California Advancing and Innovating Medi-Cal (CalAIM)

Overview of Data Exchange and Reporting Requirements for Enhanced Care Management (ECM) and Community Supports

DHCS

December 7th, 2021

Agenda

- The Big Picture

- Data Flows Between MCPs and ECM / Community Supports Providers

- MCP Reporting Requirements to DHCS

- DHCS Expectations and Supports for Implementing Data & Reporting Requirements

- Q&A

THE BIG PICTURE

The Big Picture:
Enhanced Care Management (ECM) and Community Supports

ECM and Community Supports will replace both WPC and HHP beginning on January 1, 2022, with the initiatives scaling up to eventually form a statewide approach.

Enhanced Care Management

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management

Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions

The Big Picture:
Enabling ECM & Community Supports Through Data

Information sharing among providers, MCPs, counties, community-based organizations and DHCS is critical to the success of the ECM benefit and Community Supports

» DHCS has developed information sharing guidance **to standardize information exchange, increase efficiency and reduce administrative burden** between MCPs and ECM and Community Supports Providers

  » Over 220 comments were received and reviewed during the public comment period in September

» **MCPs will report to DHCS** on various dimensions of the new ECM benefit and Community Supports, which will allow DHCS **to monitor implementation**

  » Over 60 comments were received from MCPs and associations during stakeholder review of the reporting framework

Today we will describe both the finalized information sharing and reporting guidance documents and take questions

Four ECM/Community Supports Monitoring & Data Sharing Documents Recently Published (1)

1. Billing & Invoicing Guidance

ECM and Community Supports Quarterly Implementation Reporting Framework

Contents

1. DHCS' Strategy for Monitoring the Implementation of ECM and Community Supports

DHCS will monitor Medi-Cal managed care health plans' (MCPs) implementation of and compliance with Enhanced Care Management (ECM) and Community Supports requirements across multiple domains including Membership, Service Provision, Grievances and Appeals, Provider Capacity, and Quality. DHCS will monitor the impact of ECM and Community Supports through ongoing stakeholder engagement and a combination of data sources, including Member-level data reported by MCPs and demographic data currently available to DHCS.

In addition to monitoring how MCPs and Providers are implementing ECM and Community Supports, DHCS will monitor and evaluate outcomes for MCP Members who received ECM and Community Supports, through the use of quality measures. DHCS will provide additional reporting guidance as it relates to Quality performance reporting as we finalize the Quality reporting expectations.

DHCS' vision for the long-term monitoring of ECM and Community Supports is to leverage existing data processes as much as feasible, with the least possible burden on

1

Standard, "minimum necessary" data elements MCPs will need to collect from **ECM or Community Supports Providers** unable to submit ANSI ASC X12N 837P claims to MCPs

[Link]

2. Member-Level Information Sharing Guidance

1

Standards for data exchange between MCPs and **ECM Providers**

[Link]

Four ECM/Community Supports Monitoring & Data Sharing Documents Recently Published (2)

3. Quarterly Implementation Monitoring Report*

Quarterly MCP reporting requirements and Excel template related to ECM and Community Supports implementation across multiple domains: "supplemental" to encounters

Link

4. Updated ECM & Community Supports Coding Options

Updated HCPCS codes and modifiers for ECM and Community Supports services

Link

*The *Quarterly Implementation Monitoring Report* will also be used to fulfill AB 133 Reporting Requirements to the Legislature
All items are posted on the [ECM & Community Supports (ILOS) Website](#)

DATA FLOWS BETWEEN MCPS AND ECM / COMMUNITY SUPPORTS PROVIDERS
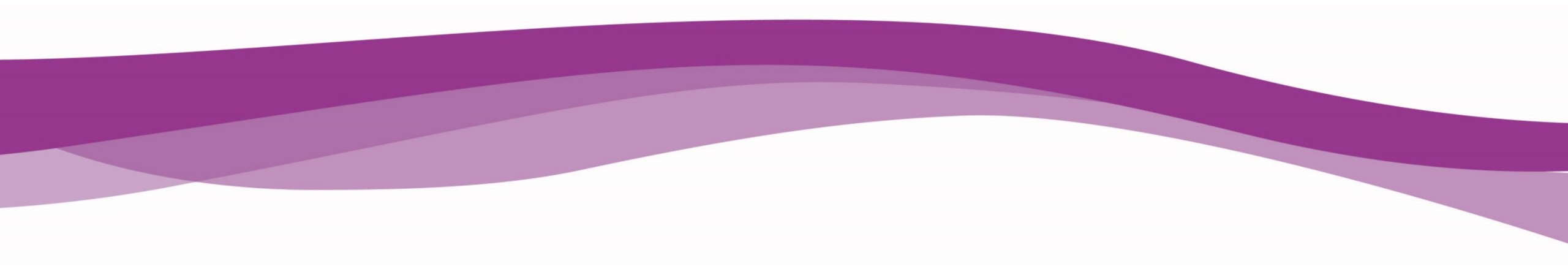
ECM & Community Supports Dataflows

ECM & Community Supports implementation will be supported by these key dataflows

ECM Providers

Member Information Sharing Guidance
- Member Information File
- Return Transmission File
- ECM Provider Initial Outreach Tracker
- Potential ECM Member Referral File

MCPs

DHCS

Community Supports Providers

Billing and Invoicing Guidance*
- Service Invoices (**Using new HCPCS**)

OR

- Service Claims (**Using new HCPCS**)

Quarterly Implementation Reporting Guidance
- Quarterly Report

Encounter Data

274 Provider Files

ECM Outreach Data via SDR process

*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

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Member-Level Information Sharing
Data Files in the Member Information Sharing Guidance

The Member Information Sharing Guidance document defines standards for data sharing between MCPs and ECM Providers; it contains specifications for four files

CalAIM Data Guidance:
Member-Level Information Sharing
Between MCPs and ECM Providers
November 2021

[Link](#)

1. **MCP Member Information File**

2. **ECM Provider Return Transmission File**

3. **ECM Provider Initial Outreach Tracker**

4. **Potential ECM Member Referral File**

Member-Level Information Sharing Between MCPs and ECM Providers

ECM Providers

Member Information Sharing Guidance
- Member Information File
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- ECM Provider Initial Outreach Tracker
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Billing and Invoicing Guidance*
- Service Invoices (**Using new HCPCS**)
- OR
- Service Claims (**Using new HCPCS**)

Quarterly Implementation Reporting Guidance
- Quarterly Report
- Encounter Data
- 274 Provider Files
- ECM Outreach Data via SDR process
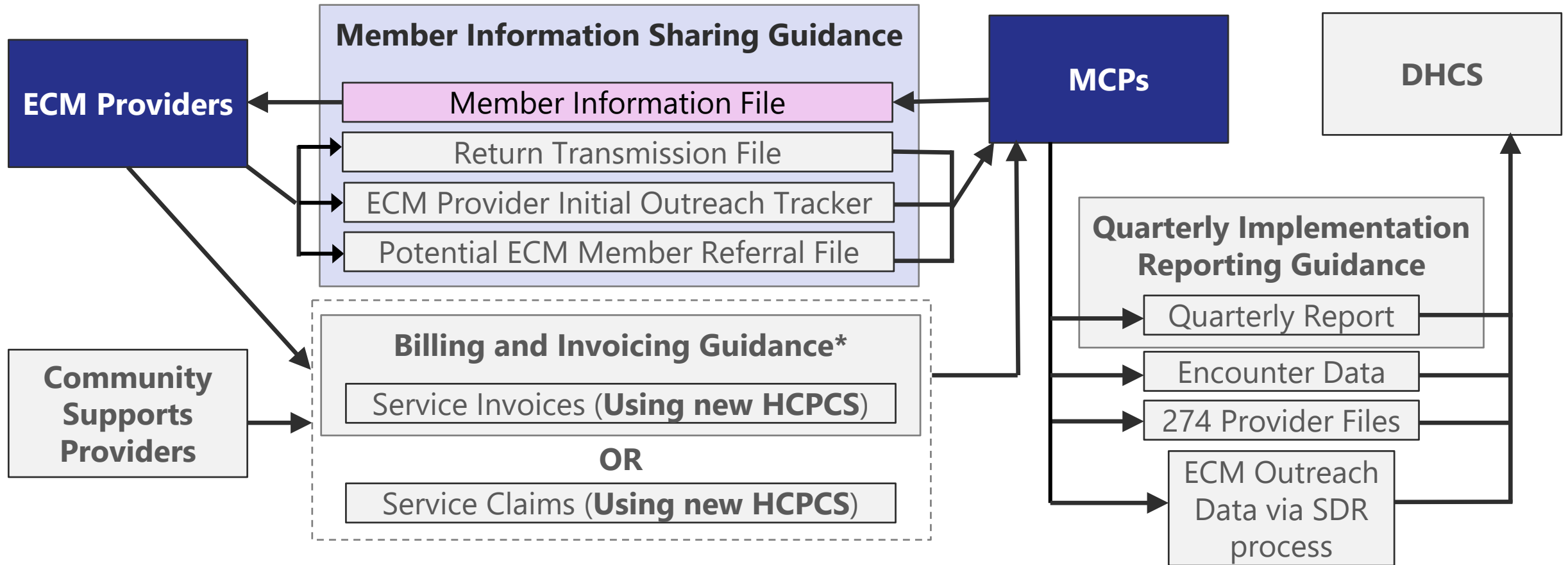
For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

Member Information File
Overview

» ECM Providers need information about their Members' clinical and non-clinical needs; however, many will not immediately have the technical capacity to derive such information from encounter file sharing

» As such, DHCS has developed standardized templates for data exchange

File Format	Transmission Frequency
• Excel-based workbook, or another mutually agreed upon file format • **DHCS is not providing a standardized template**	• "Member engagement" elements (name, date of birth, etc.) need to be shared within 10 days of member assignment; all others to be shared at least monthly

Member Information File
Table 1: Member Engagement Information

Data Element	Required
Member Client Index Number (CIN)	Yes
Medical Record Number (MRN)	*Optional*
Member First Name	Yes
Member Last Name	Yes
Member Homelessness Indicator	Yes
Member Residential Address	Yes
Member Residential City	Yes
Member Residential Zip	Yes
Member Mailing Address	Yes
Member Mailing City	Yes
Member Mailing Zip	Yes
Member Phone Number	Yes
Member Email Address	*Optional*
Member Date of Birth (MM/DD/YYYY)	Yes
Member Gender Code	Yes
Member Preferred Language (Spoken)	
Member Race or Ethnicity Code	Yes
Medi-Cal Renewal Date (MM/DD/YYYY)	Yes
ECM Service Authorization Date by MCP (MM/DD/YYYY)	Yes
ECM Population(s) of Focus	Yes
Member Assignment to ECM Provider (MM/DD/YYYY)	Yes
Member Transitioned from Health Homes Program	Yes
Member Transitioned from Whole Person Care Pilot	Yes
Member Guardian or Conservator First Name (if applicable)	*Optional*
Member Guardian or Conservator Last Name (if applicable)	*Optional*
Member Guardian or Conservator Phone Number (if applicable)	*Optional*

Link

Member Information File *Table 2: Member Clinical Information*

Data Element	Required

Health indicators, including:
• Clinical chronic condition indicators, including:
   o Asthma
   o Bipolar disorder
   o Chronic congestive heart failure
   o Chronic kidney disease
   o Chronic liver disease
   o Coronary artery disease
   o Chronic obstructive pulmonary disease
   o Dementia
   o Diabetes
   o Hypertension
   o Major depression disorder
   o Psychotic disorders
   o Serious Mental Illness (SMI), Substance Use Disorder (SUD), Serious Emotional Disturbance (SED)
   o Traumatic brain injury
• Other clinical chronic conditions or conditions of concern
• Social determinant of health indicators (claims-based)
	Yes

Health System Utilization indicators, including:
• Emergency Room indicators
   o Emergency Room admissions in previous six (6) months, count
   o Emergency Room admission, last date (MM/DD/YYYY)
   o Emergency Room admission, facility name
• Inpatient indicators
   o Inpatient days in previous six (6) months, count
   o Inpatient admission, last date (MM/DD/YYYY)
   o Inpatient admission, facility name
	Yes

Pharmacy information and indicators, including: • Pharmacy/drug listing from the prior 90 days • Prescribing provider (most recent)	Yes

Link

Member Information File
Table 3: Primary Care Provider/Clinic Information

Data Element	Requirement
Primary Care Provider/Clinic Name (Assigned PCP)	Yes
Primary Care Provider/Clinic National Provider Identifier (NPI)	Yes
Primary Care Provider/Clinic Phone Number[1]	Yes
Last Visit Date (MM/DD/YYYY)[2]	Yes

Link

Member Information File
Table 4: Administrative and Plan Information

Data Element	Required
Member Information File Production Date (MM/DD/YYYY)	Yes
Member Information File Reporting Period[1]	Yes
Primary Payer (MCP) Identifier[2]	Yes
MCP Name	Optional
MCP Provider Services Phone Number[3]	Yes
MCP ECM Contact Person[4] (if applicable)	Optional
MCP ECM Contact Person Phone Number (if different than MCP Member Services Phone Number) [5]	Optional
ECM Member Record: New / Continuing / Termed (final report)	Yes

Link

Member-Level Information Sharing Between MCPs and ECM Providers
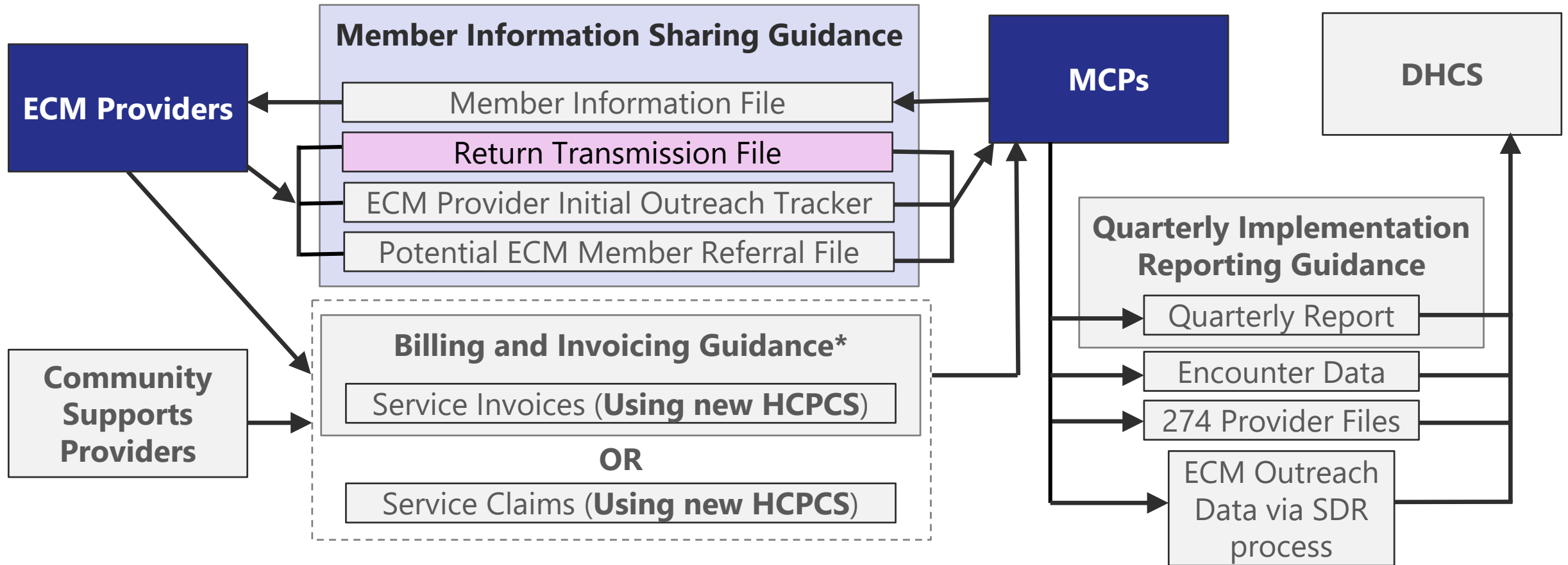
Member Information Sharing Guidance

- Member Information File
- Return Transmission File
- ECM Provider Initial Outreach Tracker
- Potential ECM Member Referral File

ECM Providers

MCPs

DHCS

Community Supports Providers

Billing and Invoicing Guidance*

- Service Invoices (**Using new HCPCS**)

OR

- Service Claims (**Using new HCPCS**)

Quarterly Implementation Reporting Guidance

- Quarterly Report
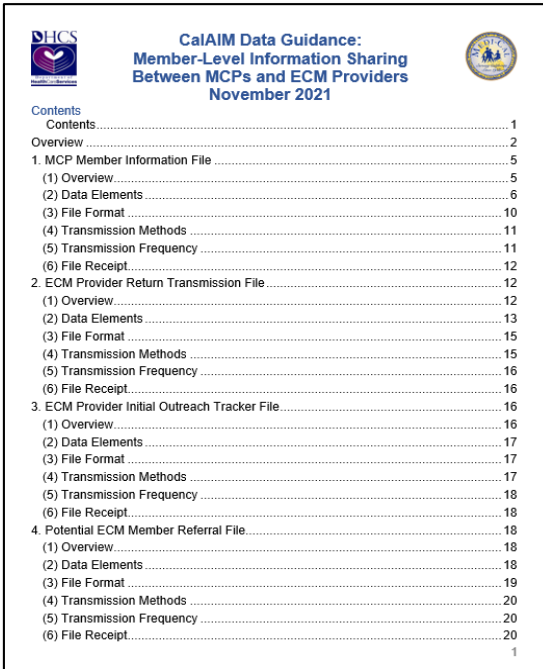- Encounter Data
- 274 Provider Files
- ECM Outreach Data via SDR process

*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

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Provider Return Transmission File Overview

» Since ECM Providers will generally hold the primary relationship with Members receiving ECM, DHCS recognizes certain key information will need to flow regularly **back from ECM Providers to MCPs** that is **separate and supplemental to claims and invoices**

» DHCS has standardized this information as the "Return Transmission File" to streamline the reporting expected of ECM Providers and reduce administrative burden

File Format	Transmission Frequency
• Excel-based workbook, or another mutually agreed upon file format • **DHCS is not providing a standardized template**	• Frequency mutually agreed to between the MCP and ECM Provider • MCPs may wish to align reporting due dates from ECM Providers with DHCS' timeline for MCPs to submit the *Quarterly Implementation Report*

Provider Return Transmission File

Table 5: ECM Provider Member and ECM Member Engagement Information

Data Element	Requirement
Member New Address Indicator	Optional
Member Homelessness Indicator	Optional
Member Residential Address	Optional
Member Residential City	Optional
Member Residential Zip	Optional
Member New Phone Number Indicator	Optional
Member Phone Number	Optional
ECM Benefit Start Date (Enrollment Date as MM/DD/YYYY)	Yes
Status of Member Engagement	Yes
ECM Benefit End Date (Disenrollment Date as MM/DD/YYYY)	Yes
ECM Lead Care Manager Name	Yes
ECM Lead Care Manager Phone Number	Yes
ECM Lead Case Manager Phone Number Extension	Optional
Recommendation for Discontinuation Date (MM/DD/YYYY)	Yes
Discontinuation Reason Code	Yes
Discontinuation Reason	Optional

Note: Some of these data elements will be used by MCPs to inform submission of the *ECM & Community Supports Quarterly Implementation Report*

Link

Provider Return Transmission File
Tables 6: ECM Service Information & Table 7: ECM Provider Information

Data Element	Requirement

Number of ECM Encounters During Reporting Period
  ▪ In-Person
  ▪ Telephonic/Video
	Optional

Data Element	Requirement
Member Information Return Transmission File Production Date (MM/DD/YYYY)	Yes
Member Information Return Transmission File Reporting Period	Yes
ECM Provider Name	Yes
ECM Provider National Provider Identifier (NPI)	Yes
ECM Provider Phone Number	Yes

Note: Some of these data elements will be used by MCPs to inform submission of the *ECM & Community Supports Quarterly Implementation Report*

Link

Member-Level Information Sharing Between MCPs and ECM Providers
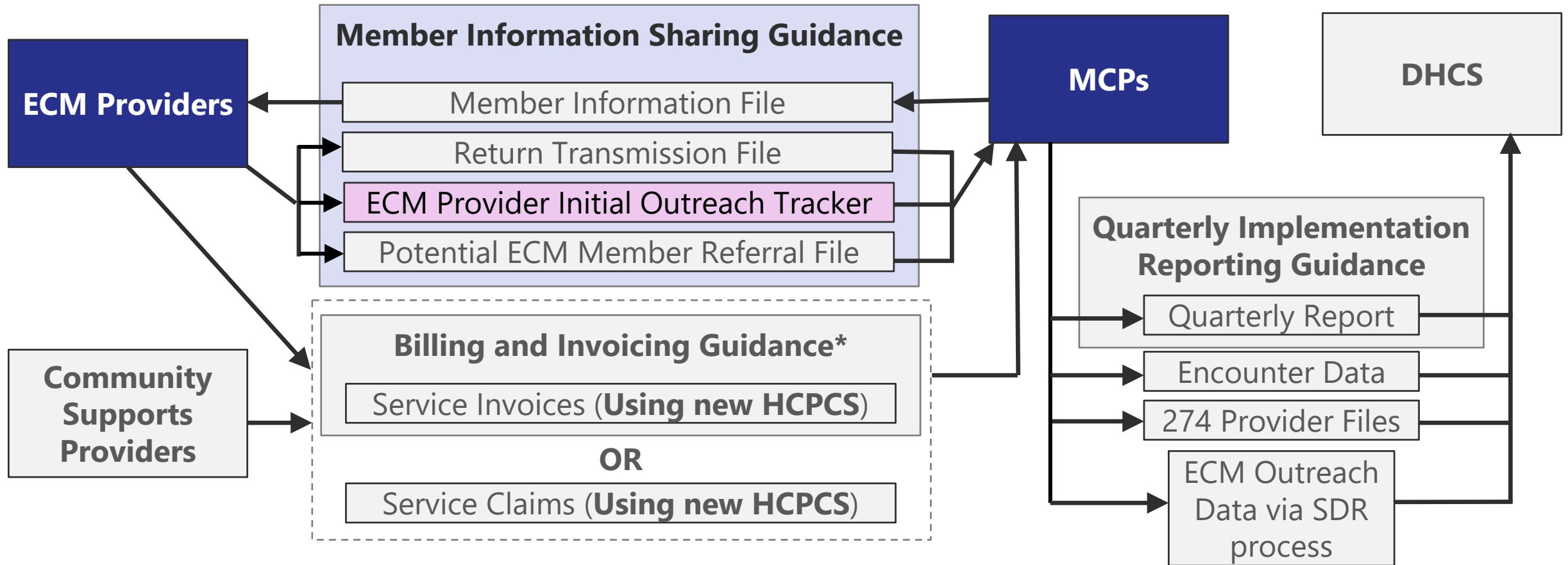
ECM Providers

Member Information Sharing Guidance

- Member Information File
- Return Transmission File
- ECM Provider Initial Outreach Tracker
- Potential ECM Member Referral File

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OR

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Quarterly Implementation Reporting Guidance

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For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

ECM Provider Initial Outreach Tracker

» Initial outreach to MCP Members identified as eligible for ECM is considered part of the ECM benefit, and assumptions about the cost of that outreach are included in capitation payments paid to MCPs

» To equip MCPs with adequate information about outreach occurring by ECM Providers, DHCS is standardizing provider outreach reporting across ECM Providers and MCPs (if they perform it in-house)

» **ECM Providers may report the required information using either of the following methods:**
  - Preferred: ECM Providers creating compliant encounters for outreach using HCPCS codes they may be able to run reports to produce the required data elements
  - If ECM Providers are not creating encounters and/or automation is not possible, ECM Providers should populate the data elements manually

File Format	Transmission Frequency
• Excel-based workbook, or another mutually agreed upon file format • **DHCS is not providing a standardized template**	• Frequency mutually agreed to between the MCP and ECM Provider • MCPs may wish to align reporting due dates from ECM Providers with DHCS' timeline for MCPs to submit the *Quarterly Implementation Report*

ECM Provider Initial Outreach Tracker
Table 8: Outreach for Initiation Into ECM

Data Element	Requirement
Member Client Index Number (CIN)	Yes
Provider Type	Yes
Date of Outreach Attempt (MM/DD/YYYY)	Yes
Outreach Attempt Method	Yes

Link

ECM Providers are required to capture **each outreach attempt for every Member that has been identified for ECM**

Member-Level Information Sharing Between MCPs and ECM Providers
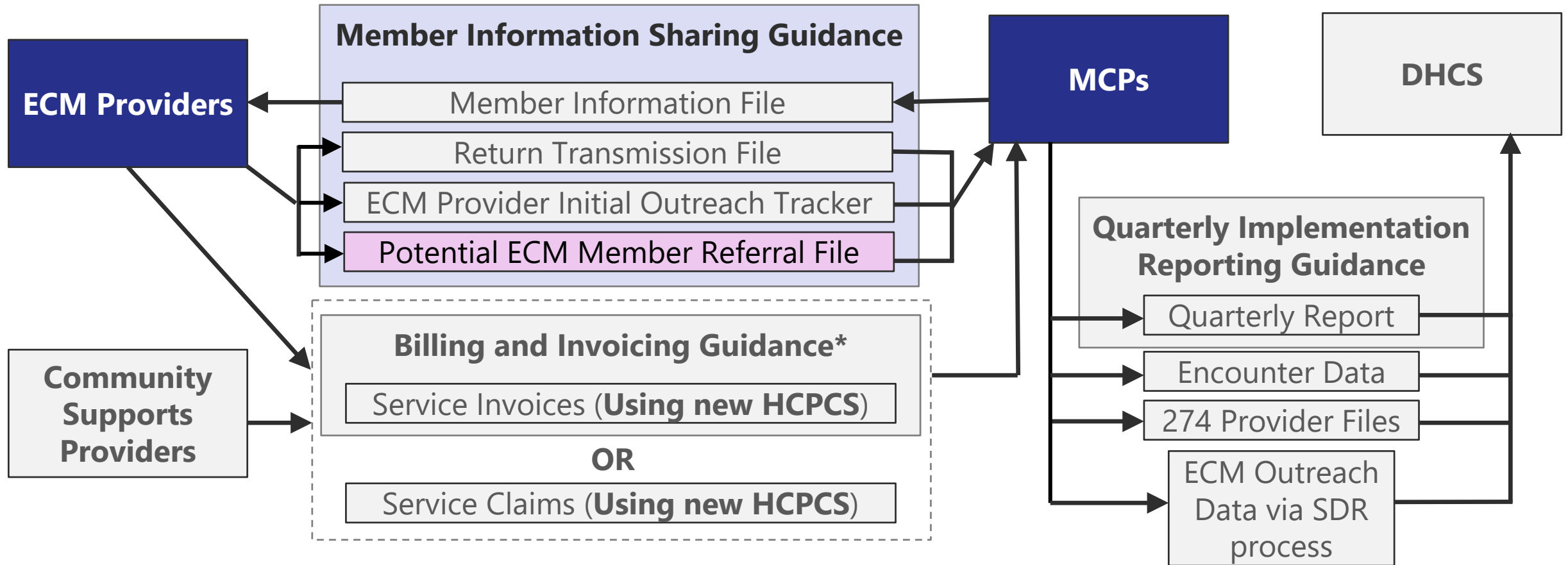
ECM Providers

Member Information Sharing Guidance

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Potential ECM Member Referral File

» The ECM Provider Potential ECM Member Referral File provides a standardized format and method for MCPs to collect referrals for new ECM enrollees from ECM Providers

» MCP Members may be identified by ECM Providers as belonging to an ECM Population of Focus, during their performance of duties outside the ECM benefit (e.g., primary care)

File Format	Transmission Frequency
If reporting is agreed to by the ECM Provider: • Excel-based workbook, or another mutually agreed upon file format • **DHCS is not providing a standardized template**	• MCPs may request *Potential ECM Member Referral Files* from ECM Providers at a frequency mutually agreed to between the MCP and ECM Provider

Potential ECM Member Referral File
Table 9: Potential ECM Member Information

Data Element	Requirement
Member Client Index Number (CIN)	Optional
Member First Name	Optional
Member Last Name	Optional
Member Date of Birth (MM/DD/YYYY)	Optional
Member Phone Number	Optional
Potential ECM Population(s) of Focus • Adult – Experiencing Homelessness • Adult – High Utilizer • Adult – Serious Mental Illness (SMI) or Substance Use Disorder (SUD) • Adult – Transitioning from Incarceration • Adult – LTC Eligible At-Risk for Institutionalization • Adult – NF Residents Transitioning to Community • Child/Youth – Experiencing Homelessness • Child/Youth – High Utilizer • Child/Youth – Serious Emotional Disturbance (SED) or Identified to be At Clinical High Risk (CHR) for Psychosis or Experiencing a First Episode of Psychosis • Child/Youth – Enrolled in California Children's Services (CCS)/CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Qualifying Condition • Child/Youth – Involved in, or with a History of Involvement in, Child Welfare • Child/Youth – Transitioning from Incarceration	Optional
Potential ECM Population of Focus Explanation	Optional

This is an **optional** file for ECM Providers to share with MCPs

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Billing and Invoicing Between MCPs & ECM / Community Supports Providers

ECM Providers

Community Supports Providers

Member Information Sharing Guidance
- Member Information File
- Return Transmission File
- ECM Provider Initial Outreach Tracker
- Potential ECM Member Referral File

Billing and Invoicing Guidance*
- Service Invoices (**Using new HCPCS**)

OR

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MCPs

DHCS

Quarterly Implementation Reporting Guidance
- Quarterly Report
- Encounter Data
- 274 Provider Files
- ECM Outreach Data via SDR process

*For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes

Billing and Invoicing

» ECM <u>and</u> Community Supports Providers are expected to submit claims to Managed Care Plans (MCPs) using national standards (ANSI ASC x12N 837P) to the greatest extent possible

» ECM <u>and</u> Community Supports Providers who are unable to submit compliant claims may instead submit standardized invoices to MCPs

» MCPs will use invoices to pay Providers and develop compliant encounters for submission to DHCS

» DHCS has developed guidance to standardize invoicing to reduce MCP and ECM and Community Supports Provider burden and improve data quality

» If an MCP and an ECM/Community Supports Provider mutually agree to share invoice information using a different format, standard or transmission method than what is described in this guidance, they may do so

See Billing and Invoicing between ECM / Community Supports Providers and MCPs

Billing and Invoicing

DHCS has outlined common standards and methods for ECM and ILOS Provider submission of invoices to MCPs
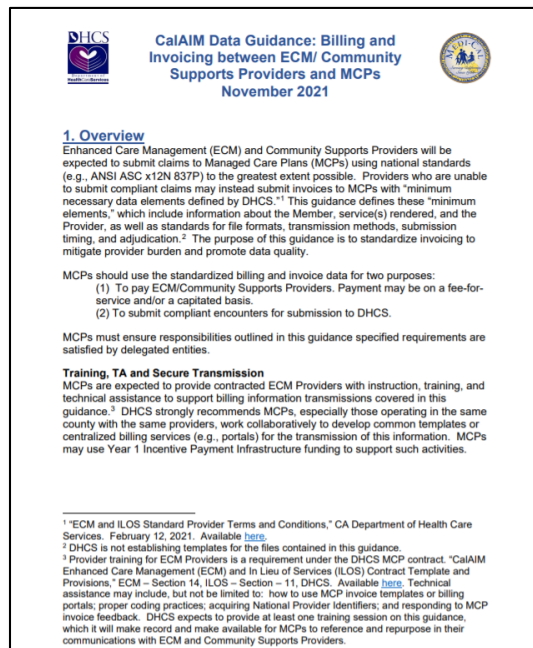
1. **Provider Information (Billing & Rendering)**

2. **Member Information**

3. **Service and Billing Information[1]**

4. **Administrative Information**

1. Invoicing template must allow for the submission of multiple ECM or Community Supports Provider services rendered on a single day by a single provider for a single Member (i.e., submission of multiple procedure codes, procedure code modifiers, service names, and service unit costs with common Member and Provider information). See _Billing and Invoicing between ECM / Community Supports Providers and MCPs_

Billing and Invoicing

» Providers who are unable to submit compliant claims may instead submit invoices to MCPs with minimum necessary data elements

» DHCS has defined the minimum data elements Providers will need to submit to mitigate MCP and ECM and Community Supports Provider burden and promote data quality

File Format	Transmission Frequency
• Excel-based workbook, Web-based form or portal (e.g., provider payment portal) or another mutually agreed upon file format • **DHCS is not providing a standardized template**	• Providers submit service invoices as otherwise specified in the *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Provider Standard Terms and Conditions* and in alignment with other MCP contractual requirements with DHCS

Billing and Invoicing *Table 1: Provider Information*

Data Element	Required for...	Required for...
	ECM Providers	**Community Supports Providers**
Billing Provider National Provider Identifier (NPI)	Yes	Yes
Billing Provider Tax Identification Number (TIN)	Yes	Yes
Billing Provider Name	Yes	Yes
Billing Provider First Name	Optional	Optional
Billing Provider Last Name	Optional	Optional
Billing Provider Phone Number	Yes	Yes
Billing Provider Address	Yes	Yes
Billing Provider City	Yes	Yes
Billing Provider State	Yes	Yes
Billing Provider Zip	Yes	Yes
Rendering Provider National Provider Identifier (NPI)	Optional	Optional
Rendering Provider Tax Identification Number (TIN)	Yes	Yes
Rendering Provider Name	Yes	Yes
Rendering Provider First Name	Optional	Optional
Rendering Provider Last Name	Optional	Optional
Rendering Provider Phone Number[1]	Yes	Yes
Rendering Provider Address	Yes	Yes
Rendering Provider City	Yes	Yes
Rendering Provider State	Yes	Yes
Rendering Provider Zip	Yes	Yes

[Link](#)

Billing and Invoicing
Table 2: Member Information

Data Element	Required for... ECM Providers	Required for... Community Supports Providers
Member Client Identification Number (CIN)	Yes	Yes
Medical Record Number (MRN)	*Optional*	*Optional*
Member First Name	Yes	Yes
Member Last Name	Yes	Yes
Member Homelessness Indicator	Yes	Yes
Member Residential Address	Yes	Yes
Member Residential City	Yes	Yes
Member Residential Zip	Yes	Yes
Member Date of Birth (MM/DD/YYYY)	Yes	Yes

Link

Billing and Invoicing
Table 3: Service and Billing Information

Data Element	Required for... ECM Providers	Required for... Community Supports Providers
Primary Payer Identifier	Yes	Yes
Payer Name	Yes	Yes
Procedure Code(s)	Yes	Yes
Procedure Code Modifier(s)	Yes	Yes
Service Start Date	Yes	Yes
Service End Date	Yes	Yes
Service Name(s)	Optional	Optional
Service Unit Count(s)	Yes	Yes
Place of Service (POS)	Yes	Yes
Member Diagnosis Code(s)	Yes	Yes
Service Unit Cost(s)	Yes	Yes
Service Charge Amount(s)	Yes	Yes
Invoice Amount	Yes	Yes

Multiple procedure codes may be submitted by an ECM/Community Supports Provider for services rendered to a single Member on a single day. MCP form should allow for multiple entries.[1] **Note: Clinical signoff is NOT required on ECM and Community Supports reporting and claims**.[2]

Link

1. See latest ECM and Community Supports Procedure coding guidance at "ECM and Community Supports: Finalized ECM & ILOS Coding Options," DHCS. Available *here*

2. ECM and Community Supports (ILOS) Providers are not required to have a clinically licensed staff member sign off on reporting and claims submitted by a non-licensed staff member (such as an ECM Lead Care Manager or a Housing Navigator). DHCS considers this to be overly burdensome as it would require a significant level of administrative time from a clinical staff member. In addition, many Community Supports (ILOS) Providers do not have clinically licensed staff members, since licensure is not necessary for the provision of high-quality Community Supports (ILOS) services (e.g., Housing Navigation, Personal Care, and Homemaker Services). MCPs should continue to review claims submissions by both clinical and non-clinical staff according to their oversight and monitoring processes to ensure that clinical consultants are guiding and supporting non-clinical staff members as appropriate.

Billing and Invoicing
Table 4: Administrative Information

Data Element	Required for... ECM Providers	Required for... Community Supports Providers
Invoice Date (MM/DD/YYYY)	Yes	Yes
Invoice Number	Yes	Yes
Control Number	Optional	Optional
Authorization Number	Optional	Optional

Link

MCP REPORTING REQUIREMENTS TO DHCS

MCP Reporting Requirements to DHCS
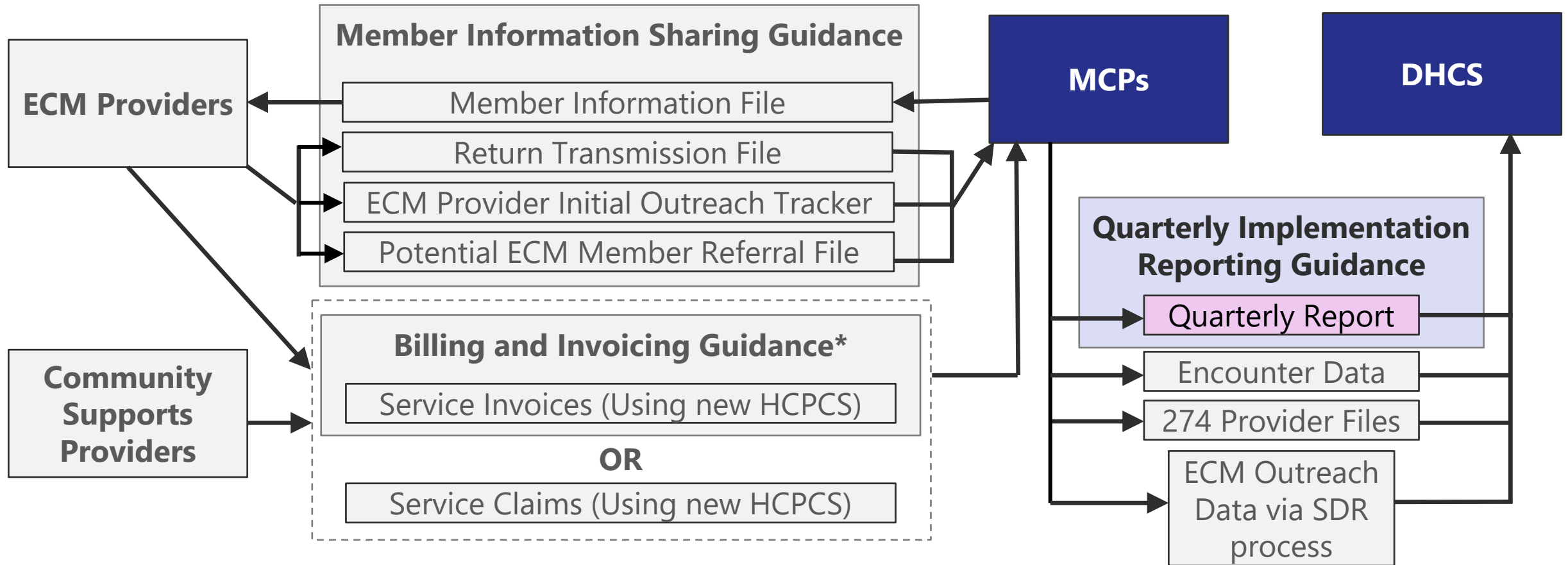
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Quarterly Implementation Monitoring Report

» Throughout the first several years of ECM & Community Supports, **DHCS will require MCPs to submit the Quarterly Implementation Monitoring Report** to monitor the overall implementation

  » *MCPs are responsible for this report and will use information from the standardized Provider data flows described today, in part, to construct the content*

» DHCS will require MCPs to provide data across six dimensions *(see next slide)*

» ECM & Community Supports Providers will be responsible for providing MCPs with the information needed to complete many of the reporting requirements

» This report also contains specifications for a **one-time Transition Report** that MCPs will submit about Members that have transitioned from the **Health Homes Program (HHP) and / or the Whole Person Care Program**

Quarterly Implementation Monitoring Report

ECM and Community Supports Quarterly Implementation Monitoring Report Requirements November 2021
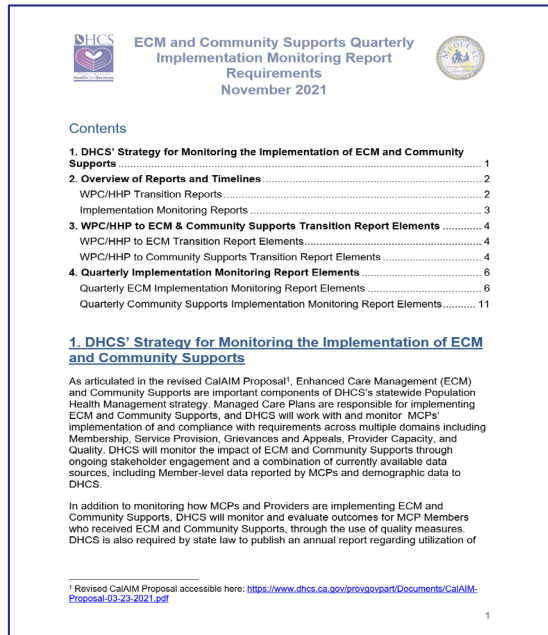
Key Reporting Dimensions

1. ECM Members & Services

2. ECM Requests for Services and Outreach

3. ECM Provider Capacity

4. Community Supports Members and Services

5. Community Supports Provider Capacity

6. Community Supports Requests and Denials

File Format	Transmission Frequency
• DHCS will provide standardized Excel workbook template for MCPS	• Quarterly beginning on May 15, 2022, for Q1 2022 • Supplemental reporting is expected to continue for at least three years

EXPECTATIONS AND SUPPORT FOR IMPLEMENTING DATA & REPORTING STANDARDS

Timing of Implementation

Data Sharing

» Beginning on January 1, 2022, MCPs & ECM & Community Supports Providers should begin sharing data and submitting invoices as completely as possible

» DHCS recognizes that configuring systems takes time; as such, it expects the market to implement and adhere to **all requirements** contained in the **standardized provider data sharing files and billing/invoicing standards by April 1, 2022**

Reporting

» Beginning in January 2022, DHCS will also perform weekly implementation check-ins with MCPs about the transition

» The **first Quarterly Implementation Monitoring Reports** and the **Transition Report** will be due to DHCS **May 15, 2022**

Support for Implementation

MCPs are required to provide technical assistance to Providers.

DHCS will also provide funding for capacity building and training through two programs.

Incentive Payment Program (IPP)*

Priority gap filling area includes Delivery System Infrastructure:

» Electronic exchange of care plan information

» Electronic health record technology care management documentation system

» Claims / Invoicing system

Providing Access and Transforming Health (PATH) Program

ECM/Community Supports PATH initiative includes:

» Technical Assistance Resources

» Capacity and infrastructure transition, expansion and development

Tentative and subject to CMS approval

All IPP documents can be found [here](#).

Q&A

Please visit the DHCS ECM & Community Supports (ILOS) Website for more information and access to the ECM & Community Supports (ILOS) documents and supporting resources:
https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

Please send questions to CalAIMECMILOS@dhcs.ca.gov

THANK YOU!

Please visit the DHCS ECM & Community Supports (ILOS) Website for more information and access to the ECM & Community Supports (ILOS) documents and supporting resources: https://www.dhcs.ca.gov/Pages/ECMandILOS.aspx

Please send questions to CalAIMECMILOS@dhcs.ca.gov