

# Managed Care Plan (MCP) Tribal Liaisons & Enhanced Care Management (ECM)

Department of Health Care Services

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# MCP Tribal Liaisons

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- » As outlined in the MCP contract and [All Plan Letter \(APL\) 24-002](#), MCPs were required to have an identified tribal liaison by January 1, 2024, to work with contracted and non-contracted Indian Health Care Providers (IHCPs) in its service area
  - The tribal liaison should have experience with tribal health care, American Indian tribes, and managed care to assist IHCPs with the requirements and policies
  - All MCPs have met the requirement of identifying an assigned Tribal Liaison
- » MCPs are to fulfill the role with adequate staffing to ensure their ability to serve IHCPs, American Indian MCP Members, and the MCP's service area
- » DHCS will be monitoring the quality of coordination and assistance being provided by the liaisons
  - This includes monitoring the completion of the Cultural Humility training from California Governor's Office of Tribal Advisory and Trauma-Informed Care and Historical Trauma training from Indian Health Service

# Liaison Roles & Responsibilities

- » The MCP tribal liaison is intended to assist the IHCPs in relation to services provided to American Indian MCP Members.
- » The roles and responsibilities the liaisons are expected to assist IHCPs with include, but are not limited to:
  - Providing information pertaining to enrollment and disenrollment
  - Coordinating care and ensuring access to in and out-of-network IHCPs
  - Providing assistance with accessing transportation
  - Providing case management
  - Assisting with Provider relations services, claims, payment assistance and resolution, coordinating referrals, and Member services

# Roles & Responsibilities Cont.

- Providing support in obtaining grievance, appeal, and State Hearing services
- Providing benefit and service navigation and coordination
- Providing assistance regarding Medi-Cal program Provider enrollment and MCP contracting, credentialing, and Facility Site Reviews

# Enhanced Care Management (ECM)

# What Is ECM?

**ECM is a statewide Medi-Cal MCP benefit to support comprehensive care management for Members with complex needs.**

- » ECM is the **highest tier of care management** for Medi-Cal MCP Members.
- » DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- » ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.

## Medi-Cal MCP Care Management Continuum










ECM

**Complex Care Management**  
*For MCP Members with higher- and medium-rising risk*

**Basic Population Health Management**  
*For all MCP Members*

**Transitional Care Services**  
*For all MCP Members transitioning between care settings*

# ECM Populations of Focus (POF)

ECM Population of Focus	Adults	Children & Youth
 <b>1</b> Individuals Experiencing Homelessness	✓	✓
 <b>2</b> Individuals At Risk for Avoidable Hospital or ED Utilization (formerly called "High Utilizers")	✓	✓
 <b>3</b> Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
 <b>4</b> Individuals Transitioning from Incarceration <i>New in January 2024</i>	✓	✓
 <b>5</b> Adults Living in the Community and At Risk for LTC Institutionalization	✓	
 <b>6</b> Adult Nursing Facility Residents Transitioning to the Community	✓	
 <b>7</b> Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
 <b>8</b> Children and Youth Involved in Child Welfare		✓
 <b>9</b> Birth Equity Population of Focus <i>New in January 2024</i>	✓	✓

ECM has been available for adults with intellectual or developmental disabilities (I/DD) and pregnant and postpartum individuals from the launch of ECM if they meet the eligibility criteria for any existing Population of Focus. In July 2023, children and youth with I/DD or who are pregnant/postpartum became eligible for ECM if they meet the eligibility criteria for any existing Population of Focus.

# How Do Eligible Members Access ECM?

## Eligible Enrollees...



Can be **identified** through their Medi-Cal MCP, provider, family/caregiver, community-based organizations (CBOs), or via a self-referral.

- » DHCS's vision is that access to ECM can occur in multiple ways, for both adults and children.
- » MCPs must regularly and proactively identify members who may benefit from ECM and meet POF criteria.



Are **assigned an "ECM Provider"** who best meets their needs.

- » The ECM Provider makes sure the enrollee has a single "Lead Care Manager" who coordinates their care and services across Medi-Cal delivery systems and beyond.



Can opt out of ECM at any time, as ECM is completely **voluntary**.

# What Are the ECM Core Services?

Members in ECM receive seven core services based on their needs, tailored to their POF and their individual needs.



**Outreach and Engagement**



**Comprehensive Assessment and Care Management Plan**



**Enhanced Coordination of Care**



**Coordination of and Referral to Community and Social Support Services**



**Member and Family Supports**



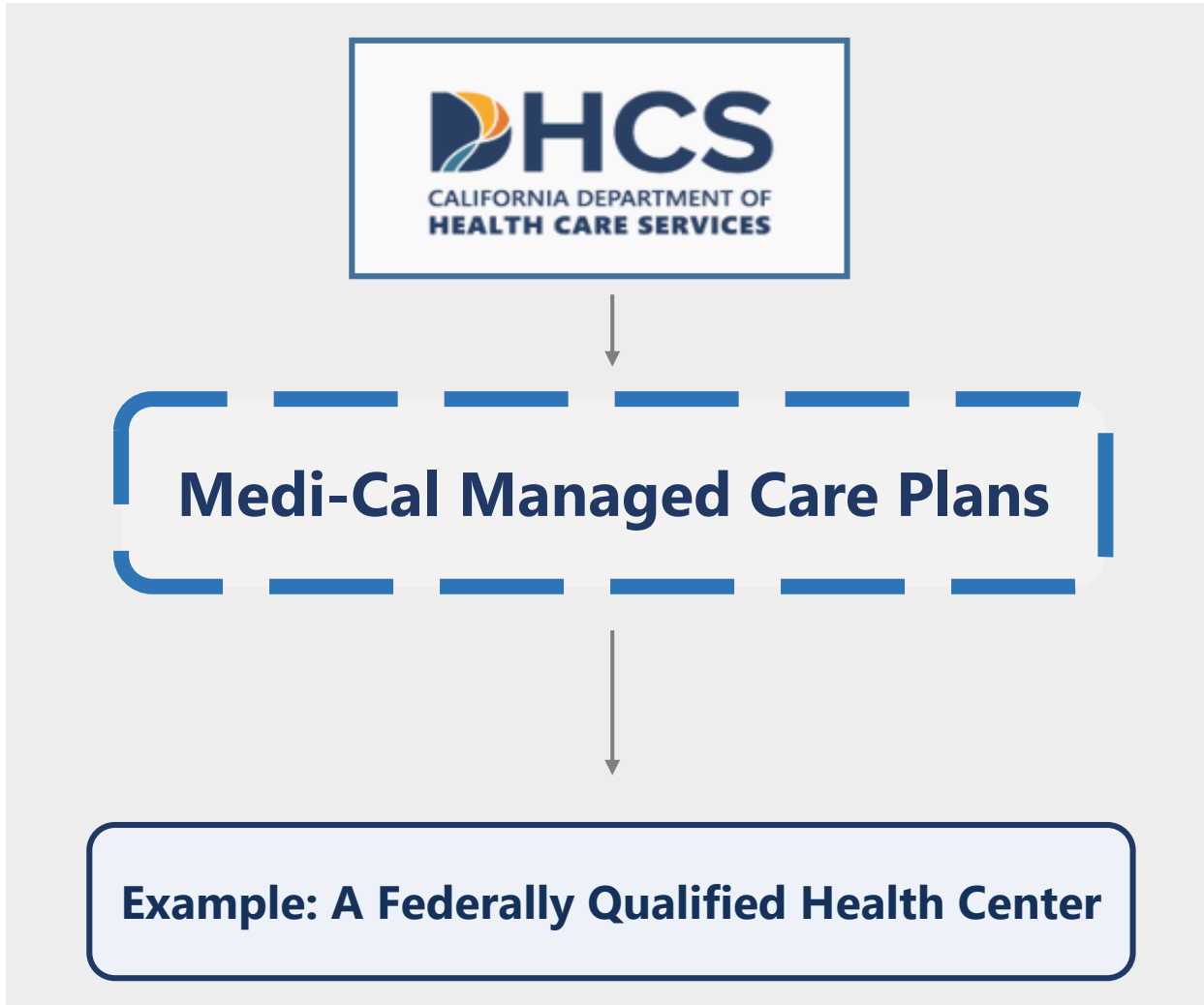
**Health Promotion**



**Comprehensive Transitional Care**

# How Is ECM Provided?

## *MCP Roles & Responsibilities*



For each POF, MCPs must:

- » **Establish Provider networks** by contracting with Providers that have experience serving the Populations of Focus and expertise providing core ECM-like services.
  - DHCS does not set Provider rates for ECM.
- » **Identify** eligible members and **authorize** ECM.
- » **Assign** eligible members to ECM Providers.
- » **Provide training** for ECM Providers.
- » **Oversee** and monitor ECM service delivery.

See the [ECM Policy Guide](#) for more detail.

# How Is ECM Provided?

## Provider Requirements



ECM Providers must:

- » Be **community-based entities**.
- » Have **experience** providing care to members of the specific POFs they serve.
- » Have **expertise** providing culturally appropriate, intensive, in-person, timely care management services.
- » Agree to **contract with Medi-Cal MCPs** as ECM Providers and negotiate rates.
- » Must be able to **either submit claims to MCPs or use a DHCS invoicing template** to bill MCPs if unable to submit claims and **must have a documentation system for care management**.
- » Assign a dedicated, individual **Lead Care Manager** to each MCP Member enrolled in ECM, who is responsible for meeting with MCP Members in-person to form a trusting relationship and coordinate care across systems.

# Questions?

