

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**.