

# Enhanced Care Management (ECM), Community Supports (CS), Community Health Workers (CHW) Provider Information and Reference Guide

Kaiser Permanente  
Medi-Cal Managed Care Health Plan  
Provider Communications - October 2024  
California

## How to Submit a Referral for ECM, Community Supports, and CHW

### KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Use of the KP referral form is recommended; however, KP will accept any referral form created by another Medi-Cal plan. Simply send the completed form to the same KP email address noted below.
- Referrals may be placed via email or via phone.
- **NEW: For providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity**



Area

All Northern California Counties

All Southern California Counties



Phone  
(Member)

1-833-721-6012 (TTY 711)  
Monday-Friday (closed major holidays)  
8:30 a.m. to 5:00 p.m.

1-866-551-9619 (TTY 711)  
Monday-Friday (closed major holidays)  
8:30 a.m. to 5:00 p.m.



Email  
(Counties/CBOs)

Send completed [referral form](#) to  
REGMCDURNS-KPNC@kp.org with the  
subject line “ECM Referral” or “CS Referral” or  
“CHW services request”

Send completed [referral form](#) to  
RegCareCoordCaseMgmt@kp.org with the  
subject line “ECM Referral” or “CS Referral” or  
“CHW services request”



Email  
(NEW: NLE Contracted  
providers submitting  
referrals to their own  
organization)

Send completed self [referral form](#) to contracted  
Network Lead Entity

Send completed self [referral form](#) to contracted  
Network Lead Entity

## What is Enhanced Care Management (ECM)?

ECM is a Medi-Cal benefit and is a whole-person, interdisciplinary approach to care that addresses the **clinical and non-clinical** needs of members with **complex** medical and social needs through systematic coordination of services & **comprehensive care management** that is community based, interdisciplinary, high touch and person centered.

### Core Services



Assigned to a Care Manager



Comprehensive assessment & care management plan



Implement care plan and coordinate with multidisciplinary team



Health promotion/ support to adopt healthy behaviors



Care transitions/ medication reconciliation



Emphasis on face-to-face coordination, including appointment accompaniment as needed












Ensure member and family are informed and engaged



Referring members to resources, including following up to ensure services were rendered

1915 (c) Home and Community-Based Services Waiver (HCBS) members may not be enrolled in ECM and in a waiver at the same time.

## Who is Eligible for ECM?

“Population of Focus” Categories			ADULTS*	CHILDREN & YOUTH
	1	Individuals or Families Experiencing Homelessness	✓	✓
	2	Individuals At Risk for Avoidable Hospital or ED Utilization (formerly called “High Utilizers”)	✓	✓
	3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
	4	Individuals Transitioning from Incarceration	✓	✓
	5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	n/a
	6	Adult Nursing Facility Residents Transitioning to the Community	✓	n/a
	7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	n/a	✓
	8	Children and Youth Involved in Child Welfare	n/a	✓
	9	Birth Equity	✓	✓

Adults are ages ≥21; children & youth are ages <21 except foster youth is up to age 26 per DHCS

## What are Community Supports?

Community Supports (CS) are non-medical, wrap-around services provided as a substitute or support to avoid other Medi-Cal covered services such as emergency room visits, an avoidable hospital or skilled nursing facility admission, or a discharge delay. As of 7/1/24, most of the counties KP serves offer all 14 of the Community Supports.\*

<b>Supports for Housing Insecurity</b> 	<b>Supports to Keep People at Home</b> 	<b>Supports to Improve a Chronic Condition</b> 	<b>Support to Recover from Acute Intoxication</b> 
<p>Primary Audience: Individuals experiencing homelessness</p>	<p>Primary Audience: Individuals at risk for institutionalization in a nursing home</p>	<p>Primary Audience: Individuals who have certain chronic conditions and require support</p>	<p>Primary Audience: Individuals found publicly intoxicated to divert from jail or the Emergency Department</p>
<ol style="list-style-type: none"> <li>1. Housing Transition Navigation Services</li> <li>2. Housing Deposits</li> <li>3. Housing Tenancy &amp; Sustaining Services</li> <li>4. Short-Term Post Hospitalization Housing</li> <li>5. Recuperative Care (Medical Respite)</li> <li>6. Day Habilitation</li> </ol>	<ol style="list-style-type: none"> <li>7. Respite Services (for caregivers)</li> <li>8. Nursing Facility Transition/ Diversion to Assisted Living Facilities</li> <li>9. Community Transition Services/ Nursing Facility Transition to a Home</li> <li>10. Personal Care &amp; Homemaker Services</li> <li>11. Environmental Accessibility Adaptations (Home Modifications)</li> </ol>	<ol style="list-style-type: none"> <li>12. Meals/Medically Tailored Meals</li> <li>13. Asthma Remediation</li> </ol>	<ol style="list-style-type: none"> <li>14. Sobering Centers</li> </ol> <p><i>Note: majority of the referrals for this service are from law enforcement and stays must be less than 24 hours.</i></p>

\*Exceptions include the following CS which are **not** offered in these counties:

- Recuperative Care (San Mateo),
- Sobering Centers (Contra Costa, Marin, Mariposa, Napa, Placer, San Mateo, Santa Cruz, Solano, Sonoma, Sutter, Ventura, Yolo)

## Eligibility Criteria for Community Supports

- Enrolled as a Kaiser Permanente Medi-Cal member
- Meets criteria for one or more of the Community Supports established by the Department of Health Care Services

Kaiser Permanente determines if the member meets eligibility criteria for the services requested, authorizes the member for services if eligible, and engages community-based partners to initiate services.

## What is a Community Health Worker (CHW)?



### *Background*

- Community Health Worker (CHW) services became a Medi-Cal benefit in 2022. DHCS has broad eligibility guidelines.



### *What is a CHW?*

- **Non-licensed frontline worker embedded in communities where our members live**
- Has personal lived experiences with the challenges that KP members face and uses these experiences to guide their work with members
- Hired and managed by KP-contracted intermediaries (Network Lead Entities)



### *How can a CHW help Medi-Cal members?*

- **Provides short-term, primarily in-person, non-clinical peer support** to help members reach specific health goals
- Members can receive up to 6 hours of services (12 units) to start. Additional hours may be approved, if necessary.

**Most KP Medi-Cal members may qualify** if they need non-clinical peer support to achieve a health-related goal linked to: Physical, Social, or Behavioral Health, Disability, and Domestic or Community Violence Prevention. Members enrolled in ECM and / or hospice **are NOT eligible** to receive CHW benefits.

## Important Contact Information



**For more information or assistance about Medi-Cal Managed Care Plans and benefits, please call:**

DHCS/Health Care Options : **1-800-430-4263** (TTY **1-800-430-7077**)  
Monday - Friday, 8 a.m. to 6 p.m.



**For more information or assistance in enrolling in Kaiser Permanente Medi-Cal, please call:**

Kaiser Permanente Medicaid Assistance Center  
**1-800-557-4515** 1-800-557-4515 (TTY 711)  
Monday - Friday, 8 a.m. to 5 p.m.