

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- Health plan data may be outdated or incorrect.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.