IHSS ECM Toolkit

for County IHSS Social Workers & Public Authority Staff

ARCHSTONE FOUNDATION

CALIFORNIA HEALTH POLICY STRATEGIES, L.L.C.

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This toolkit is made possible by Archstone Foundation and California Health Policy Strategies, LLC. (CalHPS)

Introduction

Purpose of this Toolkit

This toolkit has been developed to assist county In-Home Supportive Services (IHSS) social workers and Public Authority staff in identifying and referring eligible IHSS recipients to Enhanced Care Management (ECM) services under CalAIM. ECM is a Medi-Cal benefit designed to provide intensive care coordination and wraparound support for individuals with complex medical and social needs. Successful ECM connections for IHSS recipients can also help county and Public Authority staff manage their workload.

The purpose of this toolkit is to:

- Provide a clear understanding of what ECM is and how it benefits IHSS recipients.
- Offer guidance on identifying IHSS recipients who may qualify for ECM services.
- Explain the referral process for connecting IHSS clients to ECM through their Medi-Cal Managed Care Plans (MCPs).
- Address common questions and concerns from IHSS recipients, their families, and caregivers.
- Equip IHSS social workers and Public Authority staff with the necessary tools and resources to streamline the referral process and improve client outcomes.

Who is Eligible for ECM?

IHSS recipients may qualify for ECM if they meet specific criteria defined by their Medi-Cal MCPs. Eligibility is generally based on belonging to a designated "Population of Focus," such as:

- Adults at risk of long-term care institutionalization.
- Individuals with complex medical or behavioral health conditions.
- Those experiencing homelessness or housing instability.
- Individuals transitioning out of institutional care.
- Other high-need populations identified by Medi-Cal.

Each Medi-Cal MCP has specific procedures and contacts for ECM referrals, which are outlined in the toolkit's referral guide.

Why ECM Matters for IHSS Recipients

Many IHSS recipients experience significant barriers to accessing healthcare and social services beyond the in-home assistance they receive. ECM provides a dedicated care manager to help coordinate medical, behavioral health, and social services, ensuring that clients receive comprehensive, person-centered care.

Importantly, ECM *enhances but does not replace* IHSS services, complementing existing supports by addressing needs related to:

- **Medical and behavioral health coordination** – Assisting with scheduling, transportation, and follow-ups for medical and mental health appointments.
- **Housing and social services** – Connecting clients with housing support, food assistance, and other community resources.
- **Care transitions** – Providing support when moving between care settings, such as hospital discharges or transitioning from institutional care to home settings.
- **Advocacy and navigation** – Helping clients and caregivers understand their Medi-Cal benefits and available supports.

Successful ECM Connections for IHSS Recipients Can Help County and Public Authority Staff Manage Their Workload

By incorporating ECM referrals into their workflow, IHSS social workers and Public Authority staff can play a vital role in ensuring their clients receive the comprehensive support they need to remain safely in their homes while improving their overall health and well-being.

In addition to the benefits gained when clients are supported, successfully helping a client connect with ECM services can also help reduce the potential pressure for county IHSS and Public Authority staff to answer questions that are not directly related to IHSS and/or assist with broader care coordination activities that are covered under the ECM benefit. At a time when caseloads and staff expectations are growing in the IHSS program, a successful referral to ECM can help reduce the pressure for county IHSS and Public Authority staff to support their clients with broader case management needs.

For any additional questions or support, you are encouraged to contact the Medi-Cal MCP providing ECM services in your region.

How to Use This Toolkit

This toolkit is structured to provide step-by-step guidance for IHSS social workers and Public Authority staff, and includes the following documents:

- **Understanding ECM –** An overview of the ECM benefit and its role in supporting IHSS recipients.
- **Eligibility and Referral Process –** Criteria for ECM eligibility and instructions on how to refer IHSS clients.
- **Client and Caregiver Communication –** Sample scripts and FAQs to help explain ECM to clients, their caregivers, and their families.
- **Tracking and Follow-Up –** Best practices for monitoring ECM referrals and staying informed about client progress.
- **Additional Resources –** Contact lists, referral forms, and links to relevant Medi-Cal MCP resources.

Desk Aid

Enhanced Care Management (ECM): An Important Tool to Support IHSS Recipients

What is ECM?

Enhanced Care Management (ECM) is a Medi-Cal benefit under CalAIM that offers extra support for people with complex medical and social needs. It provides whole-person, high-touch care coordination by connecting eligible individuals with a dedicated care manager

Key Features of ECM:

- In-person, community-based care coordination - ECM care managers meet recipients where they are.
- Helps clients navigate medical, behavioral health, and social services.
- ECM is available at no cost for Medi-Cal beneficiaries who are enrolled in a Managed Care Plan (MCP).
- ECM complements — but does not replace — IHSS.

Receiving ECM also enables IHSS recipients to be connected with Community Supports that may be offered by their Managed Care Plan (MCP) under CalAIM, which can include housing support, home modifications to improve accessibility, facilitating transitions from nursing care to home, and personal care and homemaker services to supplement IHSS. (With the exception of Transitional Rent support, which all MCPs will be required to offer starting January 1, 2026, the other Community Supports are optional for MCPs to offer.)

Why ECM Matters for IHSS Clients

Many IHSS recipients struggle with:

- Frequent hospital visits
- Unstable housing
- Chronic physical or behavioral health conditions
- Difficulty navigating complex benefit systems

ECM helps by:

- Coordinating medical appointments and follow-up
- Connecting clients to housing, food, and transportation resources
- Supporting transitions from hospitals or nursing homes
- Helping family and caregivers understand and access Medi-Cal supports

ECM Eligibility Requirements

IHSS clients may qualify* if they fall into a Medi-Cal Population of Focus (PoF). This list is not exhaustive but includes the POFs most likely to apply to adults receiving IHSS:

- Adults living in the community and at risk of long-term care institutionalization
- Adult nursing facility residents transitioning to the community
- Individuals with multiple chronic conditions or serious mental illness
- Adults and families experiencing homelessness
- Adults who have been high utilizers of care

For children and youth receiving IHSS, they must fall into a Population of Focus for their age group, which could include:

- Children who are considered high utilizers of care
- Unaccompanied children or youth experiencing homelessness
- Children with significant behavioral health needs.

- 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 currently or previously involved in child welfare or foster care, up to age 26

In the Populations of Focus (PoF) 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.

**Note: Eligibility is determined by the individual's Medi-Cal MCP based on standards established by DHCS.*

Role of IHSS Social Workers & Public Authority Staff

You are key to identifying and referring IHSS clients who may benefit from ECM. Here's how you can help:

1. IDENTIFY potential ECM candidates during assessments or regular contact.
2. DISCUSS the ECM services available with the client, their caregiver and/or their family members, as appropriate, using provided scripts and handouts.
3. REFER the client to their MCP's ECM program using the plan's referral process as outlined in the toolkit or their website.
4. FOLLOW UP with the MCP or care manager, if needed.*

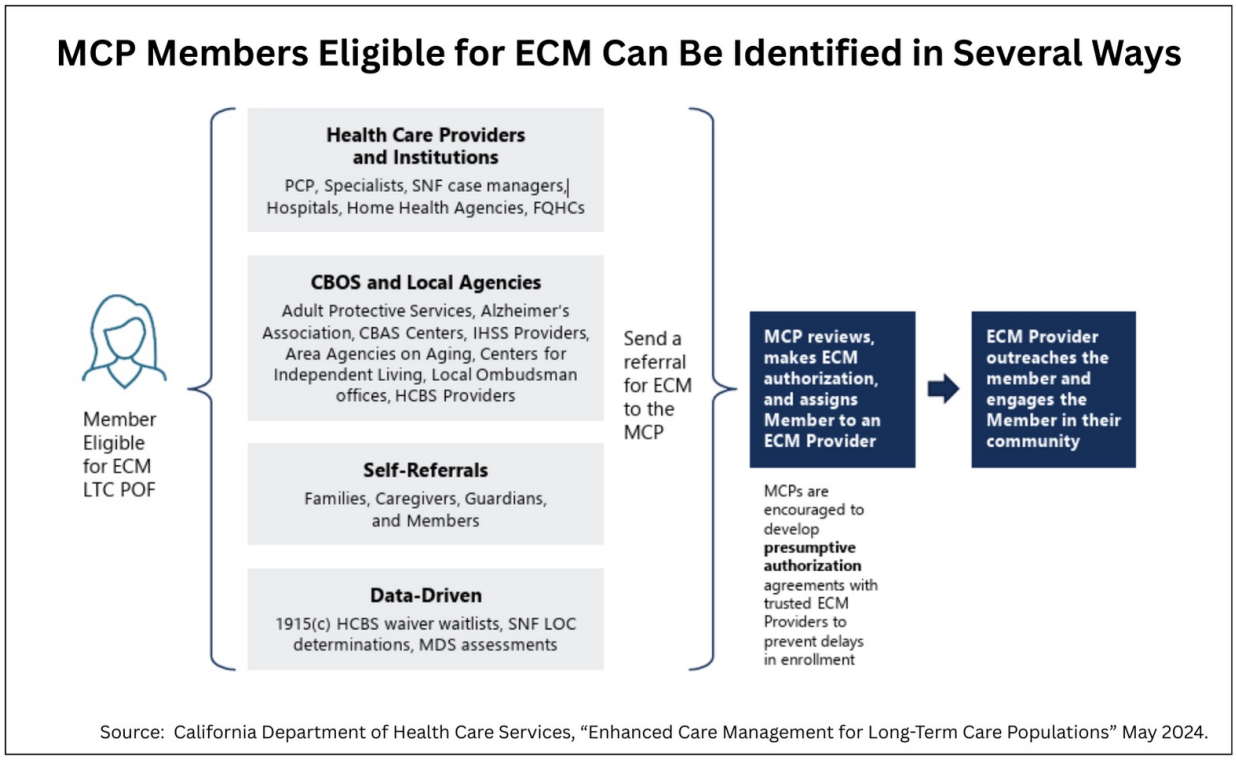
**Note: In general, an IHSS Social Worker or Public Authority staff should not have to actively pursue ECM enrollment on behalf of the client once the referral is made. MCPs are required to process referrals in a timely manner and communicate quickly with their members (and the person or entity who made the ECM referral) about their decisions.*

How to Make a Referral

To make a referral, you can use the referral tools and contact information on each MCP's specific ECM referral guide and contact information should also be on the plan's website.

While each MCP has its own process, many aspects are standardized including a state-developed referral form.

The below graphic shows the general process of connecting an MCP member with ECM, including where referrals may come from.



Source: California Department of Health Care Services, "Enhanced Care Management for Long-Term Care Populations" May 2024.

Questions?

Contact the ECM coordinator at your client's MCP for additional information and questions. If the contact information you need is not in the toolkit materials, all plans' ECM information is listed at the following link, which should be regularly updated by DHCS:

https://cdss.ca.gov/inforesources/cdss-programs/enhanced-care-management-and-community-supports-referral-pathways

You can also contact DHCS with questions at CalAIMECMILOS@dhcs.ca.gov.

This resource is made possible by ARCHSTONE FOUNDATION and California Health Policy Strategies, LLC.

Managed Care Plan Quick Guide:

Referring IHSS Clients to Enhanced Care Management

ECM is a cost-free Medi-Cal benefit providing intensive clinical and non-clinical care coordination for high-need Managed Care Plan (MCP) members. ECM provides personalized care planning and hands-on support to reduce emergency room visits, hospitalizations, and address social determinants of health.

How to Refer IHSS Clients for ECM

Referrals can come from any source. A Provider Referral is recommended for IHSS clients. IHSS Social Workers and Public Authority staff are considered providers for this purpose. The general process is as follows

1. Confirm Medi-Cal eligibility.
2. Complete the appropriate ECM Referral Form.
3. Securely submit the form to MCP via email.
4. The MCP will follow up within 5 business days to verify eligibility and contact the member.

Checklist of Steps for County IHSS / Public Authority Staff:

1. Identify IHSS client who meets a Population of Focus
2. Discuss ECM with client and caregiver using toolkit materials and, if applicable, MCP-specific materials (see link below to find contact information for your plan)
3. Fill out ECM Referral Form.
4. Follow MCP process to submit form to member's plan.

5. Track outcome: Expect response within 5 business days after referral
6. Coordinate with ECM care team as needed after acceptance*

**Note: The ECM care team is responsible for following up with the client to get their agreement to participate in ECM, set up a care plan, etc. This is not an IHSS or Public Authority role.*

MCP Specific Tools & Resources

A listing of MCPs and their ECM contacts is available at: https://cdss.ca.gov/inforesources/cdss-programs/enhanced-care-management-and-community-supports-referral-pathways

Not sure which plan(s) serve your county? See listing at: https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

After the Referral:
Supporting IHSS Recipients Enrolling in ECM

IHSS recipients may face a variety of challenges when it comes to getting enrolled in Enhanced Care Management (ECM). This guide provides tips for IHSS social workers, Public Authority staff, and other referral sources to help clients successfully engage with ECM services.

Contact Challenges

- Health plan data may be outdated or incorrect.
- Clients may not answer unfamiliar phone calls or may not have a working phone.
- Some clients may not understand that the outreach is legitimate or related to their health care.

Tips: Let your client know to expect a call, letter, or visit from the ECM provider or health plan. Offer to help confirm their current contact information during the referral. Suggest that you or they mention the referral to their family member and/or provider if they aren't already involved in the conversation, so they can also watch for a call or letter.

Housing Instability

- Clients experiencing homelessness or frequent moves may be difficult to locate.
- ECM providers may struggle to meet clients in shelters or places with limited privacy or access.

Tip: If a client is unhoused or in temporary housing, note any places they frequent or trusted contact points, like clinics or community centers, on the referral form.

Complex Family or Legal Situations

- Clients with conservators or involved family members may need additional coordination.
- Providers may be unsure who to speak with about consent and services.

Tip: Share known contacts and roles (e.g., a conservator's name and contact information) when making a referral. The MCP and potential ECM providers can better navigate the situation with that information.

Health Plan Referral Delays

- Some ECM referrals are delayed due to long authorization times or lack of automatic approvals.
- Clients may become discouraged if they don't hear back quickly.

Tip: Encourage clients to reach out to their MCP if they haven't heard from the plan or an ECM care manager within 2–3 weeks. Under closed-loop referral requirements in place for MCPs since July 2025, those making the referral should also receive information about what the plan decided, within 24 hours of the decision.

Cultural and Language Needs

- Clients may prefer to communicate in a language other than English.
- Trust can be a concern, especially for clients from marginalized communities or with prior negative experiences.

Tip: Share the client's language preference and any known cultural needs when making a referral. MCPs and ECM providers may be able to more quickly match the client with a culturally competent care manager if they know these needs upfront.

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Frequently Asked Questions (FAQ)

1. What is Enhanced Care Management (ECM)?

ECM is a Medi-Cal benefit that provides extra care coordination for Medi-Cal Managed Care Plan (MCP) enrollees who have complex health and social needs. It connects eligible individuals with a dedicated **care manager** who helps them navigate medical, behavioral health, and social services to improve their well-being.

2. How does ECM benefit individuals receiving In-Home Supportive Services (IHSS)?

ECM provides additional support that **complements** IHSS by helping recipients:

- Coordinate medical appointments and services.
- Access transportation for healthcare visits.
- Navigate Medi-Cal benefits and coverage.
- Connect with social services such as housing assistance, food programs, and mental health support.
- Ensure all care providers communicate and collaborate effectively.

3. Does ECM replace IHSS services?

No, ECM does not replace IHSS services. Instead, it **enhances** support by addressing needs that IHSS does not cover, such as medical case management and coordination of community resources. An individual can receive both IHSS and ECM.

Depending on the individual's MCP, one or more Community Supports may also be available to them if needed, which can help them with housing and other needs.

4. Who is eligible for ECM?

ECM is available to Medi-Cal beneficiaries who meet specific criteria, including:

- Adults living in the community and at risk of long-term care institutionalization.
- Adult nursing facility residents transitioning to the community.
- Individuals with multiple chronic conditions or serious mental illness.
- Adults, families, and unaccompanied youth and children experiencing homelessness.
- Individuals who are considered high utilizers of care, including those who have had 5+ emergency department visits or 3+ unplanned hospital or short-term skilled nursing facility stays in the last 6 months, or those who have been identified by their health plan as having a pattern of high utilization that could have been avoided.

5. Can children receive ECM?

Yes, children and youth can receive ECM services if they are in one (or more) of the following Populations of Focus:

- Children who are considered high utilizers of care, including children or youth who are frequently hospitalized and those who regularly use emergency rooms as a source of care.
- Children in families experiencing homelessness, or who are unaccompanied children, or youth experiencing homelessness.
- Children with significant behavioral health needs, such as those with serious emotional disturbance, identified to be at clinical high risk for psychosis, or experiencing a first episode of psychosis.
- 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 or foster care, or with a history of involvement in these systems, including former foster youth up to age 26.
- Youth who are transitioning from incarceration.

6. How can an IHSS recipient be referred for ECM?

Referrals can be made by:

- County IHSS social workers and Public Authority staff.
- Health care providers.
- Community-based organizations.
- The recipient, their caregiver, or a family member or friend.

An IHSS social worker or Public Authority staff making a referral should use the ECM referral form used by the individual's MCP. The state has standardized the form, so the data required in the form should be the same across MCPs, though the form may look slightly different from one plan to the next.

7. What happens after a referral is made?

Once a referral is submitted by an IHSS social worker or Public Authority staff member:

1. The individual's MCP reviews eligibility.
2. If eligible, the MCP assigns the individual to a community-based ECM provider with whom they have a contract.
3. The ECM provider will reach out to the individual and talk with them to explain what ECM is. The individual will have an opportunity to ask questions. Then the individual can decide if they want to receive ECM - the choice is up to them.
4. If the individual agrees to receive ECM, a care manager will contact them to assess their needs and develop a personalized care plan.
5. Services and coordination efforts begin, ensuring ongoing support.

8. How does ECM interact with other Medi-Cal benefits?

ECM works alongside other Medi-Cal benefits to help coordinate care.

A person receiving ECM can also be connected with Community Supports that may be offered by their MCP under CalAIM, which can include housing support, home modifications to improve accessibility, facilitating transitions from nursing care to home, and personal care and homemaker services to supplement IHSS.

With the exception of Transitional Rent support, which all MCPS will be required to offer starting January 1, 2026, the other Community Supports are optional for MCPs to offer, so the services an individual can receive from their MCP may be different from those provided by other plans.

9. What role are county social workers expected to play?

County social workers can:

- Identify potential ECM candidates during assessments or regular contact.
- Discuss what ECM services are with the client, their caregiver and/or their family members, as appropriate, using provided scripts and handouts.
- Refer the client to their MCP's ECM program using the plan's referral process as outlined in the toolkit or on the plan website.
- Follow up with the MCP or care manager, if needed.*

**Note: In general, an IHSS social worker or Public Authority staff should not have to actively pursue ECM enrollment on behalf of the client once the referral is made. MCPs are required to process referrals timely and communicate quickly with their members (and the person or entity who made the ECM referral) about their decisions.*

10. Is it possible that the MCP will ignore my referral? How can I track what happens with the referral once I make it?

The MCP and/or its ECM contractors are required to respond to all referrals within set timeframes, which vary depending on the urgency of the referral.

In addition, as of July 1, 2025, DHCS requires all MCPs to follow Closed-Loop Referral (CLR) processes, which require that all referring entities - including agencies referring clients for ECM – share back with the referring entity the following information:

1. Authorization decision.
2. Authorization decision date.
3. If authorization denied, reason for denial.

The MCP must provide this information within 24 hours of the decision to the referring entity, and within 2 business days of the decision to the member.

11. How can I find the right ECM provider for a client?

You do not need to find the ECM provider yourself. Each MCP contracts with ECM providers and will ensure the client is matched with an appropriate provider once their referral is processed and approved.

12. Does ECM cost anything for the client?

No, ECM is **completely free** for Medi-Cal recipients who are eligible for full-scope benefits without a share of cost and are enrolled in a Managed Care Plan (MCP).

13. What should I do if a client doesn't want to be referred for ECM?

If a client is hesitant about ECM, that's ok! It is not a mandatory service. If you still think the services could benefit from them, you can try some of the following:

- Explain that the service is **free and voluntary**. If they try it and find ECM is not helpful or a good fit for them, they can stop receiving it without any penalty.
- Make sure they understand that choosing ECM is **not going to impact their IHSS**: ECM provides additional help without affecting their IHSS hours.
- Offer to **connect them** with their MCP's ECM team for more information.
- If they decline, document the decision in their case file and let them know they can **request a referral in the future** if they change their mind.

14. Who do I contact if I have questions about ECM?

- **Medi-Cal Managed Care Plans –** Each plan has an ECM contact to assist with referrals and questions. You can use the information provided in the "Health Plan Referral Quick Guide" to find that information, or locate it at: https://cdss.ca.gov/inforesources/cdss-programs/enhanced-care-management-and-community-supports-referral-pathways
- **DHCS Medi-Cal ECM Program Office** – For policy-related inquiries, you can email CalAIMECMILOS@dhcs.ca.gov.

Questions Family Members and Caregivers Might Have About Enhanced Care Management (ECM)

1. What if I am a family member or caregiver of someone who might qualify for ECM?

Family members and caregivers can help by:

- Learning about ECM and how it can support the person they care for.
- Encouraging the person to consider ECM services.
- Assisting with the referral process by speaking with their county social worker, the Public Authority, the IHSS caregiver, or a healthcare provider, depending on which agency is making the referral.
- **Submitting a referral directly to the MCP!** You do not need to go through a provider or the county to refer your family member or the person you care for to ECM services.

2. Can I directly refer my family member or the person I care for?

Yes, caregivers and family members can make an ECM referral directly to the individual's **Medi-Cal Managed Care Plan (MCP).**

They can also speak with the person's **healthcare provider** about making a referral, but this is not required.

3. How will ECM support me as a caregiver?

ECM helps caregivers by ensuring their loved ones receive additional support, by:

- Coordinating healthcare and social services so caregivers don't have to manage everything alone.

- Helping with appointment scheduling and transportation.
- Providing access to community resources, such as home modifications, food programs, and housing support that may be available.

4. Will ECM change the level of IHSS care my loved one receives?

No, **ECM does not replace or reduce IHSS hours or services**. It provides additional coordination and support to improve overall well-being.

5. Who can I contact if I have more questions about ECM as a family member or caregiver?

While the IHSS social worker or your family member's IHSS caregiver may know the basic information, the most detailed and up-to-date information will be available by **contacting their MCP** or, after they are authorized for ECM, **their care manager**.

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Sample Script:

Explaining ECM to IHSS Recipients, Providers, Family Members, and Other Supporters

Scenario: A county IHSS social worker or Public Authority staff is explaining ECM to an **IHSS recipient, an IHSS provider** (or a family member or other supporter) to help them understand how it can support the recipient's needs and how to access it.

Introduction - IHSS Social Worker to Client

"Hi [Name], my name is [Your Name], and I'm [your county social worker.] I'm here to make sure you have the support you need to live safely and independently at home. Today, I want to share information about a free service called Enhanced Care Management, or ECM, that might be helpful for you."

Introduction - Public Authority Staff to Provider

"Hi [Name], my name is [Your Name], and I'm calling from [County] public authority. I know you provide care to [Recipient Name]. I wanted to share information about a free service called Enhanced Care Management, or ECM, that might be helpful for your client to remain safely at home and have more coordinated care.

First: Explain ECM basics

ECM is a special benefit under Medi-Cal that provides extra support for people who have complex medical or social needs. It helps connect IHSS recipients with services beyond their regular IHSS care.

With ECM, you/your client will have a dedicated care manager—someone who works with you (them) to make sure you/they get all the medical, social, and other services you/they need to stay healthy and independent at home.

Then: Dive a little deeper

I can explain more about how ECM can help you/your client if you'd like.

The care manager can help in many ways, such as:

- **Coordinating medical care** – making sure doctors and specialists are working together.
- **Arranging transportation** – helping get to medical appointments.
- **Making connections to services** – such as food programs, housing support, or mental health services, and support for caregivers and family like respite care.
- **Helping with Medi-Cal benefits** – make sure you/they get the right level of care and services.

This service does NOT replace a recipient's IHSS hours or take the place of an IHSS provider. It adds another level of support to help with things that IHSS doesn't cover.

Who Can Get ECM

ECM is available to people who have Medi-Cal and are in a Managed Care Plan. It's for people who may need extra help managing their health or daily needs.

Based on what I know about your situation, I think you/your client might qualify.

Would you like me to make a referral for you/work with you to make a referral for your client?

How to Get ECM

If you're interested/you think your client would be interested I can help start the referral process. It's free, and it won't change your/their current IHSS benefits. Once referred, a care manager will contact you/them to learn more about your/their needs and start working to create a personalized care plan.

Would you like me to send in a referral for you/them?

Answering Common Questions

- **"Is this going to cost me anything?"**
  "No, ECM is completely free for people with Medi-Cal who are enrolled in a Managed Care Plan.
- **"Will this affect my IHSS hours?"**
  "No, ECM does not take away or change a person's IHSS benefits. It's an extra layer of support."
- **"What happens after I sign up?"**
  "Once we send in a referral, the Managed Care Plan will decide if they agree you are/your client is eligible for these services. If they agree, a care manager from the Medi-Cal health plan or an organization they contract with will reach out. They'll talk about what kind of services would be useful and get your/your client's agreement to participate in ECM. Then they can start working with you, your family/your client, their family and the rest of the care team to start setting things up.

Closing - Adapt as appropriate based on conversation

I think ECM could be a great support in this case. If you'd like, I can send in the referral today so that someone can reach out to talk with you/your client about your/their needs. What do you think?

If you'd like to think about it or talk with your client/family member about it, you can ask for a referral at a later date, or we can talk about it again another day. I understand if you'd like some time to think about it or do some research on your own.

[You might also ask if they would like you to follow up with them about it the next time you're talking to them, so you can make a note in their file.]

Thank you for considering ECM and taking the time to talk with me about it today.

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Referred to Enhanced Care Management (ECM)?

Here is what you can expect!

Enhanced Care Management (ECM) is a free Medi-Cal benefit that gives you extra help coordinating your care.

If your IHSS social worker, Public Authority staff, provider, or a family member refers you for ECM, here's what happens next:

Your health plan/Managed Care Plan (MCP) Will Decide if You are Eligible

- The health plan/MCP will let you know what they decide within 2 business days after they make the decision.
- The health plan/MCP will also let the person who referred you know what they decided.
- If they decide you are eligible, they will give your information to an ECM provider so they can follow up with you about the services.

An ECM Care Manager Will Contact You

- A care manager from your health plan/MCP or a community-based ECM provider will try to reach you by phone, mail, or in person.
- They might call you more than once or send a letter explaining who they are.
- If they can't reach you by phone, they may try to find you at your clinic, pharmacy, or another place you visit regularly.

They Will Work With You to Understand Your Needs

- The care manager can meet you at your home, a clinic, or another setting.
- When you talk, the care manager will ask questions to get to know your situation.
- They will help you complete forms if you agree to receive services.
- Then they will help you create a personalized care plan.

Things Your Care Manager Can Help With

- Setting up medical or mental health appointments.
- Getting to appointments on time.
- Understanding your medications.
- Helping you get housing, food, and behavioral health services.
- Working with IHSS, your doctors, and others to coordinate your care.

You Don't Have to Pay Anything

- ECM is free for people with Medi-Cal who are enrolled in a Managed Care Plan.
- The care manager is there to help you, especially with things that are overwhelming to do on your own.
- You can stop getting ECM at any time.
- You can ask to get ECM again later if you change your mind.

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Recipients' Frequently Asked Questions (FAQ)

1. What is Enhanced Care Management (ECM)?

ECM is a Medi-Cal benefit that provides extra care coordination for Medi-Cal Managed Care Plan (MCP) enrollees who have a lot of health and social needs.

ECM connects eligible individuals with a dedicated care manager who will help you navigate medical, behavioral health, and social services to improve your well-being.

2. How does ECM benefit individuals receiving In-Home Supportive Services (IHSS)?

ECM provides additional support beyond your IHSS services, by helping you:

- Coordinate medical appointments and services.
- Access transportation for healthcare visits.
- Navigate Medi-Cal benefits and coverage.
- Connect with social services such as housing assistance, food programs, and mental health support.
- Ensure all your care providers talk to each other and work together to help you.

3. Will ECM replace or reduce my IHSS services?

No, ECM does not replace or reduce your IHSS services. It can help you with things that IHSS does not cover, such as medical case management and community resources.

You can receive both IHSS and ECM.

Depending on your MCP, one or more Community Supports may also be available, which would mean additional services to help you.

4. How will ECM support my caregiver?

ECM helps caregivers by ensuring their loved ones receive additional support, by:

- Coordinating healthcare and social services so caregivers don't have to manage everything alone.
- Helping with appointment scheduling and transportation.
- Providing access to community resources, such as home modifications, food programs, and housing support that may be available.

5. Who is eligible for ECM?

You can refer yourself – just talk to your MCP about it!

A referral can also be made for you by:

- County IHSS social workers and Public Authority staff.
- Your health care provider.
- A community-based organization.
- Your caregiver, a family member or friend.

6. What happens after a referral is made?

Once a referral is made:

1. Your MCP will decide if you are eligible for ECM.
2. If you are eligible, the MCP will ask a community-based ECM provider to reach out to you.
3. The provider will tell you more about ECM. You will be able to ask them questions. Then, you can decide if you want to receive ECM - the choice is up to you.
4. If you agree to receive ECM, you will meet your care manager. They will assess your needs and develop a plan to meet those needs.

7. How does ECM interact with other Medi-Cal benefits?

ECM works alongside other Medi-Cal benefits to help coordinate your care.

Depending on your MCP, you may also be able to receive Community Supports. Each plan is different, but these supports could include housing support, home modifications to improve accessibility, helping you move back home from nursing care, and giving you personal care and homemaker services to supplement your IHSS.

Except for Transitional Rent support, which all MCPS must offer starting January 1, 2026, the other Community Supports are optional for MCPs. This means the Community Supports you can receive from your MCP may be different from other plans.

8. Is my county social worker going to be my ECM care manager?

No, the ECM care manager will be a different person. They will work with your IHSS social worker when they need to, so things are coordinated.

Your county social worker can make a referral for you to be assessed for ECM.

You, your caregiver, or your IHSS worker can also follow up with your MCP if you don't hear back from someone soon after the referral is made.

9. How will I know what happens with my referral?

The MCP and/or its ECM contractors are required to respond to all referrals within set timeframes, which will depend on your situation.

When they make a decision about your eligibility for ECM, the MCP must tell you within 2 business days after they decide.

10. Does ECM cost anything?

No, ECM is completely free for Medi-Cal recipients who are eligible for full-scope benefits without a share of cost who are enrolled in an MCP.

11. Who can I contact if I have more questions about ECM?

The most detailed and up-to-date information will be available by contacting your MCP or, if you are already authorized for ECM, your care manager.

This resource is made possible by ARCHSTONE FOUNDATION and California Health Policy Strategies, LLC.

Questions Family Members or Caregivers Might Have About Enhanced Care Management (ECM)

1. What if I am a family member or caregiver of someone who might qualify for ECM?

Family members and caregivers can help by:

- Learning about ECM and how it can support the person they care for.
- Encouraging the person to consider ECM services.
- Assisting with the referral process by speaking with their county social worker, the Public Authority, the IHSS caregiver, or a healthcare provider, depending on which agency is making the referral.
- **Submitting a referral directly to the MCP!** You do not need to go through a provider or the county to refer your family member or the person you care for to ECM services.

2. Can I directly refer my family member or the person I care for?

Yes, caregivers and family members can make an ECM referral directly to the individual's **Medi-Cal Managed Care Plan (MCP).**

They can also speak with the person's **healthcare provider** about making a referral, but this is not required.

3. How will ECM support me as a caregiver?

ECM helps caregivers by ensuring their loved ones receive additional support, by:

- Coordinating healthcare and social services so caregivers don't have to manage everything alone.
- Helping with appointment scheduling and transportation.
- Providing access to community resources, such as home modifications, food programs, and housing support that may be available.

4. Will ECM change the level of IHSS care my loved one receives?

No, **ECM does not replace or reduce IHSS hours or services**. It provides additional coordination and support to improve overall well-being.

5. Who can I contact if I have more questions about ECM as a family member or caregiver?

While the IHSS social worker or your family member's IHSS caregiver may know the basic information, the most detailed and up-to-date information will be available by **contacting their MCP** or, after they are authorized for ECM, **their care manager**.

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