



IEHP UM Subcommittee Approved Authorization Guideline			
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COVERAGE POLICY

Population of Focus Criteria:

A. An Enhanced Care Management (ECM)-eligible Member must be a Medi-Cal Member who meets the eligibility criteria for at least one of the following Populations of Focus (PoFs):

1. PoF Adults Experiencing Homelessness (all ages) includes individuals or families who:
 - a. Experience homelessness, which is defined as one of the following:
 - i. Lacking a fixed, regular, and adequate nighttime residence, OR
 - ii. Having a primary residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building bus or train station, airport, or camping ground
 - iii. Living in supervised publicly or privately operated shelter, designed to provide temporary living arrangements (including hotels and motels paid for by federal, state or local government programs for low-income individuals or by charitable organizations, congregate shelters and transitional housing) OR
 - iv. Exiting an institution into homelessness (regardless of the length of stay), OR
 - v. Will imminently lose housing in the next 30 days, OR
 - vi. Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life-threatening conditions relating to such violence;

AND

- b. Have at least one of the following for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services:
 - i. Complex physical health need, OR
 - ii. Complex behavioral health need, OR
 - iii. Complex developmental health need with inability to successfully self-manage

OR

- c. Members authorized for Transitional Rent

2. PoF Children, Youth, and Families experiencing homelessness with members under 21 years of age who:
 - a. Are experiencing homelessness as defined above in (a)
OR
 - b. Sharing the housing of other persons (i.e. couch surfing) due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or abandoned in hospitals (in hospital without a safe place to be discharged to).
OR
 - c. Members authorized for Transitional Rent

Note: Children, youth, and families do not need to meet the additional “complex physical, behavioral, or developmental need” criteria noted above for adults

3. PoF-Adults at Risk for Avoidable Hospital or Emergency Department (ED) Utilization (adults 18+ only) includes individuals with at least one of the following:
 - a. 5 or more emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence, OR
 - b. 3 or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence
4. PoF - For Children and youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization who meet one or more of the following conditions:
 - a. 3 or more emergency room visits in a 12 - month period that could have been avoided with appropriate outpatient care or improved treatment adherence
 - b. 2 or more unplanned hospital and/or short-term skilled nursing facility stays in a 12 - month period that could have been avoided with appropriate outpatient care or improved treatment adherence
5. PoF-Serious Mental Health and/or Substance Use Disorder (SUD) (all ages) Adults who:
 - a. Meet the eligibility criteria for participation in, or obtaining services through:
 - i. Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MHPs);
 - ii. The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program;**AND**
 - b. Are experiencing at least one complex social factor influencing his/her health (e.g., lack of access to food, lack of access to stable housing, inability to work or engage in the community, high measure (4 or more) of ACEs based on screening, former foster youth, history of recent contacts with law enforcement related to mental health and/or substance use symptoms;
AND
 - c. Meet on or more following criteria:
 - i. Are at high risk of institutionalization, overdose, and/or suicide, OR
 - ii. Uses crisis services, EDs, urgent care, or inpatient stays as the primary

- source of care; or urgent/crisis care for sole source of care, OR
- iii. Experienced two or more ED visits or two or more hospitalizations due to serious mental health or substance abuse disorder (SUD) in the past twelve months, OR

6. PoF Children and youth who:

- a. Meet the eligibility criteria for participation in, or obtaining services through one or more of:
 - i. Specialty Mental Health Services (SMHS) delivered by Mental Health Plans (MHPs);
 - ii. The Drug Medi-Cal Organization Delivery System (DMC-ODS) OR the Drug Medi-Cal (DMC) program.
Note: No further criteria are required to be met for children and youth to qualify for this ECM Population of Focus.

7. PoF-Individuals Transitioning from incarceration (e.g., prison, jail, or youth correctional facility), adults who:

- a. Are transitioning from a correctional facility, or have transitioned from correctional facility within the past 12 months

AND

- b. Have at least one of the following:
 - i. Mental illness, OR
 - ii. Substance Use Disorder (SUD), OR
 - iii. Chronic Condition/Significant Non-chronic Clinical Condition; OR
 - iv. Intellectual or developmental disability (I/DD), OR
 - v. Traumatic Brain Injury (TBI), OR
 - vi. HIV/AIDS, OR
 - vii. Pregnancy or Postpartum

8. PoF - Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility within the past 12 months. No further criteria are required to be met for Children and Youth to qualify for this ECM Population of Focus

9. PoF - Adults Living in the Community and At Risk for Long Term Care (LTC) Institutionalization

- a. Are living in the community who meet the Skilled Nursing Facility (SNF) Level of Care (LOC) criteria, OR who require lower acuity skilled nursing, such as time limited and/or intermittent medical and nursing services, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury

AND

- b. Are actively experiencing at least one complex social or environmental factor influencing their health (including, but not limited to, needing assistance with activities of daily living (ADLs), communication difficulties, access to food,

access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring);

AND

- c. Can reside continuously in the community with wraparound supports (i.e., some individuals may not be eligible because they have high-acuity needs or conditions that are not suitable for home-based care due to safety or other concerns)

10. PoF - Adult Nursing Facility Residents Transitioning to the Community (Adults 18+).

Adult nursing facility residents who:

- a. Are interested in moving out of the institution;

AND

- b. Are likely candidates to do so successfully;

AND

- c. Are able to reside continuously in the community.

11. PoF-Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition

a. Children and youth who:

- i. Are enrolled in CCS OR CCS WCM

AND

- ii. Are experiencing at least one complex social factor influencing their health. Examples include (but are not limited to) lack of access to food; lack of access to stable housing; difficulty accessing transportation; high measure (four or more) of ACEs screening; history of recent contacts with law enforcement; or crisis intervention services related to mental health and/or substance use symptoms.

12. PoF - Children and Youth Involved in Child Welfare, Children and youth who meet one or more of the following conditions:

- a. Are under age 21 and are currently receiving foster care in California;
- b. Are under age 21 and previously received foster care in California or another state within the last 12 months;
- c. Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state;
- d. Are under age 18 and are eligible for and/or in California's Adoption Assistance Program;
- e. Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months.

13. PoF - Birth Equity Population of Focus (Adults and Youth):

a. Adults and youth who:

- i. Are pregnant OR are postpartum (through 12 months period);

AND

- ii. Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortal.

COVERAGE LIMITATIONS AND EXCLUSIONS

Exclusions criteria: The following Members are not eligible to receive ECM Services

A. Members who are enrolled in the following programs or services:

1. If the Member confirms enrollment in any of the following programs, they are advised to choose either that program or ECM:
 - a. 1915(c) Home and Community-Based (HCBS) waiver programs: HIV/AIDS, Assisted Living Waiver (ALW), Multipurpose Senior Services Program (MSSP), Home and Community-based Alternatives (HCBA), HCBA Waiver for Individuals with Development Disabilities (I/DD), Self-Determination Program for Individuals with I/DD
 - b. ECM is not provided in the CMC/EAE-DSNP/Non-EAE D-SNP/Fully Integrated Dual eligible Special Needs Plans (FIDE-SNPs) delivery system. Members have the choice to leave the CMC/EAE-DSNP/Fully Integrated Dual eligible Special Needs Plans (FIDE-SNPs) delivery systems to receive ECM services.
 - c. Complex Care Management
 - d. California Community Transition (CCT), Money follows The Person (MFTP)
 - e. County-Based Targeted Case Management (TCM) Beginning July 1, 2024, Members who meet ECM POF criteria should be enrolled in ECM and may no longer be enrolled in ECM and County-based TCM programs at the same time except for a one-year exception from July 1, 2024 to June 30, 2025 for cases where the Member is receiving County-based TCM (1) for addressing a communicable disease or (2) for the sole purpose of receiving a home visiting program supporting the healthy development and well-being of children and families. Note: County-based TCM is distinct from TCM provided as a component of Specialty Mental Health Services. Pg 71 to 76 ECM Guide Aug 2024
2. Medical Beneficiaries enrolled in the following programs are excluded from ECM:
 - a. Family Mosaic Project
 - b. Hospice
 - c. Cal Medi-Connect/EAE-DSNP
 - d. FIDE-SNPs
 - e. Program for all-inclusive care for elderly (PACE)
 - f. Medi-Cal FFS + Medicare FFS or Plan (not MCP enrolled)
 - g. Non-EAE D-SNP

B. Other criteria that would determine an IEHP Member ineligible for Enhanced Care Management services:

1. Further assessment demonstrates that an individual is well managed through self-management or through another program or is otherwise determined to not fit the high-risk, high-need, and high-cost eligibility criteria.
2. An individual cannot improve because the Member is uncooperative.
3. An individual's behavior or environment is unsafe for staff.
4. An individual is more appropriate for an alternate care management program.

Discontinuation Criteria

C. Notice of Action (NOA)

1. IEHP will issue a Notice of Action.
 - a. IEHP will issue a Population of Focus eligibility denial if Member or Provider requests that Member participate in ECM but is not eligible.
 - b. IEHP will issue a Notice of Action Termination if a Member will not be completing the 12-month initial authorization or 6-month re-authorization period AND if any of the circumstances for discontinuing ECM are met:
 - i. The Member has met all care plans;
 - ii. The Member is ready to transition to a lower level of care;
 - iii. The Member no longer wishes to receive ECM or is unresponsive or unwilling to engage (this can include instances when a Member's behavior or environment is unsafe for the ECM Provider); or
 - iv. The ECM Provider has not been able to connect with the Member and/or parent, caregiver, guardian after multiple attempts.
 - o Members who have been contacted for a continuous period of three (3) months but are unreachable and do not show any claim or encounter in ED, clinics, pharmacy, or any other healthcare setting
2. IEHP does not issue a Notice of Action when discontinuing ECM for the following end reasons:
 - a. The current authorization has lapsed, and the ECM Provider has not submitted a request for reauthorization.
 - b. Member is participating in a state-indicated duplicative care management program
 - c. Loss of IEHP Medi-Cal
 - d. Deceased
 - e. Incarcerated
 - f. Moved out of service county

Reauthorization Criteria

D. Reauthorization

1. Members are assessed against the ECM discontinuation criteria, not the ECM Population of Focus eligibility criteria, to evaluate whether Members are ready to transition from the ECM benefit.
2. IEHP will re-authorize a Member for a period of six (6) months if Member does not meet discontinuation criteria and requires ongoing ECM level of care.

ADDITIONAL INFORMATION

Overview of ECM:

IEHP's Enhanced Care Management (ECM) is a no-cost Medi Cal benefit that helps eligible IEHP Members who meet a defined population of focus (PoF) by providing a whole-person, collaborative, interdisciplinary approach to care that addresses the clinical and non-clinical needs of Members with the most complex medical and social needs through systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered. ECM offers comprehensive, whole person care management to high-need, high-cost Medi-Cal Managed Care Members with the overarching goals of improving care coordination, integrating services, facilitating community resources, addressing Social Determinants of Health (SDOH), improving health outcomes, and decreasing inappropriate utilization and duplication of services.

IEHP's ECM provides eligible Members a multidisciplinary team to help coordinate and manage their care. The team consists of a Nurse Care Manager, Behavioral Health Care Manager, Care Coordinator and Community Health Worker. These specially trained professionals collaborate with IEHP Members' Primary Care Physicians, Specialists, family support systems, and community partners to create a personalized plan of care to coordinate all care for Members across the physical and behavioral health delivery systems.

CLINICAL/REGULATORY RESOURCE

California Department of Health Care Services

DEFINITION OF TERMS

Drug Medi-Cal Organized Delivery System (DMC-ODS): A continuum of care modeled after the American Society of Addiction Medicine Criteria for substance use disorder treatment services. DMC-ODS enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidence-based practices in substance abuse treatment and coordinates with other systems of care.

Definition of adult and child/youth: In the Populations of Focus definitions, "adult" is defined as an individual who is 21 years of age or older, and a "child or youth" is defined as an individual under 21.

REFERENCES

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2. California Department of Health Care Services. Medi-Cal Waivers. <https://www.dhcs.ca.gov/services/Pages/Medi-CalWaivers.aspx>. Accessed February 13, 2026.
3. California Department of Health Care Services, no date. Enhanced Care Management (ECM): ECM and ILOS Implementation Timeline, ECM Populations of Focus, ECM Overlap with other Programs & Exclusions. <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions.pdf>. Accessed February 13, 2026
4. California Department of Health Care Services. Updated August 2024. CalAIM Enhanced Care Management Policy Guide. <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Resources.aspx>
<https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf> Accessed February 13, 2026.
5. CALAIM Enhanced Care Management Policy Guide, updated September 2023. <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf> Note: Superseded by August 2024 version as above. Accessed February 13, 2026
6. CalAIM Enhanced Care Management Policy Guide, updated January 2026. <https://www.dhcs.ca.gov/CalAIM/ECM/Documents/CalAIM-ECM-Policy-Guide.pdf> Accessed February 2026

DISCLAIMER

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