

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.*

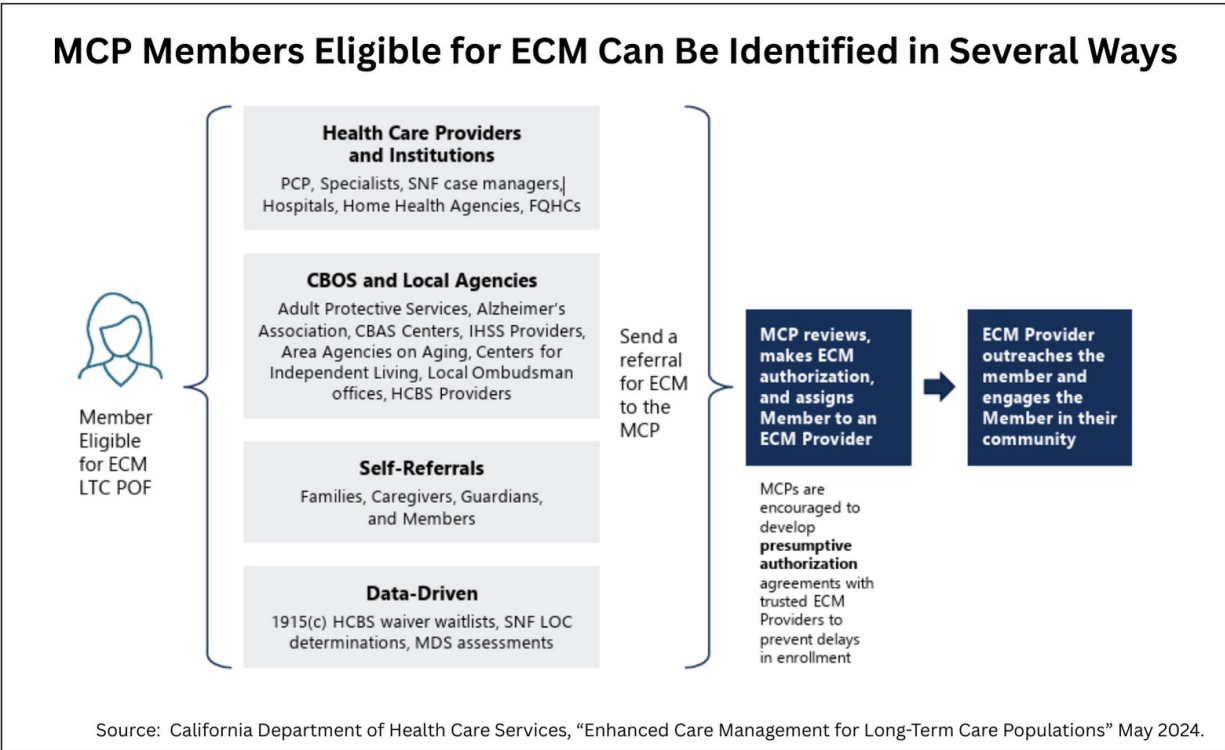
**Note: In general, an IHSS Social Worker or Public Authority staff should not have to actively pursue ECM enrollment on behalf of the client once the referral is made. MCPs are required to process referrals in a timely manner and communicate quickly with their members (and the person or entity who made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



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 CaAIMECMILOS@dhcs.ca.gov.