's Members

To Ensure Continuity

- All HHP's existing members have been ***automatically enrolled in*** ECM
 - Including those in process of enrollment on 12/31/21
- This grandfathered ECM population is ***not required to meet the ECM Population of Focus***

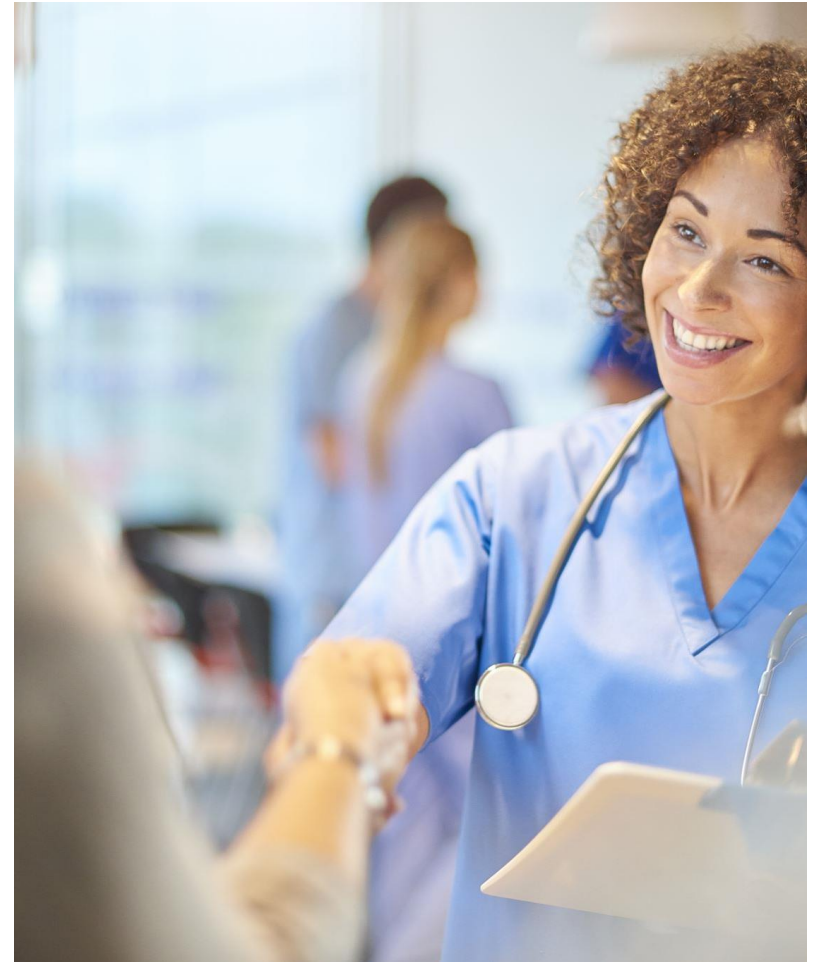


Determining the ECM Provider

How do we Assign?

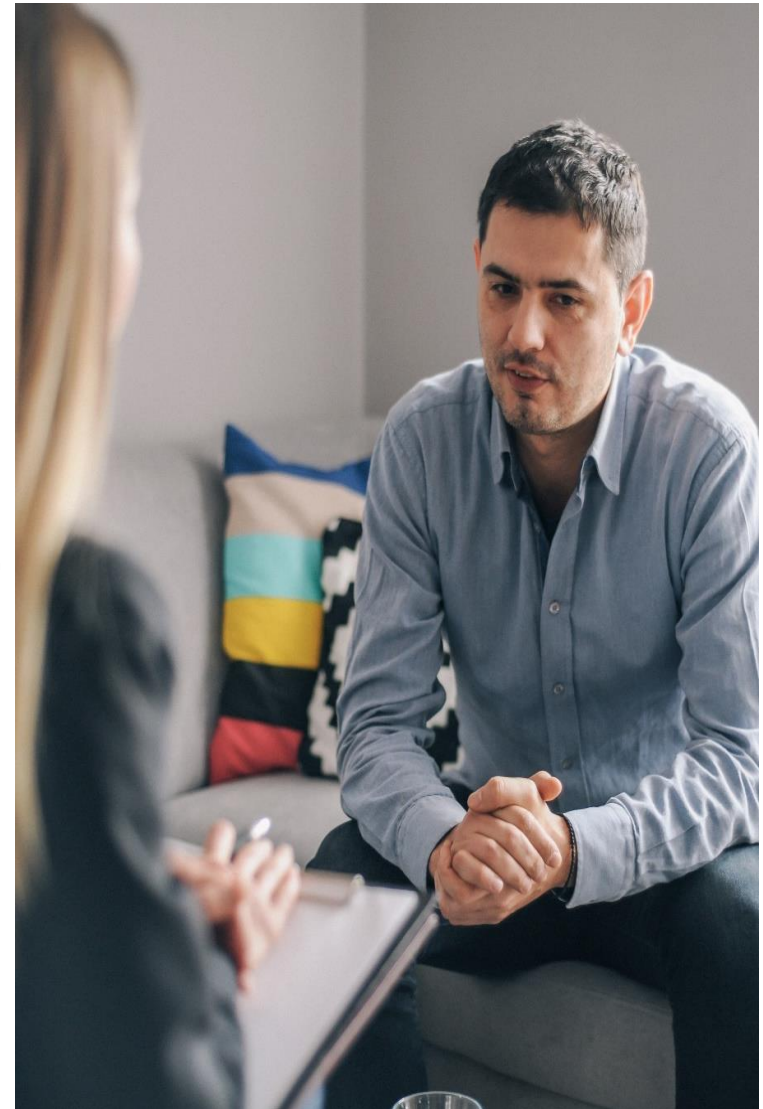
- If the HHP provider is now the ECM Provider, the member will remain with this provider to preserve continuity
- If HHP provider is not going to be an ECM provider, then the MCP will assign a new ECM Provider
 - Start with PCP relationships to match or
 - other relationship (such as BH) where possible
- If there is no route to preserve continuity have created a logic model to assign

Member choice: When a member is told about new ECM provider, the member can opt for a different provider



Referring Non-Identified Members

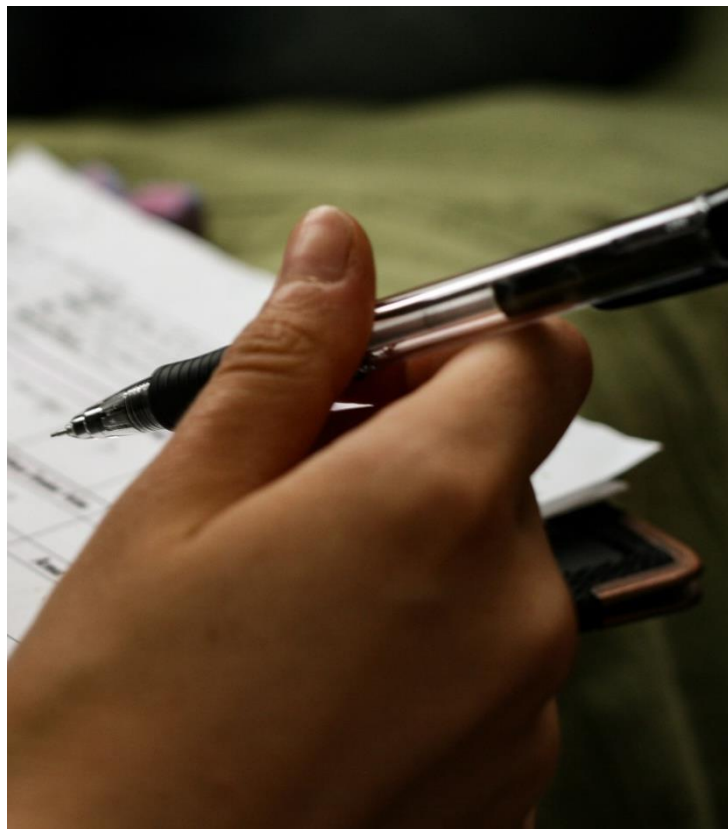
- **Health Plans are identifying eligible members** and forwarding this information to **ECM Providers** for **outreach and engagement**
- **The Member Information File (MIF)** is the new HHP TEL that works to identify eligible members for ECM
- **For Members not identified in the MIF, the screening tools and referral form can be used by any provider for making referrals, including**
 - Primary or Specialty Care Providers
 - Existing ECM and/or Community Supports Providers
 - Hospital and Emergency Department Providers
 - Community Agencies



Referring Eligible Individuals to ECM



Accessing ECM - The Referral Process



There are 3 Steps to the Screening and Referral Process:

1. Complete the **Population of Focus Screening Checklist** to confirm member eligibility
2. Complete **Exclusionary Screening Checklist**
3. If determined to be eligible for ECM based on both Screening Checklists, **complete the ECM Referral Form** and send securely to the member's Health Plan



Population of Focus Screening Checklist



A validation tool to support your determination of member's eligibility prior to submitting an ECM Referral

- **The checklist walks through the criteria related to the 4 Populations of Focus:**
 - Individual and/or family experiencing homelessness
 - High Utilizer Adults
 - Adults with Serious Mental Illness and/or Substance Use Disorder
 - Adults and/or Children/Youth transitioning from incarceration



The 4 Populations of Focus live on January 1, 2022

1. Homelessness

Individuals &/or Family Experiencing Homelessness AND

- has a **complex condition** with inability to successfully self-manage
- for whom coordination of services would likely **result in improved health outcomes**
- **AND/OR decreased utilization** of high-cost services



2nd Population of Focus

Adults who are *High Utilizers* of Services

High Utilizers with frequent hospital or ER Admissions in a **6-month** period

- **5 or more emergency room visits AND/OR**
- **3 or more unplanned hospital admissions AND/OR**
- **multiple short-term skilled nursing facility stays**
- **AND** any of the above could have been **avoided with appropriate outpatient** care or improved treatment adherence



3rd Population of Focus

Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD)

Adults with SMI/SUD and other Health Needs

1. Who meet eligibility criteria for participation in, or obtaining services through
 - **County Specialty Mental Health (SMH) System AND/OR**
 - **Drug Medi-Cal Org Delivery System (DMC-ODS) AND**
2. Actively experiencing **one complex social factor** influencing their health AND



3rd Population of Focus

Adults with Serious Mental Illness (SMI) and/or Substance Use Disorder (SUD), continued

3. **AND** meet one of the following:
- High risk for **institutionalization, overdose and/or suicide**
 - **Use crisis services, ERs, urgent care or inpatient stays as sole source of care**
 - **2+ ED visits or 2+ hospitalizations** due to SMI or SUD in the past 12 months
 - **Pregnant or post-partum** (12 months from delivery)



4th Population of Focus Transitioning from Incarceration

Individuals Transitioning from Incarceration AND

- **Have at least one of the following conditions**
 1. Chronic mental illness (SMI)
 2. Substance Use Disorder (SUD)
 3. Chronic disease (e.g., hepatitis C, diabetes)
 4. Intellectual or developmental disability
 5. Traumatic brain injury
 6. HIV/AIDS
 7. Pregnancy



Snapshot of the Populations of Focus Checklist

ECM Population of Focus

1. Individual and/or family is experiencing homelessness* AND

has at least one complex physical, behavioral, or developmental health need (*please note in Conditions Table on page 3 below) with inability to successfully self-manage for whom coordination of services would likely result in improved health outcomes AND/OR decreased utilization of high-cost services.

**DHCS defines homelessness as one of the following:*

- An individual or family who lacks adequate nighttime residence
- An individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation
- An individual or family living in a shelter
- An individual exiting an institution to homelessness
- An individual or family who will imminently lose housing in next 30 days
- Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes
- Victims fleeing domestic violence

If BOTH boxes above are checked, member is eligible

2. Adult High Utilizers are individuals, who in a six-month period, with

5 or more emergency room visits AND/OR

3 or more unplanned hospital admissions AND/OR

3 or more short-term skilled nursing facility stays

AND any of the above could have been avoided with appropriate outpatient care or improved treatment adherence

If ONE or MORE of these boxes are checked in this section, member is eligible

3. Adults with Serious Mental Illness or Substance Use Disorder (*please note in Conditions Table on page 3 below) who meet the eligibility criteria for participation in or obtaining services through

the County Specialty Mental Health (SMH) System AND/OR

the Drug Medi-Cal Organization Delivery System (DMC-ODS) AND

If ONE of the 2 boxes above are checked in this section, continue in this section

Actively experiencing one complex social factor influencing their health, e.g.,

Food, Housing, Employment insecurities, History of ACES/trauma, History of recent contacts with law enforcement related to SMI/SUD, Former foster youth, and/or (specify) _____, AND

Meet one or more of the following criteria:

- High risk for institutionalization, overdose and/or suicide
- Use crisis services, ERs, urgent care or inpatient stays as the sole source of care
- 2+ ED visits or 2+ hospitalizations due to SMI or SUD in the past 12 months
- Pregnant or post-partum (12 months from delivery)

If BOTH boxes above (1. complex social factors and 2. additional criteria) are checked in this section, member is eligible

4. Individuals who are transitioning from incarceration or transitioned from incarceration within the past 12 months AND

Have at least one of the following conditions (*please note specifics in Conditions Table below)

- Chronic mental illness*
- Substance Use Disorder (SUD)*
- Chronic disease (e.g., hepatitis C, diabetes)*
- Intellectual or developmental disability*
- Traumatic brain injury*
- HIV/AIDS
- Pregnancy

If BOTH boxes in this section are checked, member is eligible

*Conditions Table: For Reference Only

There may be qualifying conditions not listed in this table. Please list condition in the "Other, please note:" field

Complex Physical, Behavioral Health and Developmental Conditions (Check all that apply)	
Physical Health	
<input type="checkbox"/> Asthma	<input type="checkbox"/> Dementia requiring assistance with IADLs
<input type="checkbox"/> Chronic Kidney Disease	<input type="checkbox"/> Diabetes (Insulin-dependent) poorly controlled
<input type="checkbox"/> Chronic Liver Disease	<input type="checkbox"/> History of stroke or heart attack
<input type="checkbox"/> Chronic Obstructive Pulmonary Disease (COPD)	<input type="checkbox"/> Hypertension (poorly controlled)
<input type="checkbox"/> Congestive Heart Failure (CHF)	<input type="checkbox"/> Traumatic Brain Injury (TBI)
<input type="checkbox"/> Coronary Artery Disease	<input type="checkbox"/> Other, please note:
Behavioral Health	
<input type="checkbox"/> Bipolar disorder	<input type="checkbox"/> Psychotic disorders, including schizophrenia
<input type="checkbox"/> Major Depressive Disorder	<input type="checkbox"/> Substance Use Disorder, please specify:
<input type="checkbox"/> Other, please note:	
Developmental	
<input type="checkbox"/> Intellectual/Developmental Disability	<input type="checkbox"/> Other, please note:

Exclusionary Screening Checklist



A tool to prevent duplicative member enrollment with ECM services prior to submitting the ECM Referral.

First, the member ***must have active MediCal and is enrolled in an MCP (not fee for service MediCal)***

- **Absolute Exclusion Criteria** – *member is enrolled in*
 - Cal MediConnect
 - Hospice
 - Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
 - Program for All Inclusive Care for the Elderly (PACE)



Exclusionary Screening Checklist

- **Duplicative Programs** (*can choose to move to the ECM Benefit or remain in their current program*)
 - 1915 Waiver Programs
 - Managed Care Programs
 - Basic/Complex Case Management
 - California Community Transitions (CCT)



Accessing ECM Exclusionary Checklist Spelled-out



- **Duplicative Programs – Either/Or**
 - **1915 Waiver Programs**
 - Multipurpose Senior Services Program (MSSP)
 - Assisted Living Waiver (ALW)
 - Home and Community-Based Alternatives (HCBA) Waiver
 - HIV/AIDS Waiver
 - HCBS Waiver for Individuals with Developmental Disabilities
 - Self-Determination Program for Individuals for Individuals with I/DD
 - Basic or Complex Case Management



Exclusionary Screening Checklist



- **Wrap** (*members **can** be in both ECM and another program*)
 - Specific Non-Managed Care Programs
 - Specific Manager Care Programs
 - Dually Eligible for Medicare and Medicaid/MediCal
 - AIDS Healthcare Foundation Plans
 - Full Service Partnership (FSP)



Accessing ECM

Exclusionary Checklist

Spelled-out



“Wrap” – Can be in Both – Requires Coordination

- **Carved out of Managed Care**
 - California Children’s Services (CCS)
 - County-based Targeted Case Management (TCM)
 - Specialty Mental Health (SMHS) TCM
 - SMHS Intensive Care Coordination for Children (ICC)
 - Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
- **Carved into Managed Care**
 - CCS Whole Child Model
 - Community Based Adult Services (CBAS)



Accessing ECM Exclusionary Checklist Spelled-out



“Wrap” – Can be in Both – Requires Coordination

- **Dually Eligible for Medicare and Medicaid**
 - Dual Eligible Special Needs Plans (D-SNPs)
 - D-SNP Look-alike Plans
 - Other Medicare Advantage Plans
 - Medicare FFS
- **Other Programs**
 - AIDS Healthcare Foundation Plans
 - Adult Full-Service Partnership (FSP)



Snapshot of the ECM Exclusionary Checklist

Active Medi-Cal

Individual must have active Medi-Cal status and assigned to a Managed Care Plan.

1. Non-active Medi-Cal
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
2. Fee-for-Service Medi-Cal
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

Absolute Exclusion Criteria

Medi-Cal beneficiaries enrolled in the programs below are excluded from ECM.

3. Cal MediConnect
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
4. Hospice
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
5. Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
6. Program for All Inclusive Care for the Elderly (PACE)
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

Duplicative Programs – Either ECM or Other Program

Members who are enrolled in the below duplicative programs have a choice of continuing enrollment in these programs or enrolling in ECM. The member maintains the right to choose or switch between ECM and other duplicative care management programs. We encourage members to choose the program that best meets their needs.

1. Member is currently enrolled in one of the following **1915 Waiver Programs**:
 - Multipurpose Senior Services Program (MSSP)
 - Assisted Living Waiver (ALW)
 - Home and Community-Based Alternatives (HCBA) Waiver
 - HIV/AIDS Waiver
 - HCBS Waiver for Individuals with Developmental Disabilities (DD)
 - Self-Determination Program for Individuals for Individuals with I/DDIf a box is checked, **STOP**. Member has a choice to continue in their existing 1915 Waiver program or switch to ECM. Please consult with the 1915 Waiver program if possible.
If box is not checked, move on to next question.
2. Member is currently enrolled in one of the following **Managed Care Programs**:
 - Basic Case Management
 - Complex Case ManagementIf a box is checked, **STOP**. Member has a choice to continue in their existing Case Management program or switch to ECM. Please consult with Case Management program if possible.
If box is not checked, move on to next question.
3. Member is currently enrolled in one of the following **Other Programs**:
 - California Community Transitions (CCT)If box is checked, **STOP**. Member has a choice to continue in their existing CCT program or switch to ECM. Please consult with the CCT program if possible.
If box is not checked, move on to next question.



Member Referral Form

L.A. County ECM Benefit



Does the member meet the ECM Population of Focus and Exclusionary criteria? If yes, complete the Referral Form

- Add known PCP
- Recommend ECM Provider

- **Include Supporting Documentation such as:**
 - Clinical documentation that support diagnosis or other criteria for the Population of Focus

- **Next Steps**
 - Submit the Referral Form and Population of Focus Checklist to the Member's Health Plan
 - Will receive referral status from ECM MCP within one business week
 - If approved, move forward with member outreach and engagement



Snapshot of the ECM Referral Form

REFERRAL SOURCE INFORMATION			
Internal Referring Department* (select one): <input type="checkbox"/> CM <input type="checkbox"/> UM <input type="checkbox"/> BH <input type="checkbox"/> MLTSS <input type="checkbox"/> Member Svcs <input type="checkbox"/> Other:			
External Referral By* (select one): <input type="checkbox"/> Hospital <input type="checkbox"/> PPG <input type="checkbox"/> PCP <input type="checkbox"/> Clinic <input type="checkbox"/> SNF <input type="checkbox"/> DHS <input type="checkbox"/> DMH <input type="checkbox"/> DPH <input type="checkbox"/> Other:			
Date of Referral:*			
Referring Organization Name:*			
Referring Individual Name & Title:*			
Referrer Phone Number:*			
Referrer Email Address:*			
Has the member expressed interest in opting-into ECM?	<input type="checkbox"/> Yes, and I have already discussed the program with the member. Member's preference of ECM Provider, if known: _____ <input type="checkbox"/> No, I will validate ECM eligibility prior to discussing ECM with member		
MEMBER INFORMATION			
Member Name:*			
Member Medi-Cal Client ID # (CIN):*		Member Date of Birth:*	
Member Address:			
Member Primary Phone Number:*		Best Contact Time/Location:	
Member Preferred Language:*			
Caregiver Name & Role/Title:		Caregiver Phone/Email:	
Parent/Guardian, if applicable:		Parent/Guardian Phone/Email:	
MEMBER'S ECM ELIGIBILITY (Complete, refer to, and attach ECM Population of Focus Screening Checklist) Check all that Apply*			
<input type="checkbox"/>	1. Individuals and Families Experiencing Homelessness		
<input type="checkbox"/>	2. Adult High Utilizers with Frequent hospital or ER Admissions		
<input type="checkbox"/>	3. Individuals Transitioning from Incarceration		
<input type="checkbox"/>	4. Adults with SMI/SUD and other Health Needs		
EXCLUSIONARY CRITERIA (Complete and refer to ECM Exclusionary Screening Checklist – do not attach) BOTH boxes must be checked for ECM member eligibility*			
<input type="checkbox"/>	Member is not enrolled in programs that exclude the member from ECM eligibility		
<input type="checkbox"/>	Member is enrolled in an ECM Duplicative Program and is opting for ECM instead of the other program. Note other Program(s):		
If the member is enrolled in a Program that allows them to concurrently receive ECM services (per the Exclusionary Checklist "wrap" program section), note Program(s):			
ADDITIONAL COMMENTS: (i.e. PCP or support person name and contact if applicable)			



Q&A – Referral Process Starter Questions

How do I access the screening and referral forms?

Will there be a Monthly Information File submission, like the TEL?

What if the referring provider doesn't know which Health Plan the Member belongs to?

What is the process for requesting a new/different ECM Provider?

What is the client's consent process?



Q&A – Chat in!



Summary

What We've Covered Today



Recap of ECM, including the 7 Core Services



Review of the tool to ECM and process to refer members



Q&A Panel to address your questions about the screening and referral process



From all of us...



Coming Up Next

The Reveal of the ECM Member Information File specifications



When: Friday, January 28, 2022

Time: 12:00 p.m.

<https://www.lacare.org/healthhomes>

