

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
- Directs
- IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

Community Supports and Enhanced Care Management Overview

This is an advisory notification to Molina Healthcare of California (MHC) network providers with information on the Department of Health Care Services (DHCS) Enhanced Care Management (ECM) and Community Supports (CS) initiatives under the California Advancing and Innovating Medi-Cal (CalAIM) waiver. ECM and CS work to improve care coordination and community-based services to Members who need it most.

WHAT YOU NEED TO KNOW:

ECM Program Description

ECM is a new statewide Medi-Cal benefit that takes an interdisciplinary approach to care in response to growing clinical and non-clinical needs. The ECM framework focuses on:

- Team-based and whole, person-centered care
- Wrap-around and in-person services
- Physical, mental, behavioral, and social needs

ECM Members receive:

- Access to a single Lead Care Manager who provides comprehensive care management and coordinates health and health-related care and services
- Connections to the quality care they need, no matter where they seek care, such as at the doctor, the dentist, with a social worker, or at a community center

ECM Eligibility

ECM is available to select Medi-Cal Members who fall under one of the following Populations of Focus:

- Adults, unaccompanied youth and children, and families experiencing homelessness
- Adults, youth, and children who are at risk for avoidable hospital or emergency department care
- Adults, youth, and children with serious mental health and/or substance use disorder needs
- Adults living in the community and at risk for long-term care institutionalization
- Adult nursing facility residents transitioning to the community
- Children and youth enrolled in California Children's Services (CCS) or CCS Whole Child Model with additional needs beyond their CCS condition(s)
- Children and youth involved in child welfare (foster care)
- Adults and youth who are transitioning from incarceration

CS Program Description

CS are pre-approved, statewide services from DHCS that address Members' health-related social needs as well as help them live healthier lives. Members can rely on CS as a medically appropriate and cost-effective alternative to other Medi-Cal services, avoiding higher levels and greater costs of care.

MHC offers all 14 CS services, varying by county:

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy & Sustaining Services
- Short-Term Post-Hospitalization
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to Assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Person Care and Homemaker Services
- Home Modifications
- Medically Tailored Meals/Supportive Food
- Sobering Centers
- Asthma Remediation

CS Eligibility

Medi-Cal Members may receive CS services if they meet the eligibility criteria and if MHC determines the CS service is a medically appropriate and cost-effective alternative to services covered under the California Medicaid State Plan. These services are available to eligible Members regardless of whether they qualify for ECM services. Members cannot be receiving duplicative services through another avenue, such as a state or county-funded program. Each CS service has specific qualifying Member criteria based on DHCS Policy. The criteria are listed on the referral forms for each CS service.

WHAT YOU NEED TO DO:

ECM Referral Process

1. Fill out the ECM Member Referral Form available on the MHC Medi-Cal website at:
<https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Enhanced-Care-Management-Member-Referral-Form.pdf>.
2. Submit the completed form via secure email to the Molina ECM team at:
MHC_ECM@molinahealthcare.com.
3. The Molina ECM team will verify Member eligibility and respond within 5 business days from receipt of the request.
 - a. An expedited request may be submitted on behalf of a Member who is currently in the hospital or has a condition that requires immediate outreach.
 - i. If the referral is urgent, please indicate URGENT in the subject line and include applicable documentation that indicates the Member meets ECM criteria.
 - ii. There is a 72-hour turnaround time for urgent requests; however, most are processed the same day.
 - b. All ECM referral forms, including the Sac Universal Referral Form, are accepted by MHC.
 - c. MHC will process the referral by completing an ECM Enrollment Assessment and assigning an ECM Provider.

*If you are not contracted with Molina and wish to opt out of the Just the Fax, email: mhcproviderjustthefax@molinahealthcare.com
Please include provider name, NPI, county, and fax number and you will be removed within 30 days.*

4. The ECM Provider must complete a Health Risk Assessment and Care Plan within 90 days of notification of their newly assigned Member.
5. Once completed, the ECM Provider will assign a Lead Care Manager, facilitate referrals, and continually reassess the Member's care plan and level of care.

CS Referral Process

1. Fill out the appropriate CS form on the MHC Medi-Cal website under Frequently Used Forms. This page can be found at:
<https://www.molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx>.
 - a. With the exception of Sobering Centers, all CS services require authorization.
2. Submit the completed referral form to the Molina CS team through one of the following methods:
 - a. Email: MHC_CS@molinahealthcare.com
 - b. Fax: (833) 908-4424
3. The CS team will review the referral within 5 business days of receipt and ensure the Member meets the eligibility criteria for the requested service.
 - a. The CS team will reach out through email or phone if additional information is needed.
 - b. Referrers should email MHC as soon as possible to discontinue requests.
 - c. Requests are withdrawn for Members who are not eligible.
4. After reviewing, the CS team will submit for Utilization Management (UM) authorization.
6. The referral will be processed. The CS team will contact the referrer to inform them of its status, and the UM Prior Auth will fax the authorization decision.
 - a. MHC encourages Providers to reach out regarding any questions about specific CS services.

CS Claims Submission

Providers are requested to submit CS claims on CMS-1500. All claims, including corrected claims, must be submitted within 90 days from the date of service. Refer to the Center of Medicare & Medicaid Services (CMS) Professional Paper Claim Form webpage for further information:

<https://www.cms.gov/medicare/coding-billing/electronic-billing/professional-paper-claim-form>.

- Diagnosis codes: Enter the appropriate diagnosis code(s) in box 21A-L on the CMS-1500 claim form. Enter the correspondence diagnosis pointer code indicated in box 21 A-L in box 24 E for every service line entered.
- Place of service code: Enter the appropriate place of service code in 24 B. The place-of-service code list can be found on the following CMS website:
https://www.cms.gov/Medicare/Coding/place-of-service-codes/Place_of_Service_Code_Set
- Procedure codes: Enter the procedure code that has been approved using the appropriate HCPCS code, unity, and modifier in 24 D-G.

Claims may be submitted through the following methods:

- Electronic (Availity): <https://provider.molinahealthcare.com/Provider/Login>
 - Alternatively, Providers may also utilize MHC's clearinghouse, Change Healthcare, for submission, as follows:
 - Change Healthcare (CH)
 - CH's Telephone: (877) 469-3263
 - Molina's Payer ID: 38333
- Mail to:
Molina Healthcare, Inc.
P.O. Box 22667
Signal Hill Post Office

2371 Grand Avenue
 Long Beach, CA 90809

Resources

For more information on ECM and CS, please refer to the following resources:

- DHCS ECM and CS Webpage: <https://www.dhcs.ca.gov/CalAIM/ECM/Pages/Home.aspx>
- CS Fact Sheet: <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-CS-a11y.pdf>
- CS List of Services: <https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf>
- ECM Fact Sheet: <https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf>
- ECM Policy Guide: <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Policy-Guide.pdf>

WHAT IF YOU NEED ASSISTANCE?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below:

Service County Area	Provider Relations Representative	Contact Number	Email Address
California Hospital Systems	Deletha Foster Teresa Suarez Laura Gonzalez	909-577-4351 562-549-3782 562-549-4887	Deletha.Foster@molinahealthcare.com Teresa.Suarez2@molinahealthcare.com Laura.Gonzalez3@molinahealthcare.com
Los Angeles	Clemente Arias Christian Diaz Daniel Amirian LaToya Watts	562-517-1014 562-549-3550 562-549-4809 562-549-4069	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com Latoya.Watts@molinahealthcare.com
Los Angeles / Orange County	Maria Guimoye	562-549-4390	Maria.Guimoye@molinahealthcare.com
Sacramento	Johonna Eshalomi	562-549-3708	Johonna.Eshalomi@molinahealthcare.com
San Bernardino	Luana McIver	909-501-3314	Luana.Mciver@molinahealthcare.com
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	Vanessa.Lomeli2@molinahealthcare.com
Riverside County	Mimi Howard	562-549-3532	Smimi.Howard@molinahealthcare.com
San Diego / Imperial County	Briana Givens Salvador Perez Dolores Ramos Lincoln Watkins	562-549-4403 562-549-3825 562-549-4900 858-300-7722	Briana.Givens@molinahealthcare.com Salvador.Perez@molinahealthcare.com Dolores.Ramos@molinahealthcare.com Lincoln.Watkins@molinahealthcare.com

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 Please include provider name, NPI, county, and fax number and you will be removed within 30 days.*