


***Enhanced Care Management/
Community Supports:
A Policy “Cheat Sheet”***

July 2023

Why a “Cheat Sheet”?

The purpose of this Cheat Sheet is to help providers and other stakeholders navigate ECM and Community Supports.

- ECM and Community Supports are DHCS programs that contain standardized requirements for MCPs.
- At the launch of ECM and Community Supports in 2021-22, DHCS also allowed for some flexibility for Medi-Cal Managed Care Plans (MCPs) to establish specific policies and procedures for implementation. All MCPs are required to have documented “Models of Care” (MOCs) containing their ECM and Community Supports policies and procedures, which have been reviewed and approved by DHCS.
- Many ECM and Community Supports Providers have asked for a resource briefer than the ECM and Community Supports Policy Guides that summarizes key policies and **the distinction between state-standardized policies and where there is flexibility for MCPs to define their own policies and procedures.** This Cheat Sheet is designed to meet that need.



“Does DHCS require a wet signature?”

“Is the format of an ECM care plan determined by DHCS, or the local MCP?”

Levels of Standardization

At program launch, DHCS standardized some aspects of the design while allowing flexibility for MCPs in other aspects through the “Model of Care” process.

This Cheat Sheet describes the level of **DHCS (statewide) standardization** by area of program design for ECM and Community Supports.

High

Established, uniform, and prescriptive criteria set by DHCS

Medium

Some MCP flexibility within DHCS framework

Low

Higher level of MCP flexibility/discretion

DHCS is interested in adding more standardization over time to make the programs more consistent around the state and mitigate administrative burden on providers. This resource describes the **current** state of DHCS statewide standardization as of July 2023.

Where to Access Full “Sources of Truth”

For full details, please refer to:

- [DHCS ECM/Community Supports Website](#)
- **ECM/Community Supports MCP Contract Template**
- [ECM Program Guide](#)
- [Community Supports Program Guide](#)
- [MOC Templates](#)
- [ECM Member Information Data Sharing Guidance and Invoicing Guidance](#)
- [HCPCS Coding Guidance](#)

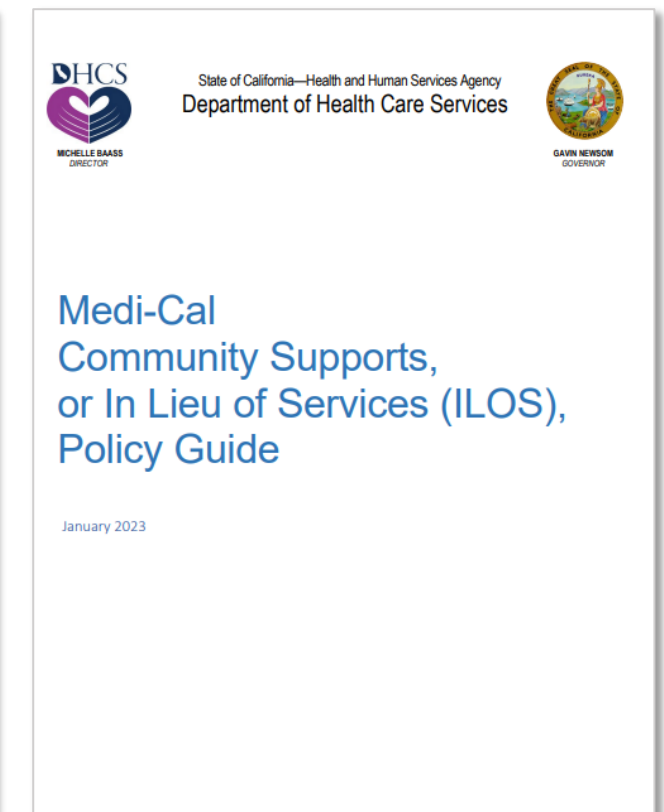
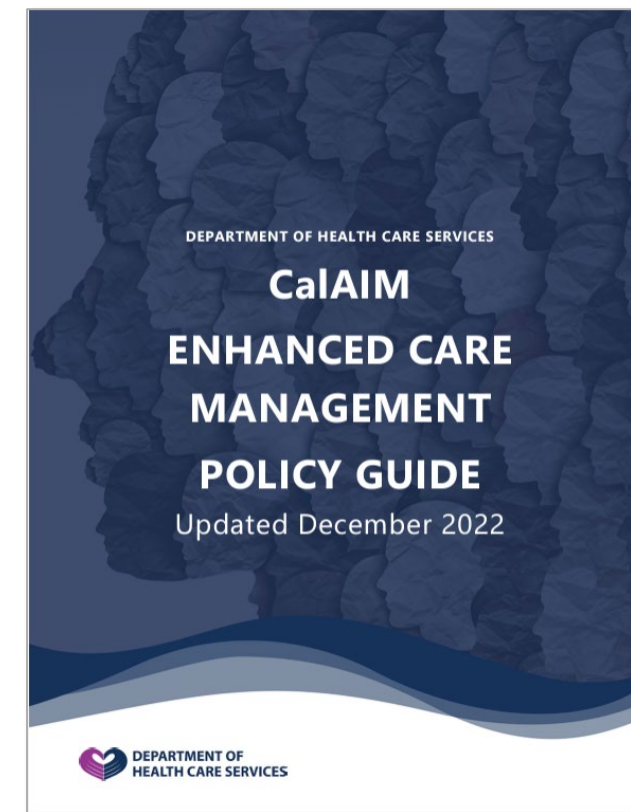


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Enhanced Care Management: Detail



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Policy Area

Level of DHCS Standardization

DHCS Policies

***ECM Populations of Focus:
Who Qualifies for ECM?***

High

- MCPs **must** provide ECM to Members that meet the eligibility criteria for the ECM Populations of Focus (“POFs”).
- MCPs **may not** impose additional requirements to authorize ECM services beyond the DHCS established eligibility criteria.
- For the “Individuals at risk of Avoidable Hospital or ED Utilization” POF, MCPs **may, but are not required to** authorize ECM for individuals who would benefit from ECM but who may not meet numerical thresholds eligibility criteria.

For detail, see MCP Contract Template and ECM Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
Data Sources to be Used by MCPs to Determine Eligibility	Medium	<ul style="list-style-type: none"> - MCPs must have a process for proactively identifying members who may benefit from ECM and meet POF criteria, for example: <ul style="list-style-type: none"> • MCPs must analyze their own enrollment, claims and other relevant data and available information to identify Members for ECM. • MCPs outlined in their Policies & Procedures how they will use available data to identify Members for ECM that includes explicit reference to each of the data sources listed in Section 7 of the contract¹ and must be specific to each ECM POF. Use of internal data to identify should be balanced with active community-based outreach and engagement. - This process should be in addition to, not instead of, actively seeking referrals from community providers. DHCS expects MCPs to source most ECM & Community Supports referrals from the community.

For detail, see MCP Contract Template and ECM Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
<p><i>Referrals: Information Required from Referring Entities</i></p>	<p>Low</p>	<ul style="list-style-type: none"> - MCP must accept and act on referrals from ECM Providers, other Providers, and other entities serving members (e.g., county Behavioral Health Plans), and requests from Members. - MCPs have outlined in their Policies and Procedures how they will inform Providers and other entities serving their Members about how to request ECM on behalf of a Member and how the MCP will accept the request and communicate back the status of the request. - MCPs can currently use their own forms and define their own inputs. - DHCS released an optional ECM Member Referral File, providing a standardized format and method for MCPs to collect certain referral information (Member information but currently not the content of the referral). <i>Note: Information required from referring entities for <u>Community Supports</u> is currently not standardized.</i> - As of Mid-2023, DHCS intends to develop more standardization for go live in 2024.

For detail, see MCP Contract Template; ECM Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
Processes & Timeframes for MCP to authorize & Reauthorize ECM	High	<ul style="list-style-type: none"> – MCPs authorize individuals for ECM. MCPs are responsible for developing Policies and Procedures that explain how they will verify eligibility and authorize ECM for eligible Members in an equitable and non-discriminatory manner without disrupting their care. – Timeframes for MCPs to respond to requests from Providers or other external entities: MCPs must follow standard timelines in APL 21-011, i.e., “shortest applicable that is appropriate but no longer than five business days from the MCP’s receipt of information reasonably necessary and requested by the MCP to make a determination, and not to exceed 14 days” and no longer than 72 hours for “expedited” requests. – Timeframe for which an ECM authorization remains valid: Effective July 1, 2023, for all Members authorized to receive ECM: <ul style="list-style-type: none"> • The initial authorization period is 12 months. • Reauthorization periods thereafter is 6 months.

For detail, see MCP Contract Template

Policy Area	Level of DHCS Standardization	DHCS Policies
<i>Presumptive/Retroactive Authorization for ECM</i>	Medium	<ul style="list-style-type: none"> – MCPs are “strongly encouraged” to work with ECM Providers to define a process and appropriate circumstances for presumptive/retroactive authorization¹, allowing trusted providers to screen members for ECM eligibility, attest to the member’s presumed eligibility, and begin offering ECM services at the point of care. – For the Justice-Involved ECM Populations of Focus, DHCS will require presumptive authorization for ECM services on the day of release from incarceration for individuals who received pre-release Medi-Cal services and are reentering the community.

1. DHCS will provide additional guidance later in 2023.

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For detail, see MCP Contract Template and ECM Policy Guide

Policy Area

Level of DHCS Standardization

Current DHCS Policies

***Choice of/
Assignment to
ECM Provider***

Medium

- MCPs must assign each ECM Member to an ECM Provider organization.
- MCPs should prioritize assignment of that Member to the provider that is already known and trusted by that Member.
- MCPs may use algorithms to assign Members to ECM Providers prospectively. However, it is possible that the MCP will not always know about preexisting trusted relationships in advance via its own data, so there should be a streamlined process to immediately (re)assign members according to information received from the referral and/or the Member directly when an organization engages the Member, avoiding burden on providers to “prove” the relationship in order to re-assign relative to assignment already conducted via MCP algorithms or similar processes.

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For detail, see MCP Contract Template and ECM Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
Obtaining Member Consent for Data Sharing	Currently Low	<ul style="list-style-type: none"> – MCPs and ECM providers are not required to obtain Member authorization for data sharing as a condition of initiating delivery of ECM, unless required by federal law. – DHCS published the <u>CalAIM Data Sharing Authorization Guidance (DSAG)</u> to support MCPs and ECM providers in navigating key privacy laws and consent requirements for the disclosure Member information.¹ – Level of standardization is anticipated to increase in time as DHCS is piloting the Authorization to Share Confidential Medi-Cal information (ASMI) Form and consent management service (collectively referred to as the <u>ASCMI Pilot</u>). To support standardization, DHCS developed Authorization to Share Confidential Medi-Cal information (ASCMI) Form—a standard universal release of information that is intended to inform Medi-Cal Members of their rights and expressed preferences to share sensitive physical, mental, and social health information. ASCMI Forms would be securely stored in a “consent management service,” an electronic platform. DHCS conducted pilot testing in Q2 2023 and is currently evaluating the pilots to determine the feasibility and options for a broader rollout in the future.

1. DHCS published a draft CalAIM DSAG Version 2.0 for public comment in June 2023. A final version is expected to be published in August 2023.

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For detail, see MCP Contract Template

Policy Area

Level of DHCS Standardization

DHCS Policies

Assignment of Lead Care Manager

Medium

- MCPs must ensure that upon the initiation of ECM, each Member receiving ECM has a Lead Care Manager and are required to document as such in a system of record.
- MCPs have outlined in their Policies and Procedures:
 - 1) How the ECM Provider will make assignments that meet the unique needs of each Member and take Members' preferences into account.
 - 2) The process by which Members may change their Lead Care Manager and how the MCP will address requests for a change of ECM Provider.

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For detail, see MCP Contract Template, ECM Policy Guide & ECM Member Information File

Policy Area	Level of DHCS Standardization	DHCS Policies
ECM Outreach: Modality; Number of Attempts; Prioritization; Timeframes	Medium	<ul style="list-style-type: none"> – MCPs have MOC policies and procedures defining ECM Providers’ initial outreach to Members, including use of in-person outreach, other modalities, number of required outreach attempts, prioritization of those with the most immediate needs, and information sharing processes between MCPs and ECM Providers. – MCPs must use the DHCS “ECM Provider Initial Outreach Tracker File” to track outreach and transmit to MCP. – MCPs are must reimburse ECM Providers for outreach, including for unsuccessful outreach that did not result in a Member enrolling into ECM.

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For detail, see MCP Contract Template & ECM Policy Guide

Policy Area

Level of Standardization

DHCS Policies

ECM to be Delivered in Person

Medium

- MCPs must ensure ECM is offered “primarily through” in-person interactions. In-person visits may be supplemented with secure teleconferencing and telehealth, when appropriate and with the Member’s consent.
- MCPs have policies and procedures describing the MCP’s approach to ensuring that ECM Providers engage Members primarily through in-person interaction. MCPs should note approach to appropriate use of secure teleconferencing and telehealth to supplement to in-person visits.

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For detail, see MCP Contract Template

Policy Area

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DHCS Policies

Comprehensive Assessment and Care Management Plan

(Enhanced Coordination of Care, Comprehensive Transitional Care, Coordination of and Referrals to Community and Support Services)

Medium

- MCPs are required to ensure ECM Providers deliver all of the ECM Core Services
- MCPs have described the policies and procedures for ensuring ECM Providers deliver these services, including:
 - Evaluating a Member’s medical needs and coordinating support services
 - Tracking a Member’s admission and/or discharge
 - Facilitating “closed loop referrals”
- There are no DHCS standardized forms or formats for assessments and care plans.

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For detail, see MCP Contract Template and ECM Policy Guide

Policy Area

Level of DHCS Standardization

DHCS Policies

**ECM Exit
"Graduation"
Criteria**

Low

- DHCS does not require an annual reassessment for Members receiving ECM. Instead, MCPs must ensure that Members are reassessed at a frequency appropriate for their individual progress or changes in needs and/or as identified in the Care Management Plan.
- Further, MCPs should reassess Members against their established ECM discontinuation criteria, **not** the ECM Population of Focus eligibility criteria, to evaluate whether Members are ready to transition out of ECM. MCPs must develop processes for transitioning Members from ECM to lower levels of care management to provide coordination of ongoing needs.

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DHCS Policies

Care Management Documentation System

Medium/Low

- MCPs must ensure ECM Providers use a "care management documentation system" which may include Certified Electronic Health Record Technology or an equivalent tool that supports the documentation and integration of Member data.
- **MCPs may not require ECM Providers to utilize an MCP portal for documentation of ECM services. However, MCPs may choose to offer access to their care management documentation system as an option for Providers.** DHCS understands that requirements to use MCP portals can create duplicative documentation and be administratively burdensome to Providers. MCPs may continue to use their portals to exchange Member information lists and authorization information but should not otherwise require Providers to use the portal.

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For detail, see ECM Member-Level Information Sharing Guidance

Policy Area

Level of DHCS Standardization

DHCS Policies

MCP sharing of Administrative and Quality Information with ECM Providers

High for items covered by ECM Data Sharing Guidance; otherwise Low

For every Member authorized for ECM, MCPs must share certain standardized data elements¹ to the assigned ECM Provider within 10 Working Days of authorization, and monthly, via the [Member information file](#) and [Return Transmission file](#). These files standardize how Member information (name, DOB, etc.) is shared back and forth.

1. Established in DHCS' [ECM Member-Level Information Sharing Guidance](#)

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For detail, see ECM Member-Level Information Sharing Guidance and FAQs

Policy Area	Level of DHCS Standardization	DHCS Policies
Format for Sharing Potential Referrals to ECM	Medium/Low	<ul style="list-style-type: none"> – DHCS released a Potential ECM Member Referral File¹, providing a standardized format and method for MCPs to collect limited referral information (method of collection of Member details are standardized, but not the content of the referral). – The standards defined in the guidance are currently optional; MCPs have the ability to design and use their own referral forms and formats. – As of mid-2023, DHCS intends to begin developing statewide standards containing the information needed to evaluate authorizations for both ECM and some Community Supports.

1. Established in DHCS' [ECM Member-Level Information Sharing Guidance](#); see "Potential ECM Member Referral File" on pg. 21

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For detail, see MCP Contract Template and ECM and Community Supports Coding Options

Policy Area

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DHCS Policies

ECM Coding

High

- MCPs are required to submit encounter data in accordance with the requirements in the MCP contract and All Plan Letter 14-019, including for services provided through the existing encounter data reporting mechanisms, using federal and state standards.
- DHCS has established a set of standardized HCPCS codes¹ and modifiers that MCPs must follow in submitting encounters to DHCS.

1. DHCS' [ECM and Community Supports Coding Options](#)

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For detail, see ECM Billing and Invoicing Guidance

Policy Area

Level of DHCS Standardization

DHCS Policies

ECM Provider to MCP: Invoicing as Alternative to Claims

High

DHCS' Billing and Invoicing Guidance standards detail how:

- ECM and CS Providers are expected to submit claims to MCPs using national standards (e.g., ANSI ASC x12N 837P/I) to the greatest extent possible.
- Providers who are unable to submit compliant claims may instead submit invoices to MCPs with minimum necessary data elements defined by DHCS.¹

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For detail, see MCP Contract Template & ECM Policy Guide

Policy Area

Level of DHCS Standardization

DHCS Policies

Composition of Provider Networks

High

- MCPs must ensure that ECM providers are experienced in serving the POF(s) they will serve and ensure sufficient Provider capacity to meet all POFs in a community-based manner through contracts with ECM providers. MCPs must describe an ongoing approach for Provider network development over time and for each mandatory POF by 2024.
- In order to ensure that the needs of all ECM Populations of Focus are met, MCPs must contract with ECM Providers specializing in each of the specific Populations of Focus, who have an existing footprint in the communities they serve. MCPs are discouraged from relying on a single type of provider. MCPs' network directories must indicate which specific Population(s) of Focus each ECM Provider is equipped to serve.

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Policy Area

Level of DHCS Standardization

DHCS Policies

Provider Enrollment and Oversight Requirements

Medium

- MCPs must ensure all ECM Providers for whom a State-level enrollment pathway exists enroll in Medi-Cal, pursuant to relevant APLs, including APL 19- 004.
- If APL 19-004 does not apply to an ECM Provider, MCPs must have a process for verifying qualifications and experience of ECM Providers, which must extend to individuals employed by or delivering services on behalf of the ECM Provider.
- MCPs must develop policies and procedures describing their approach to ensuring Provider accountability and compliance with ECM Core Service requirements and to ensuring the MCP and contracted ECM Providers meet supplemental and quarterly implementation monitoring reporting requirements. MCPs must also describe their approach for providing technical assistance and to required audits/case reviews.

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For detail, see MCP Contract Template & ECM Policy Guide

Policy Area

Level of DHCS Standardization

DHCS Policies

Overall Provider Payment Design – Encourage Plans to Pay for Value

Low

MCPs must pay contracted ECM Providers for the provision of ECM in accordance with contracts established between MCPs and each ECM Provider.

- **DHCS does not set payment rates for ECM payments to ECM providers.**
- Plans may determine the payment methodology (FFS, PMPM etc).
- Currently, there is **no number of touches linked to payment;** however, DHCS intends to further standardize the thresholds that should trigger payment to ECM Providers, including for initial outreach.

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For detail, see MCP Contract Template & ECM Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
<i>Payment for ECM outreach</i>	Medium	<ul style="list-style-type: none"> – MCPs must pay contracted ECM Providers “upon initiation of ECM” which is defined as including outreach. – MCPs are expected to reimburse ECM Providers for outreach, including for unsuccessful outreach that did not result in a Member enrolling into ECM.

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For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area

Level of DHCS Standardization

DHCS Policies

Expectations for Providers to Submit Claims and Invoices

High

- MCPs shall ensure ECM Providers submit a claim for rendered ECM, to the greatest extent possible.
 - MCPs are required to train their contracted network of ECM and Community Supports Providers on how to submit a clean claim. Furthermore, the MCP must have personnel available to troubleshoot issues.
- If an ECM Provider is unable to submit a claim, Contractor must ensure the ECM Provider documents services rendered using an invoice approved by DHCS.

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Policy Area	Level of DHCS Standardization	DHCS Policies
<i>Wet Signatures</i>		DHCS does not have policies requiring wet signatures for ECM.

Community Supports: Detail



For detail, see MCP Contract Template

Policy Area

Level of DHCS Standardization

DHCS Policies

MCPs' Community Supports Elections

Low

- MCPs are strongly encouraged to elect to offer some or all the pre-approved Community Supports.
- The MCP does not need to offer a Community Support service in each county it serves.
- MCPs must report to DHCS the counties in which it intends to offer the Community Supports.
- MCP may discontinue offering Community Supports annually with notice to DHCS at least 90 calendar days prior to the discontinuation date.

* DHCS strongly encourages MCPs entering new service areas to offer the same Community Supports as exiting plans.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area**Level of DHCS
Standardization****DHCS Policies*****Who Qualifies for
Community
Supports*****High**

- MCPs must follow all Community Supports Service Definitions.
- MCPs must remove any previously approved restrictions or limitations and adhere with the full Community Supports service definitions by 1/1/2024.
- MCPs will no longer have the option to narrow the eligibility criteria or impose additional limitations on the service definitions (which include eligibility criteria), geographic or otherwise.
- MCPs do not need to actively report on cost effectiveness for Community Supports at the MCP or individual level for the purposes of rate setting or compliance with federal requirements. Consistent with federal regulations, DHCS has determined the preapproved Community Supports to be cost-effective and medically appropriate substitutes for covered Medi-Cal services or settings.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
Identifying Members for Community Support	Low	<ul style="list-style-type: none"> – MCPs must utilize a variety of methods to identify Members who may benefit from Community Supports. Use of internal data to identify should be balanced with active community-based outreach and engagement.
	Medium	<ul style="list-style-type: none"> – MCPs must ensure public-facing websites, Member Handbooks, and Provider Directories include the most up-to-date information about Community Supports offered and how to access them.
Referring Members for Community Supports	Low	<ul style="list-style-type: none"> – DHCS expects MCPs to source most referrals for Community Supports from the community – i.e., from the MCP’s network of providers (inclusive of PCPs and other clinical Providers, ECM and Community Supports Providers) and other community-based referral sources already serving Members – whether they are Community Supports Providers themselves or not. – MCPs must track referrals to Community Supports Providers to verify if the authorized service has been delivered to the Member. – MCPs must train their call centers about how to take referrals for Community Supports.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
Obtaining Member Consent for Data Sharing	Currently Low*	<ul style="list-style-type: none"> - MCPs and Community Supports providers are not required to obtain Member authorization for data sharing as a condition of initiating delivery of ECM, unless required by federal law. - DHCS published the CalAIM Data Sharing Authorization Guidance (DSAG) to support MCPs and Community Supports providers in navigating key privacy laws and consent requirements for the disclosure Member information.¹ - Level of standardization is anticipated to increase in time as DHCS is piloting the Authorization to Share Confidential Medi-Cal information (ASMI) Form and consent management service (collectively referred to as the ASMI Pilot). To support standardization, DHCS developed Authorization to Share Confidential Medi-Cal information (ASMI) Form—a standard universal release of information that is intended to inform Medi-Cal Members of their rights and expressed preferences to share sensitive physical, mental, and social health information. ASMI Forms would be securely stored in a “consent management service,” an electronic platform. DHCS conducted pilot testing in Q2 2023 and is currently evaluating the pilots to determine the feasibility and options for a broader rollout in the future.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
Processes & Timeframes for MCP to Authorize & Reauthorize Community Supports	Medium	<p>MCPs authorize individuals for ECM. MCPs are responsible for developing Policies and Procedures that explain how they will verify eligibility and authorize ECM for eligible Members in an equitable and non-discriminatory manner without disrupting their care.</p> <p>Timeframes for MCPs to respond to requests from Providers or other external entities: MCPs must follow standard timelines in APL 21-011, i.e., “shortest applicable that is appropriate but no longer than five business days from the MCP’s receipt of information reasonably necessary and requested by the MCP to make a determination, and not to exceed 14 days” and no longer than 72 hours for “expedited” requests.</p> <p>Requirement for Expedited Authorization Timeframes:</p> <ul style="list-style-type: none"> – DHCS has determined the following Community Supports are inherently time-sensitive and are subject to expedited authorization: Recuperative Care; Short Term Post Hospitalization Housing; Sobering Centers; Medically Tailored Meals being offered post-acute care (see Policy Guide, pp. 70-71) – MCPs are encouraged to consider working with Community Supports Providers to define a process and appropriate circumstances for presumptive/retroactive authorization¹ of all Community Supports offered, especially for Members in need Recuperative Care and Short-Term Post-Hospitalization Housing. – Timeframe for which a Community Support authorization remains valid: Some service definitions have timeframes for the services themselves (Recuperative Care not more than 90 days; Sobering Centers not more than 24 hours). Otherwise, no standards.

1. DHCS will provide additional guidance later in 2023.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
<i>MCP Systems</i>	Medium/ Low	<ul style="list-style-type: none"> – MCPs must support Community Support Provider access to systems and processes allowing them to track and manage referrals for Community Supports and Member information. – MCPs may not require Community Supports Providers to utilize their MCP portal for documentation of all services and day to day work, such as notes and care plans. MCPs may rely on portals for sharing the information contained in the Member Information Sharing guidance document (below). Furthermore, MCPs may still offer access to MCP’s care management documentation system for all functions, and Providers may still choose to take this option.

		<i>For detail, see MCP Contract Template and Member Information Sharing Guide</i>
Policy Area	Level of DHCS Standardization	DHCS Policies
<i>MCP Sharing of Administrative and Quality Information with Community Supports Providers</i>	High for items covered by Community Supports Data Sharing Guidance; otherwise Low	<ul style="list-style-type: none"> – To support the delivery of Community Supports, MCPs must adhere to the data sharing requirements established in DHCS' Community Supports Member Information Sharing Guidance document, which defines a standard set of "minimum necessary" data elements, as well as file formats, transmission methods, and transmission frequencies, to initiate and track the progress of Community Supports service delivery.

For detail, see MCP Contract Template and ECM & Community Supports Coding Options

Policy Area**Level of DHCS
Standardization****DHCS Policies****Community
Supports Coding****High**

- MCPs are required to submit encounter data in accordance with the requirements in the MCP contract and All Plan Letter 14-019, including for services provided through the existing encounter data reporting mechanisms, using federal and state standards.
- DHCS has established a set of standardized HCPCS codes¹ and modifiers that MCPs must follow in submitting encounters to DHCS.

1. DHCS' [ECM and Community Supports Coding Options](#)

Elections

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		<i>For detail, see MCP Contract Template and Community Supports Policy Guide</i>
Policy Area	Level of DHCS Standardization	DHCS Policies
<i>Composition of Provider Networks</i>	Medium	–MCPs should contract with organizations that have experience delivering Community Supports services and an existing footprint in the communities they serve, working with the populations who are eligible to receive Community Supports. MCPs are encouraged to be creative in exploring new partnerships.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area	Level of DHCS Standardization	DHCS Policies
Provider Enrollment and Oversight Requirements	Medium	<ul style="list-style-type: none"> – MCPs must ensure all Community Support Providers for whom a State level enrollment pathway exists enroll in Medi-Cal. – If APL 19-004 does not apply to a Community Support Provider, MCPs must have a process for verifying qualifications and experience of Community Support Providers, which must extend to individuals employed by or delivering services on behalf of the Community Support Provider. – MCPs determine if Community Support Providers can serve eligible Members in an effective manner consistent with culturally and linguistically appropriate care. – MCPs must proactively ensure their contracted networks of providers are aware of the Community Supports services, what the eligibility criteria are, and encourage and make clear the pathway for submitting referrals to the MCP.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area	Level of DHCS Standardization	Current DHCS Policies
Payment to Community Support Providers	Low	<ul style="list-style-type: none"> – MCPs must pay contracted Community Support Providers for the provision of authorized Community Support to Members in accordance with established agreements between MCPs and each Community Support Provider. – DHCS is not specifying the payment model between MCPs and Providers for Community Supports, though DHCS encourages plans and Providers to adopt or progress to value based payment (VBP) models for Community Supports. – The Community Supports Pricing Guidance provides non-binding pricing for each Community Support.
	High	<ul style="list-style-type: none"> – Community Supports services (claims and invoices) are subject to the standard reimbursement timelines for other Medi-Cal services as specified in: <ul style="list-style-type: none"> – The managed care boilerplate contract: MCPs must pay 90% of all clean claims within 30 days of the date of receipt and 99% of all clean claims within 90 days. – California Health and Safety Code Section 1371: MCPs must reimburse claims or any portion of any claim, as soon as practicable, but no later than 30 working days after receipt of the claim and are subject to interest payments if failing to meet the standards. – These requirements pertain to both invoices and claims submitted by Community Supports Providers.

For detail, see MCP Contract Template and Community Supports Policy Guide

Policy Area	Level of DHCS Standardization	Current DHCS Policies
<i>Expectations for Providers to Submit Claims and Invoices</i>	High	<ul style="list-style-type: none"> –MCPs shall ensure Community Support Providers submit a claim for rendered Community Support, to the greatest extent possible. <ul style="list-style-type: none"> –MCPs are required to train their contracted network of ECM and Community Supports Providers on how to submit a clean claim. Furthermore, the MCP must have personnel available to troubleshoot issues. –If a Community Supports Provider is unable to submit a claim for Community Supports rendered, Contractor must ensure the Community Supports Provider documents services rendered using an invoice approved by DHCS.