



<b>Policy and Procedure No: CM 17.2</b>		<b>Revision No: 2</b>
<b>Division: Care Management</b>		
<b>Department: Care Management</b>		
<b>Title: PHC-CA CalAIM Discontinuation of Enhanced Care Management (ECM) Services and Transition to Lower Care Management</b>		
<b>Effective Date: 9/1/2021</b>		
<b>Supersedes Policy No: CM 17.0, CM 17.1</b>		
<b>Reviewed/Revised by: Tiffany Smith</b>		<b>Review/Revision Date: 10/1/2025</b>
<b>Approving Committee: Utilization Management Committee</b>		<b>Date: 12/15/2025</b>
<b>Executive Oversight Committee Date: 12/16/2025</b>		

**Purpose:**

To describe how PHC California (the Health Plan) will discontinue Enhanced Care Management (ECM) services and transition enrollees to a lower level of care management.

**Policy:**

The Health Plan will discontinue ECM if enrollee(s) decline services or wish to end ECM participation at initial outreach and engagement or at any other time the enrollee meets any the following criteria:

1. Enrollee has met all care plan goals;
2. Enrollee is ready to transition to a lower level of care;
3. Enrollee no longer wishes to receive ECM or is unresponsive/unwilling to engage;
4. The Health Plan has not been able to connect with the Enrollee after multiple attempts.

The Health Plan will transition enrollee(s) to lower level of care management to provide coordination of ongoing needs, if the following “graduation” criteria are met:

1. CD4 Count greater than 200/Undetectable Viral Load
2. ARV Adherence Greater than 85%
3. Less than two (2) hospitalizations within the last six (6) months
4. Less than three (3) emergency department visits within the last six (6) months
5. Stable housing
6. No current substance abuse or active use or relapse within the last three (3) months.
7. PHQ9 Score less than sixteen (16)

8. No chief complaints related to an active mental health diagnosis
9. Less than six (6) uncontrolled co-morbidities
10. Out of incarceration for more than six (6) months with stable employment and housing.

**Procedure:**

1. Procedure for Discontinuation/Disenrollment
  - a. In cases other than death, the ECM Care Manager will discuss with the Health Plan Medical Director and the ICT team potential for disenrollment and transition in the weekly care management case conference.
  - b. In cases other than death, the ECM Care Manager, after review by the Health Plan Medical Director, ECM Community Health Worker (CHW) and ICT, will discuss the plan for disenrollment with enrollee. Primary Care Provider (PCP), family enrollees, Durable Power of Attorney (DPOA) will be included in the discussion as appropriate.
  - c. The enrollee will be provided with a ten (10) day Advance Notice of Action (NOA) and 'Request for State Hearing' form at least ten (10) calendar days (excluding the mailing date) before the effective date of discontinuation/disenrollment. The NOA is to inform the enrollee of his/her right to a fair hearing if the enrollee does not agree with the ECM disenrollment. A copy of the NOA and supporting documents will be maintained in the enrollee file and the original sent to the enrollee via certified mail. All services will remain in place during the ten (10) day waiting period.
2. The enrollee will receive a Same-Day Notice and 'Request for State Hearing' form if one of the following occurs:
  - a. The enrollee gives information that requires termination and indicates that he/she understands that this must be the result of supplying that information
  - b. The enrollee is incarcerated for longer than thirty (30) days.
  - c. The enrollee has maintained stable housing and does not meet any other ECM requirements.
  - d. The enrollee has achieved stabilization of mental illness or substance use disorders.
  - e. The Health Plan determines the enrollee is enrolled into another ECM program or any of the following programs:
    - i. 1915 Waivers:
      - a. Multipurpose Senior Services Program (MSSP)
      - b. Assisted Living Waiver

- 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.
  - ii. Fully integrated programs for Enrollees dually eligible for Medicare and Medicaid:
    - a. Cal MediConnect
    - b. Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
    - c. Program for All-Inclusive Care for the Elderly (PACE)
  - iii. Family Mosaic Project
  - iv. California Community Transitions (CCT) Money Follows the Person (MFTP)
  - v. Basic or Complex Case Management outside the Health Plan.
3. A copy of the NOA and supporting documents will be maintained in the enrollee file and the original sent to the enrollee via certified mail.
  4. A NOA will not be provided if the enrollee expires, the post-office recently returned mail indicating no forwarding address with no other address on file and the enrollee's whereabouts are unknown, the Plan has not been able to connect with the enrollee after multiple attempts via phone, face-to-face, and/or mail or enrollee signs a clear written statement that he/she no longer wants services or agrees to participate in another ECM program/program that duplicates services provided by ECM.
  5. The ECM Care Manager will close all related care plans in the case management system, will close the ECM program and notify ECM staff, Providers, and Plan of discontinuation.
  6. Procedure for Transition to lower level of Care Management and/or Coordination
    - a. If the enrollee meets "transition" criteria, the ECM Care Manager will discuss with the Health Plan Medical Director, ECM CHW and ICT the plan for lowering the level of Care Management for enrollee to standard/basic in the care management case conference. If enrollee meets "transition" criteria and approval by Medical Director and ICT team, the ECM Care Manager will discuss the plan for lowering the level of Care Management and transitioning to a standard/basic care management with enrollee. Primary Care Provider (PCP), family enrollees, Durable Power of Attorney (DPOA) will be included in the discussion as appropriate.

- b. The ECM Care Manager and CHW will close all related ECM care plans in the case management system, will close the ECM program enrollee ship for the enrollee, and notify ECM staff, Providers, and Plan of enrollee transitioning to lower level of care management.
- c. Standard/basic care management program will be opened on the enrollee's chart in the case management system and reassigned to a Registered Nurse Care Team Manager (RNCTM) and Care Coordination team.

**Definitions:**

- 1. Enhanced Care Management (ECM): a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of high-cost and/or high-need Enrollees through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered.
- 2. Care Management Provider: The Health Plan is the Provider of ECM. The Health Plan is a community-based entity, with experience and expertise providing intensive, in-person care management services to individuals in one (1) or more of the target populations for ECM for systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch, and person-centered. ECM is a Medi-Cal benefit.
- 3. ECM Care Manager: A Enrollee's designated care manager for ECM services, who works for the ECM Provider organization. The ECM Care Manager is on staff with the Health Plan (as described in the DHCS-MCP ECM and ILOS Contract, Section 4: ECM Provider Capacity). The Care Manager operates as part of the Enrollee's multi-disciplinary care team and is responsible for coordinating all aspects of ECM and any In Lieu of Services (ILOS). To the extent a Enrollee has other care managers, the ECM Care Manager will be responsible for coordinating with those individuals and/or entities to ensure a seamless experience for the Enrollee and non-duplication of services.

**Monitoring:**

The Health Plan reviews, updates, and seeks approval from the Utilization Management Committee at least annually.

**Reference(s):**

California Department of Health Care Services, CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS); Contract Provisions.

