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Children and Youth Provider Checklist
Enhanced Care Management

This checklist is intended as a resource for organizations that are considering becoming an Enhanced Care Management (ECM) provider for children and youth populations. Included is information about basic requirements and important considerations in the following areas:

- Community Footprint and Experience with Children and Youth Populations
- Staffing and Human Resources
- Administrative Capabilities
- Information Technology

1. Community Footprint and Experience with Children and Youth Population(s)

Requirement: ECM providers must have demonstrated experience working with the groups of Medi-Cal members and/or similar populations who are eligible to receive the service.

- ✔ Being well-known in the community and/or having a history of being a resource for the population(s) is one way for organizations to meet this requirement.
- ✔ DHCS has defined specific eligibility criteria for ECM Children and Youth Populations of Focus, which are listed below. Demonstrating history of serving one or more of these populations is also a way to meet this requirement.
  - Children and Youth Experiencing Homelessness and Homeless Families
  - Children and Youth with Serious Mental Illness (SMI) and/or substance use disorder (SUD)
  - Children and Youth at Risk of Avoidable Hospital or ED Utilization
  - Children and Youth Transitioning from Incarceration
  - Children and Youth with California Children's Services or California Children's Services Whole Child Model Who Require Additional Assistance
  - Children and Youth Involved in Child Welfare
  - Birth Equity Children and Youth (Children and youth who are pregnant or postpartum and belong to one of the identified racial or ethnic groups)

CONSIDERATIONS:

Questions to ask yourself:

- What is our community footprint like?
- How wide-reaching is our client base? How many children and youth do we currently serve? Is this enough to support becoming an ECM provider?
- Do our existing clients seem to fit within ECM Children & Youth Populations of Focus?

Questions to ask your Managed Care Plan (MCP):

- Are you seeking to contract with new providers for children and youth ECM?
- Are there specific populations of focus or service areas where you have a provider gap?

2. Staffing and Human Resources

Requirement: ECM services necessitate specialized staffing with training and demonstrated competency to adequately serve the identified population(s).

- ✔ ECM is a team-based service where the Lead Care Manager (LCM) is the primary point of contact for service provision.
- ✔ ECM LCMs are not required to have a clinical degree or be clinically licensed. However, ECM organizations must demonstrate appropriate clinical oversight of LCMs, including participation in Multidisciplinary Team Meetings.
- ✔ ECM requires that LCMs are sufficiently trained and able to provide appropriate and culturally competent care for Medi-Cal members.
- ✔ ECM also requires staff to conduct outreach activities. Outreach to prospective clients can be completed by ECM LCMs or by separate staff who are dedicated to outreach activities.
- ✔ Each ECM provider organization must also have a designated ECM director who is responsible for overall ECM operations. This position is often the primary point of contact for communication with MCPs and is accountable for submission of claims, data, and reporting.
- ✔ ECM providers must demonstrate proof of training as part of the provider onboarding process.
- ✔ MCPs provide – and ECM providers must attend – various types of continuing education for ECM organizations and LCMs to aid in development of skills and resource identification.

CONSIDERATIONS:

Questions to ask yourself:

- Do we have enough staffing and infrastructure – or commitment to growing it – that we can make this sustainable?
- What type of staffing plan does our budget and/or strategic plan support?
- Are there specific considerations we need to include to address oversight and/or care manager caseload capacity? For example, do we need a staff person responsible for quality and oversight? Do we have an identified maximum caseload per LCM that would indicate the need to hire an additional LCM?
- Does ECM have similarities to existing care coordination services we offer?
- If so, could those existing services help get us ready to provide ECM, provide a referral pathway into ECM, and/or a step-down program for members who no longer need the intensive services ECM offers?

Questions to ask your MCP:

- Is any start-up funding available to new providers who may need assistance with infrastructure or staffing?
- What kind of training do you offer?
- Which types of staff are encouraged to participate?
- How would my organization receive referrals or be connected to prospective clients?

3. Administrative Capabilities

Requirement: The California Department of Health Care Services (DHCS) has established a set of standard requirements that ECM providers must meet in order to contract with a MCP.

- ✔ Organizations must have a Type 2 (Organizational) National Provider Identifier (NPI) to become a contracted provider for ECM.
- ✔ Organizations must register in DHCS' Provider Application and Validation for Enrollment (PAVE) portal.
- ✔ Organizations must also complete a Credentialing review with each MCP with whom they seek to contract.

CONSIDERATIONS:

Questions to ask yourself:

- Do we already meet the basic organizational requirements?
- If not, what would it take for us to do so?
- What would be the easiest requirement to achieve, and what would be the most difficult?

Questions to ask your MCP:

- What are the MCP's specific requirements for Credentialing to become an ECM provider?
- How long does the ECM provider Credentialing process take?

4. Information Technology

Requirement: ECM provider organizations must have or have access to a HIPAA-compliant care management documentation system to record member care activities.

- ✔ ECM documentation systems can be Certified Electronic Health Record Technology or any other system that can document the completion of an assessment, support creation and maintenance of a care plan, share information among the care team to coordinate care, and provide notifications regarding health status.

Requirement: ECM services require submission of standard health care claims or invoices to the MCP.

- ✔ There are specific ECM Healthcare Common Procedure Coding System (HCPCS) that must be used to indicate the service as an ECM service. Several other data points are required for claims or invoice submission, including date of service, NPI, and place of service.
- ✔ ECM claims or invoices must be submitted to the MCP via a mutually agreed upon pathway for review, processing, and payment.

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Requirement: ECM providers must demonstrate capacity to exchange monthly files (see page 3 of this DHCS guidance document) with the MCP, including receiving and sending the files securely.

- ✔ MCPs will share files with ECM providers once per month, which includes the roster of ECM members assigned to that provider organization.
- ✔ The ECM provider organization must return an updated file with key data on member activity for the month, as well as a separate file that provides information on ECM outreach activities.
- ✔ ECM claims or invoices must be submitted to the MCP via a mutually agreed upon pathway for review, processing, and payment.

CONSIDERATIONS:

Questions to ask yourself:

- Do we currently have information technology systems that meet the requirements?
- What IT gaps exist today at our organization?
- Is it possible for the organization to wait 60 to 90 days after initiating services to begin receiving reimbursement?
- What staffing and human resource factors should we consider for the IT requirements (documentation, billing, reporting)?
- Would ECM be financially sustainable for our organization?
- Do we know other organizations in the community that are providing ECM to children and youth? Would we want to consider a partnership?

Questions to ask your MCP:

- How does the health plan pay for services? (Not just the rate, but also payment methodology.)
- How often is payment processed and how long will it take for our organization to be paid?
- How does the health plan pay for outreach to prospective ECM clients?
- How should my organization submit claims for services?
- How will we know if there were errors in submitted claims and how to fix those errors for resubmission?

Helpful Resources and Links

- **DHCS ECM and Community Supports Resources**
  https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx
- **ECM Provider Toolkit**
  https://www.aurrerahealth.com/wp-content/uploads/2021/12/Provider-Toolkit_FINAL.pdf
- **ECM Member-Level Information Sharing Requirements**
  https://www.dhcs.ca.gov/Documents/MCQMD/Member-Level-Information-Sharing-Between-MCPs-ECM-Providers.pdf
- **ECM Billing and Invoicing Guidance**
  https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Billing-and-Invoicing-Guidance.pdf
- **DHCS ECM Policy Guide**
  https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf