

Molina
Enhanced Care Management
Provider Manual
CCA Users
Part 2
January 1, 2024



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Contact Forms & Attempts

ECM Providers are required to provide ECM services every month to our members. Documentation should reflect the development and member consent of a schedule to timely follow-up/communicate with the member to monitor progress and compliance with case management plans and goals and is modified based on the member’s identified needs. Outreaches should consist of varying modes of contact and at different times of the day. ECM Providers are required to document ongoing care management of the member’s needs in a contact form with the correct purpose of contact/outcomes, clear notes, and length of contact (e.g., coordination for medication/DME needs, scheduling of appointments, appointment reminders, accompaniment to appointments, supply of health management education materials, coordination of transportation, assistance to SDOH needs, strategies to address avoidable admissions, etc.).

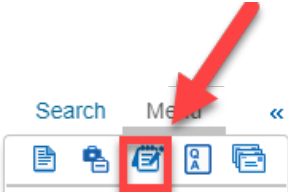
Capitation will start once an ECM Provider completes the ECM Enrollment Assessment, and the member agrees and qualifies for the program. Payment post-enrollment depends on the ECM Provider providing continuous monthly ECM services, and complete and accurate data entry into Contact Forms in CCA for every service and/or interaction with the member and on behalf of the member, regardless of the outcome of the contact. ECM Providers will not receive capitation for months they do not provide ECM services. CCA documentation is used in lieu of your organization submitting claims, encounters, or invoices, and it’s critical that our ECM Providers enter this information timely and accurately. To avoid capitation issues, we ask that you always quality review your contact forms before saving them in CCA and enter them in CCA as soon as possible, no later than 30 days from the date of service/attempt.

For enrolled members who are later identified to be unable to contact, ECM Providers are required to complete at a minimum three non-mail attempts and one mail attempt (mail the Post-Opt in UTC letter) for a total of **four attempts within the same month**. If the member continues to be unable to contact at the end of the month, our ECM Providers will extend their attempts to the next month. We understand the challenges with getting a hold of these members. If the member continues to be UTC by the end of the 2nd month, proceed with disenrolling the member by completing the Disenrollment Form in CCA no later than the **last day of the 2nd month**. See the example below:

- I. Member was enrolled on 2/27/2023.
- II. ECM LCM attempts to contact the member on 3/1/2023, 3/8/2023, and 3/15/2023, and the member is unable to contact during all three outreaches.
- III. ECM LCM mails Post-Opt in UTC letter on 3/22/2023 to address on record.
- IV. Member does not contact ECM LCM within a week of a letter being mailed.
- V. ECM LCM attempts to contact the member on 4/3/2023, 4/10/2023, and 4/17/2023, 4/24/2023 (4th attempt needs to be a UTC Letter), and the member is unable to contact during all four outreaches.
- VI. ECM LCM proceeds with disenrolling the member on 4/28/2023.

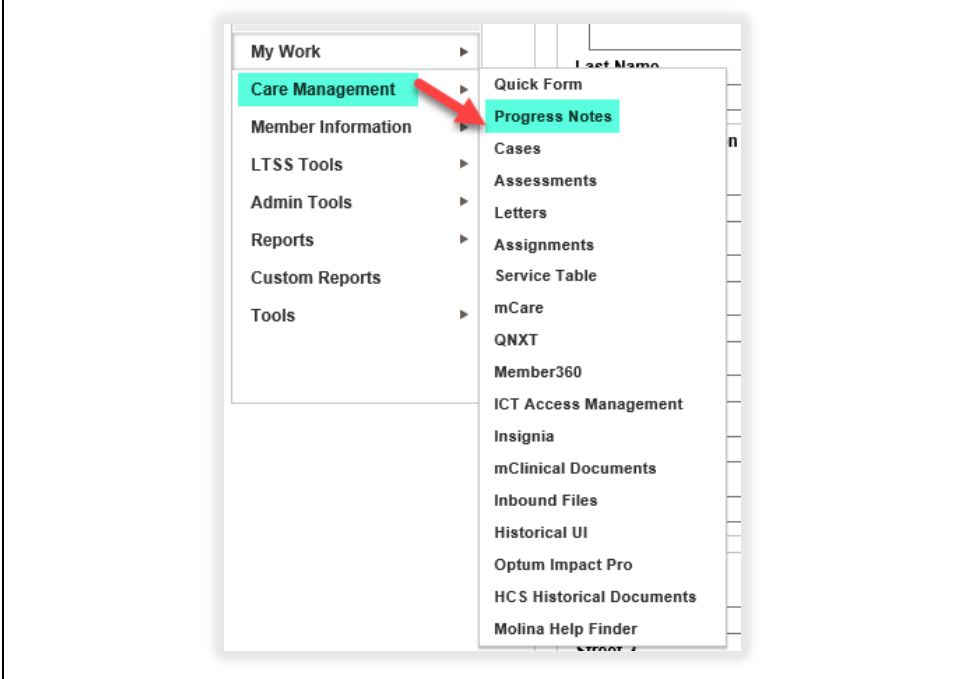
Refer to the **Member Information File section** for outreach requirements for MIF members.

Below are the steps for accessing the Contact Form in CCA and how to complete it:

INSTRUCTIONS	SCREENSHOT
<p>Step 1: Access the Progress Notes Module in CCA</p> <p>There are multiple ways to access Progress Notes module; the shortcut is displayed.</p> <p>Please enter one contact form per provider or member (or member’s representative) contact/attempt. Do not merge encounters within one contact form.</p>	<p style="text-align: center;">Or....</p> 

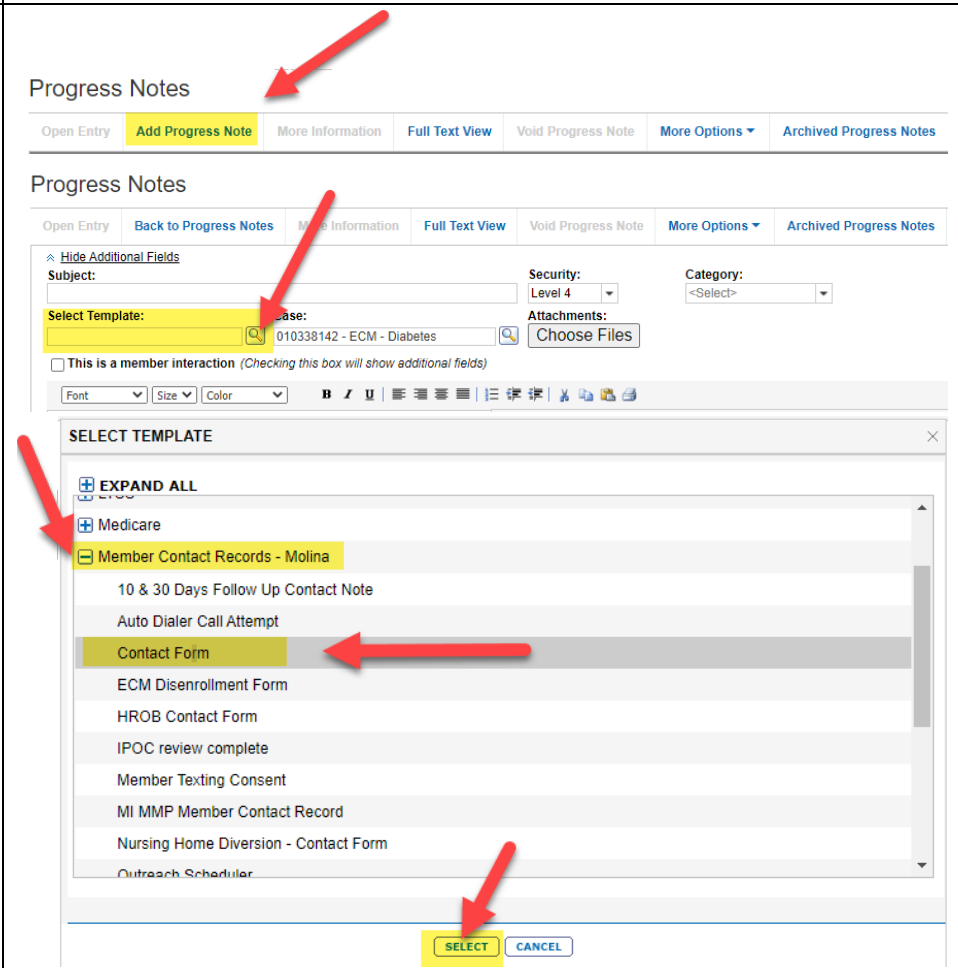
INSTRUCTIONS	SCREENSHOT
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INSTRUCTIONS



Step 2: Click on Add Progress Note

Under **Select template**, click the magnifying glass to search for the **Contact Form** template:



Click **SELECT**

INSTRUCTIONS

Step 3: Fill out the contact form as appropriate.

Scenarios:

- Enrollment in Enhanced Care Management
- Enrollment into Enhanced Care Management, Assessment, ECM Care Plan
- Assessment, ECM Care Plan Care Coordination

Note: Any contact made to the member or on behalf of the member, regardless of whether the outreach was successful or not, needs to be documented in a contact form. Scenarios to note: If you completed an ECM Enrollment Assessment, HRA, or TOC Assessment or created/updated the care plan, or Disenrollment Form, you must enter contact forms for those interactions/services provided to the member in CCA. Failure to document properly will impact capitation and audits.

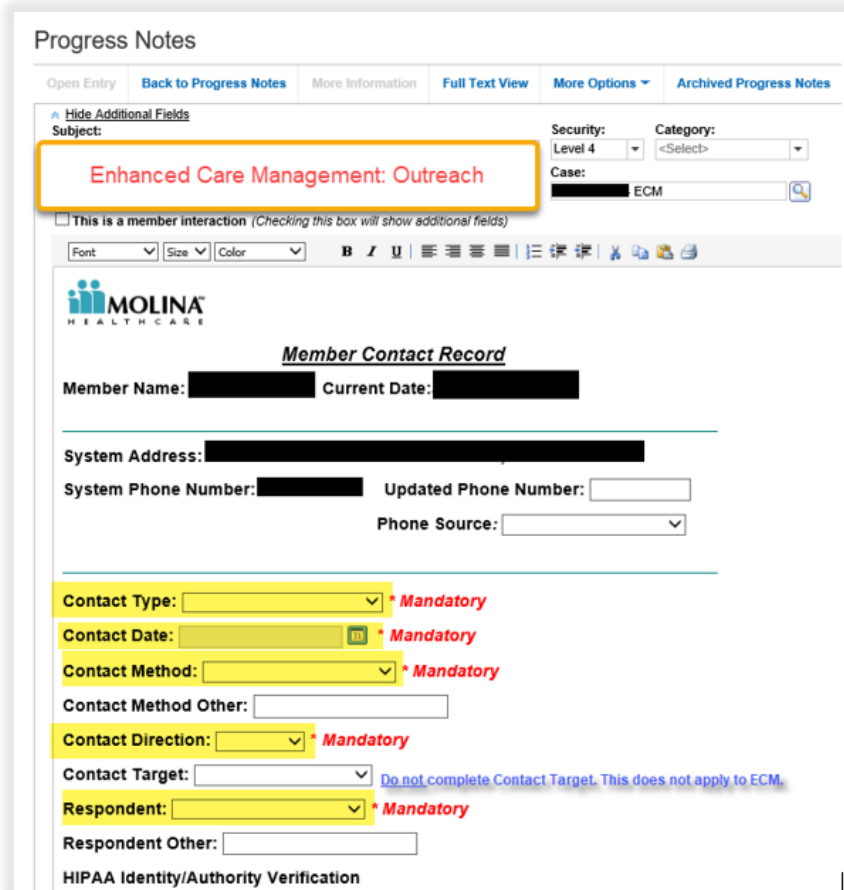
Contact Type:

- Initial Member- we are not using this option. Do not select this option.
- General Contact- we primarily use this when outreaching the member.
- Provider/Agency- when outreaching to Provider or Agency.
- Interdisciplinary Care Team- an individual(s) who is supporting the member’s care, such as a caregiver or social worker.

Contact Date: the date of service/when the interaction happened/attempt date; we want this to be documented in real-time. When you make a call to the member, subsequently complete the contact form.

Contact Method: use the option that best fits your encounter with the member. The

SCREENSHOT



Progress Notes

Open Entry | [Back to Progress Notes](#) | More Information | Full Text View | More Options | Archived Progress Notes

Hide Additional Fields

Subject: **Enhanced Care Management: Outreach**

Security: Level 4 | Category: <Select>

Case: [Redacted] ECM

This is a member interaction (Checking this box will show additional fields)

Font | Size | Color | **B** | *I* | U | [List Icons]

MOLINA HEALTHCARE

Member Contact Record

Member Name: [Redacted] | Current Date: [Redacted]

System Address: [Redacted]

System Phone Number: [Redacted] | Updated Phone Number: []

Phone Source: []

Contact Type: [] * Mandatory

Contact Date: [] * Mandatory

Contact Method: [] * Mandatory

Contact Method Other: []

Contact Direction: [] * Mandatory

Contact Target: [] Do not complete Contact Target. This does not apply to ECM.

Respondent: [] * Mandatory

Respondent Other: []

HIPAA Identity/Authority Verification

INSTRUCTIONS	SCREENSHOT
<p>most frequent contact methods include phone or Face to Face- Home. If you texted the member (or member’s representative) or received a text, select “Phone.”</p> <p>Contact Direction: either select inbound if someone called you or select outbound if you called them.</p> <p>Respondent: is the individual you intended to reach. For example, if you are unable to reach the member, you would still select Member here. Member is the option commonly selected here.</p> <p>HIPAA Identity/Authority Verification: When you speak to the member or speak to someone on behalf of the member, you must verify HIPAA. You are required to check off two items from this list. Normally you check off the address and date of birth. However, if you are unable to reach the member, you would check off N/A- UTC.</p>	<div style="border: 1px solid gray; padding: 10px; margin: 10px auto; width: fit-content;"> <p>(Mandatory - Select Minimum of 2 items if contacted):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Address <input type="checkbox"/> DOB <input type="checkbox"/> CCA Case #, if available <input type="checkbox"/> Member ID # <input type="checkbox"/> N/A - UTC </div>

Purpose of Contact: Ensure you select the “ECM” and a valid service. **“ECM” alone or “ECM” with “Other” are not valid options.** “ECM” with a valid service and “Other” is fine.

Purpose of Contact: Mandatory

<input type="checkbox"/> Assessment	<input type="checkbox"/> Care Plan Development / Revision
<input type="checkbox"/> Coordination of Services	<input type="checkbox"/> Education / Coaching
<input type="checkbox"/> Follow-up Contact	<input type="checkbox"/> Psychosocial Support
<input type="checkbox"/> Welcome Contact	<input type="checkbox"/> Other
<input type="checkbox"/> Mbr/Designee Requests Case Manager (CM) Change	<input type="checkbox"/> Pre-Call Review: QNXT, Member 360, authorizations, claims, utilization, prescription drug events, documentation, assessments, hist case management documentation
<input type="checkbox"/> ICT Meeting	<input type="checkbox"/> Health Homes Program
<input type="checkbox"/> Monitoring	<input type="checkbox"/> Care Model – CKD/ESRD
<input type="checkbox"/> Care Model – OUD/SUD	<input type="checkbox"/> Redetermination
<input type="checkbox"/> BH Crisis Call Follow Up	<input type="checkbox"/> ECM
<input type="checkbox"/> Flex- Special Supplemental Benefit Chronically Ill	<input type="checkbox"/> Post Discharge Outreach
<input type="checkbox"/> Gaps in Care Review	

1. **Assessment:** check-off this option if the outreach was intended for completion of a Health Risk Assessment (HRA) with the member or if the ECM Provider could complete the Health Risk Assessment (HRA) with the member.
2. **Coordination of Services:** check-off this option if you intended or were able to provide/arrange care coordination services for the member
3. **Follow-up Contact:** check-off this option if you intended or could follow up with the member (or following up with a Provider/Agency). If you check this option, check an additional ECM service. When following up with a member and/or Provider/Agency, an ECM service, such as Coordination of Services, should also be provided. Also, select this option when following up with members who have called the Nurse Advise Line (NAL), the ECM Team will inform you when this happens.
4. **Welcome Contact:** check off this option if you are contacting a MIF member for enrollment into ECM, successfully enrolling a member into ECM, or mailing the Welcome Letter.
5. **Mbr-Designee Requests Case Manager (CM) Change:** If you have any members who request to change their assigned ECM LCM, please check off this option.
6. **ICT Meeting:** check-off this option for Interdisciplinary Care Team meetings. For example, if members are approved for Community Support, ICTs should occur between the ECM and CS providers.
7. **Monitoring:** **Do not use** this option; not intended for ECM.
8. **Care Model- OUD/SUD:** **Do not use** this option; not intended for ECM.
9. **BH Crisis Call Follow-up:** check-off this option when following up with members who have called the BH Crisis Line; the ECM Team will inform you when this happens.
10. **Flex-Special Supplemental Benefit Chronically Ill:** **Do not use** this option; not intended for ECM.
11. **Care Plan Development/Revision:** check-off this option when you create or revise the member’s care plan and when you discuss the care plan with the member.
12. **Education / Coaching:** check-off this option if you are educating or coaching the member.
13. **Psychosocial Support:** check off this option if you provide the member with psychosocial support.
14. **Other:** you can check off this option only if you check off another valid service, such as Coordination of Service. Other and ECM are not acceptable on their own. Check others if the rest of the options do not fit the outreach.
15. **Pre-Call Review:** check-off this option if you reviewed the Member Dashboard in CCA, Availity, the HIF assessment, and the HEDIS/Gaps in Care etc. This exercise needs to happen after the member has been enrolled into ECM and the ECM Provider is ready to provide ECM Services to the member. This needs to be completed before member outreach, at least once in a calendar month .

16. **Health Homes Program:** **Do not use** this option; not intended for ECM.
17. **Care Model- CKD/ESRD:** **Do not use** this option; not intended for ECM.
18. **Redetermination:** check-off this option if you support the member with their Medi-Cal redetermination paperwork.
19. **ECM:** this option **should always** be checked-off along with a valid service.
20. **Post Discharge Outreach:** check off this option if you are completing a Transition of Care Assessment with the member (after the member has been discharged from the hospital) or if you visited the member.
21. **Gaps in Care Review-** select this when conducting the Pre-Call Review and you reviewed the HEDIS/ Gaps in Care Alert section or the Member Dashboard for any HEDIS/ Gaps in Care or the Monthly report that's outbound via the sftp site. Select this along with "Pre-Call Review." If the member has a HEDIS/ Gaps in Care alert, the ECM LCM will need to educate the member on the importance of preventative care, discuss details of HEDIS/ Gaps in Care measure, and assist member with care coordination to help remove potential barriers.

The outcome of Contact:

- Successful Contact
- Left Message
- Invalid Phone # / Disconnected
- Refused to Speak
- Requested Later Contact
- Requested No Further Contact
- No Answer
- Other
- Deceased
- Research Only

Outcome of Contact correlates with the Purpose of Contact. For example, if you check-off Assessment & ECM under Purpose of Contact and you select Successful Contact under Outcome of Contact; reporting will indicate that a CA HRA was completed. Another scenario to consider, you intended to call the member to complete an HRA, however, the member only wants to focus on getting their prescription filled and you went ahead and called the pharmacy. In this scenario, the purpose of contact **should not** have Assessment checked-off, and instead have Coordination of Services checked off along with ECM.

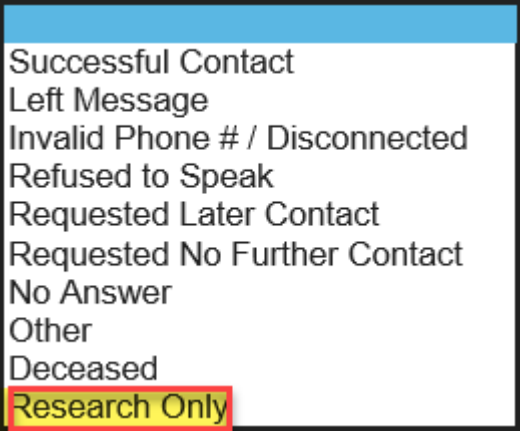

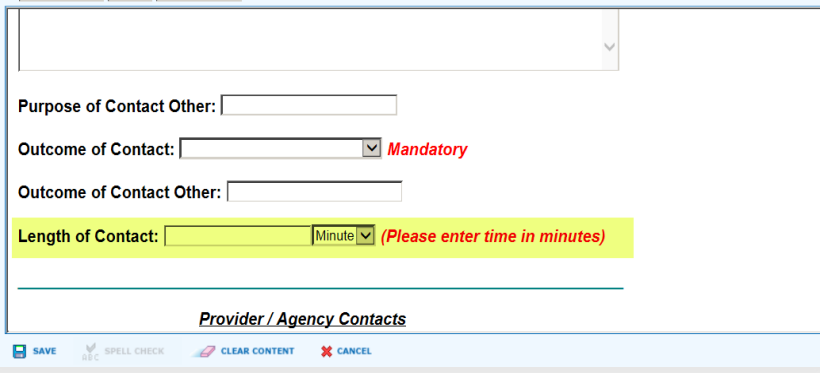
Purpose of Contact Other:



Outcome of Contact: **Mandatory**


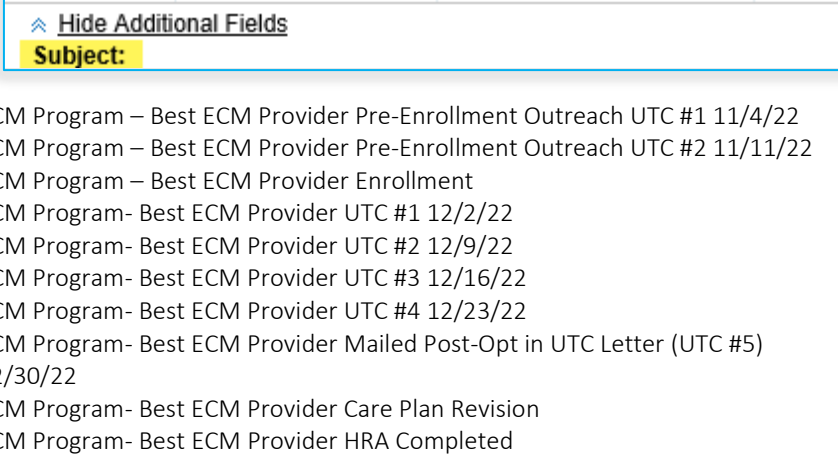

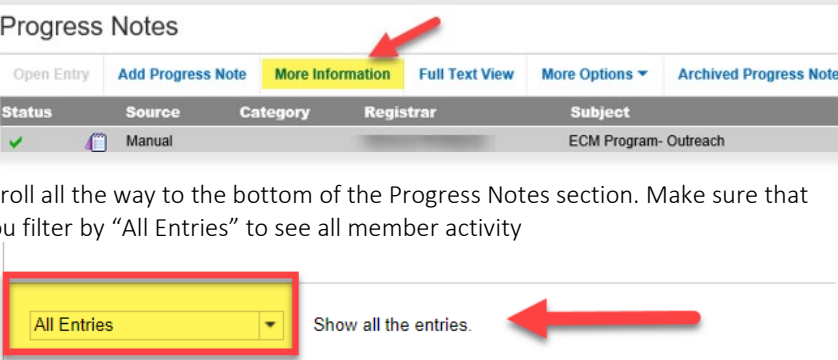
Outcome of Contact Other:

Length of Contact: Minute **(Please enter time in minutes)**

<p>If Member declines (below are decline outcomes of contact), provide a narrative for the reason for decline.</p> <ul style="list-style-type: none"> • Refused to Speak- scenario: <i>member hanged up on you, doesn't want to answer your questions.</i> • Requested No Further Contact- scenario: <i>I'm not interested, please don't call me.</i> 	<div style="border: 1px solid black; padding: 5px;"> <p>Successful Contact Left Message Invalid Phone # / Disconnected Refused to Speak Requested Later Contact Requested No Further Contact No Answer Other Deceased Research Only</p> </div>
<p>If Member is UTC, choose an outcome that best supports your contact attempt.</p> <ul style="list-style-type: none"> • Left message- left voicemail • Invalid Phone # / Disconnected- Member's phone # is invalid/disconnected • Requested Later Contact- scenario: <i>my priority right now is not the HRA, it's my medication, please call me back tomorrow</i> • No Answer- voicemail is not set-up • Deceased- the member passed away. If member is deceased, document who you spoke to in relation to the member, how the information was obtained, and date of passing. 	<div style="border: 1px solid black; padding: 5px;"> <p>Successful Contact Left Message Invalid Phone # / Disconnected Refused to Speak Requested Later Contact Requested No Further Contact No Answer Other Deceased Research Only</p> </div>
<p>For Inbound Texts & Inbound Voicemails, select "Other," and indicate under the Outcome of Contact Other:</p>	<div style="border: 1px solid black; padding: 5px;"> <p>Successful Contact Left Message Invalid Phone # / Disconnected Refused to Speak Requested Later Contact Requested No Further Contact No Answer Other Deceased Research Only</p> </div> <p>Outcome of Contact Other: Member texted me</p>

<p>ECM Providers are now able to select "Research Only" when conducting research and when documenting the Pre-Call Review. If selecting this option, make sure to also select "ECM Provider" under Respondent.</p>	
<p>Successful calls,</p>	 <p>*** Please NOTE: Successful contact should only be selected when the purpose of the call was successfully completed. Examples: Member accepts the program enrollment, you are able to initiate/continue/complete the HRA, there are care plan developments/actions/updates, any type of care coordination assistance, verbal member education was completed, etc.</p>
<p>Be sure to include length of contact in minutes. If the call/interaction lasted less than a minute, enter "1" in this section</p>	
<p>Complete the Provider/ Agency Contacts section <u>ONLY</u> if you selected Provider/Agency under the Contact Type. It will prompt you to complete the Name of Provider under the Provider/ Agency Contacts section.</p>	<p>Contact Type: Provider/Agency * Mandatory</p>

	<p style="text-align: center;"><u>Provider / Agency Contacts</u></p> <p>Name of Provider: <input type="text"/> * Mandatory </p> <p>Contact Method: <input type="text"/> Contact Time: <input type="text"/></p> <p>Contact Type: <input type="text"/></p> <p>Contact Purpose:</p> <p> <input type="checkbox"/> Assessment <input type="checkbox"/> Care Plan Development/Revision <input type="checkbox"/> Case Closure <input type="checkbox"/> Community Connector <input type="checkbox"/> Coordination of Service <input type="checkbox"/> Demographic/Information Verification <input type="checkbox"/> Follow-up <input type="checkbox"/> Information Sharing <input type="checkbox"/> Obtain Medical Records <input type="checkbox"/> Program Enrollment Notification <input type="checkbox"/> Transition of Care <input type="checkbox"/> Other <input type="checkbox"/> Referral <input type="checkbox"/> Health Home Provider <input type="checkbox"/> ECM </p>
<p>Complete the Resource/Referrals section if applicable. We use this section for tracking purposes.</p>	<p style="text-align: center;"><u>Resource / Referrals</u></p> <p>Adult Day Healthcare: <input type="text"/></p> <p>Personal Care Assistance: <input type="text"/></p> <p>Behavioral Health*: <input type="text"/></p> <p>Community Transition/MFP: <input type="text"/></p> <p>HCBS Waiver*: <input type="text"/></p> <p>Other Resources*: <input type="text"/></p> <p>*Specify Agency or Program: <input type="text"/></p>
<p>The Notes section is mandatory (though it's not indicated in the Contact Form template). Enter a narrative explaining the outcome of outreach.</p> <p>This field should NOT be left blank. Please use this area to provide a <u>clear picture of the outreach outcome (include all pertinent details).</u></p> <p>If you come across issues saving the Contact Form, please make sure not to indent when entering the narrative in the notes section.</p>	<p>Notes:</p> <div style="background-color: yellow; height: 100px; width: 100%;"></div> 

<p>Redetermination Notes section: <u>Only enter notes</u> here if you assisted the member with their Medi-Cal redetermination paperwork, leave blank if it does not apply.</p>	
<p>Change the subject of the contact form according to the outreach that was completed.</p> <p>Format: ECM Program- Name of ECM Provider Outcome.</p>	
<p>Step 4: Click SAVE</p> <p>We recommend you review the contact form before you hit save.</p>	
<p>Step 5: To Open the Contact Form you just saved, click on the entry to bring it into focus and then More Information.</p> <p>You have until the end of day to make any edits to the contact form you just created. You will not be able to make edits to this form the next day.</p>	

Contact Form Scenarios

Below are examples of how to complete contact forms in CCA: “Best ECM Provider” is used as an example. You will use your organizations name in place of “Best ECM Provider”.

Scenario #1: Pre-Enrollment. ECM Provider outreached member from their MIF, and member is unable to contact (1st non-mail attempt):

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – <i>Best ECM Provider</i> Pre-Enrollment Outreach UTC #1 3/1/23
Contact Type	General Contact
Contact Date	03/01/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound

Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	N/A- UTC
Purpose Of Contact	ECM Welcome Contact
Purpose Of Contact Other	
Outcome Of Contact	Left Message
Outcome Of Contact Other	
Length Of Contact	1
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	Attempted to reach member for enrollment into ECM on 3/1/2023, left VM. If the member does not return my call within a week, I will conduct an in-person visitation on 3/8/2023 to address this on record.

Scenario #2: Pre-Enrollment. ECM Provider outreached MIF member, and member is unable to contact (5th attempt- mail attempt):

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Pre-Enrollment Outreach Mailed Post-Opt in UTC Letter (UTC #5) 3/29/23
Contact Type	General Contact
Contact Date	03/29/2023
Contact Method	Mail
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	N/A- UTC
Purpose Of Contact	ECM Welcome Contact
Purpose Of Contact Other	
Outcome Of Contact	Other
Outcome Of Contact Other	Mailed Letter
Length Of Contact	5
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	

Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	Member has been unable to contact for the past four attempts. On 3/29/23, I mailed the ECM Generic UTC Letter to the member. If I don't hear back from the member by 4/5/23, I will complete the ECM Enrollment Assessment and indicate member was unable to contact.

Scenario #3: Pre-Enrollment. MIF member continues to be unable to contact (after 5th attempt- mail attempt). ECM Provider completes the ECM Enrollment Assessment and indicates that the member was not enrolled and unable to contact.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Member Not Enrolled due to UTC
Contact Type	General Contact
Contact Date	04/05/2023
Contact Method	Other
Contact Method Other	Completed ECM Enrollment Assessment
Contact Direction	Outbound
Respondent	ECM Provider
Respondent Other	
HIPPA Identity/Authority Verification	N/A- UTC
Purpose Of Contact	ECM Welcome Contact
Purpose Of Contact Other	
Outcome Of Contact	Other
Outcome Of Contact Other	Completed ECM Enrollment Assessment
Length Of Contact	5
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	The member continued to be unable to contact me after I mailed the Generic UTC Letter. On 4/5/23, I completed the ECM Enrollment Assessment and indicated member was not enrolled-unable to contact.

Scenario #4: Pre-Enrollment. MIF member declines participation (2nd attempt). ECM Provider completes the ECM Enrollment Assessment and indicates member declined participation.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Pre-Enrollment Outreach UTC #2 3/8/23 Member Declined
Contact Type	General Contact
Contact Date	04/05/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Welcome Contact
Purpose Of Contact Other	
Outcome Of Contact	Requested No Further Contact
Outcome Of Contact Other	
Length Of Contact	10
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	Discussed the program with the member. Member declined participation. On 3/9/23, I completed the ECM Enrollment Assessment and indicated member declined.

Scenario #5: Pre-Enrollment. ECM Provider makes 3rd attempt and is informed by member’s family that member passed away (deceased). ECM Provider proceeds with completing the ECM Enrollment Assessment and will indicate member is deceased.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Pre-Enrollment Outreach UTC #2 3/8/23 Member Deceased
Contact Type	General Contact
Contact Date	03/15/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	

HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Welcome Contact
Purpose Of Contact Other	
Outcome Of Contact	Deceased
Outcome Of Contact Other	
Length Of Contact	5
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 3/15/23, I spoke to the member's sister, Jane Smith. She informed me that the member passed away on 3/1/23. On the same day, I completed the ECM Enrollment Assessment and indicated member is deceased.

Scenario #6: Pre-Enrollment. MIF member returns a phone call to ECM Provider. Member is interested in ECM, qualifies for the program, and is enrolled in ECM.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Enrollment
Contact Type	General Contact
Contact Date	04/05/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Inbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Welcome Contact
Purpose Of Contact Other	
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	60
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	

HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	Member returned my call on 4/5/23. Discussed program and confirmed eligibility with the member. The member agreed to participate and was enrolled in ECM. Member prefers in-person visits. I provided my contact information to the member and informed him I will be his assigned ECM Lead Care Manager. Member also mentioned during today's visit that he needs assistance scheduling an appointment with their PCP. I told the member I would schedule this appointment on their behalf and call them to let them know once this has been completed. I scheduled a visit for 4/8/23 to complete the HRA and develop the care plan.

Scenario #7: Post-enrollment. ECM LCM mails the Welcome Letter to the member.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Welcome Letter Mailed 4/6/23
Contact Type	General Contact
Contact Date	04/6/2023
Contact Method	Mail
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Welcome Contact
Purpose Of Contact Other	
Outcome Of Contact	Other
Outcome Of Contact Other	Welcome Letter Mailed
Length Of Contact	5
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/6/23, I mailed the Welcome Letter to the member to address the member provided.

Scenario #8: Post-enrollment. ECM LCM documents their credentials and confirmation of their expertise and skills to serve the individual member in a culturally relevant, linguistically appropriate, and person-centered manner. ECM LCM conducts a pre-call review of the Member Dashboard, clinical notes in CCA, the Assessments module in CCA for any recent HIF assessment, Availity (eligibility), and reviews CCA for any HEDIS/ Gaps in Care before visiting the member. The pre-call reviews need to occur for all members at least once in a calendar month.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Pre-Call Review & Doc of Credentials 4/7/23
Contact Type	General Contact
Contact Date	04/7/2023
Contact Method	Other
Contact Method Other	Pre-Call Review and documentation of credentials
Contact Direction	Outbound
Respondent	ECM Providers
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Pre-Call Review Gaps in Care Review
Findings to be discussed with member and addressed in care plan as appropriate:	See notes section below
Purpose Of Contact Other	
Outcome Of Contact	Research Only
Outcome Of Contact Other	
Length Of Contact	30
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	I, Vanessa Rodriguez, RN, am the assigned ECM LCM to this member. I confirm my expertise and skills to serve this member in a culturally relevant, linguistically appropriate, and person-centered manner. On 4/7/23, I completed the pre-call review and reviewed the Member Dashboard, clinical notes in CCA, the Assessments module in CCA for any recent HIF assessment, Availity, and Alerts for any HEDIS/Gaps in Care. Noted member is taking Janumet and has been to the hospital five times within the last six months. Member does not have a HIF assessment in CCA. However, member has a HEDIS/ Gap in Care- annual flu vaccine, I will discuss this with the member during our upcoming meeting.

Scenario #9: Post-enrollment. ECM LCM scheduled PCP appointment on behalf of the member.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Scheduled PCP Appt. 4/8/23
Contact Type	Provider/Agency
Contact Date	04/08/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Medical Provider
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Coordination of Services
Purpose Of Contact Other	
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	15
Name of Provider	Clinic #1
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/8/23, I called Clinic #1 on behalf of the member to schedule an appointment for 4/23/23 at 9 am. I will follow up with the member shortly to inform the member of the appointment details.

Scenario #10: Post-enrollment. ECM LCM completed the HRA and developed a care plan with member, discussed care coordination needs, the HEDIS/Gap in Care, and informed the member of scheduled PCP appointment.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Developed ICP 4/9/23
Contact Type	General Contact
Contact Date	04/09/2023
Contact Method	Face to Face – Home

Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Assessment Coordination of Services Follow-up Contact Care Plan Development/ Revision Gaps in Care Review
Purpose Of Contact Other	
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	75
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	<p>On 4/9/23, I conducted an in-person visitation to the member's home. We completed the HRA, member agreed to participate in the care plan planning process and we developed the care plan. Member's primary concern is diabetes, lowering sugar levels. Member also has back problems and is self-managing this health issue; this was noted in the care plan. Member needs assistance with ADLs; member has an IHSS caregiver but needs additional IHSS hours. I will submit a CS Referral today. Member consented to care plan. I informed the member that I would mail him a copy of the care plan and the care plan letter today. I will also mail this information to their PCP. We agreed that I would check in with the member every two weeks (from today's date) to ensure we are on track with care plan goals, assist with care coordination, and provide education/coaching. I also informed the member of the scheduled PCP appointment (4/23/23 at 9 am). We also discussed the HEDIS/Gaps in Care- annual flu shot due by 6/1/2023, educated member on importance of getting the annual flu shot, member plans to get the flu shot during upcoming scheduled PCP appointment. I will follow up with the member on 4/23/23 and discuss how the member's appointment went and confirm member got annual flu shot.</p>

Scenario #11: Post-enrollment. ECM LCM presented the member’s care plan to their Clinical Consultant. The Clinical Consultant reviewed the care plan.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Clinical Consultant Review 4/10/23
Contact Type	Interdisciplinary Care Team
Contact Date	04/10/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	ECM Provider
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Care Plan Development/Revision ICT Meeting
Purpose Of Contact Other	
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	45
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/10/23, I presented the care plan to our clinical consultant, Nadine Khan, RN. Nadine reviewed the care plan and had no additional feedback to provide. I will meet again with Nadine to discuss members’ progress next month, as needed.

Scenario #12: Post-enrollment. ECM LCM mailed a copy of the Care Plan and the Care Plan letter to the member.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Mailed ICP and ICP Letter to Member 4/10/23
Contact Type	General Contact
Contact Date	04/10/2023
Contact Method	Mail
Contact Method Other	
Contact Direction	Outbound
Respondent	Member

Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Care Plan Development/ Revision
Purpose Of Contact Other	
Outcome Of Contact	Other
Outcome Of Contact Other	Mailed Care Plan & Care Plan Letter
Length Of Contact	5
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/10/23, I mailed the member a copy of the care plan and the care plan letter. Will confirm with the member receipt of this information next time we meet.

Scenario #13: Post-enrollment. ECM LCM mailed a copy of the Care Plan and the Care Plan letter to the member's PCP.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Mailed ICP and ICP Letter to Member's PCP 4/10/23
Contact Type	Provider/Agency
Contact Date	04/10/2023
Contact Method	Mail
Contact Method Other	
Contact Direction	Outbound
Respondent	Medical Provider
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Care Plan Development/ Revision
Purpose Of Contact Other	
Outcome Of Contact	Other
Outcome Of Contact Other	Mailed Care Plan Letter
Length Of Contact	5
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	

HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/10/23, I mailed a copy of the care plan and the care plan letter to the member's PCP.

Scenario #14: Post-enrollment. ECM LCM called the member for follow-up, and the member was unable to contact.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider UTC #1 4/23/23
Contact Type	General Contact
Contact Date	04/23/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	N/A- UTC
Purpose Of Contact	ECM Coordination of Services Follow-up Contact Education/Coaching
Purpose Of Contact Other	
Outcome Of Contact	Left Message
Outcome Of Contact Other	
Length Of Contact	10
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/23/23, I called the member in the morning to follow up post the member's appointment. The member didn't answer, I left a VM for the member to call me back. If the member does not call me back today, I will call the member tomorrow evening.

Scenario #15: Post-enrollment. Member has been UTC three times. ECM LCM mails the ECM Post Opt-In UTC Letter (4th attempt) to the member a week before the month ends.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider UTC #1 4/23/23
Contact Type	General Contact

Contact Date	04/23/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	N/A- UTC
Purpose Of Contact	ECM Coordination of Services Follow-up Contact Education/Coaching
Purpose Of Contact Other	
Outcome Of Contact	Other
Outcome Of Contact Other	Mailed the Post Opt-In UTC Letter to the member
Length Of Contact	5
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 5/1/23, I mailed the Post Opt-In UTC Letter to the member; the member has been UTC for the past three attempts. If I don't hear back from the member by the end of the month, I will proceed with disenrolling the member from ECM.

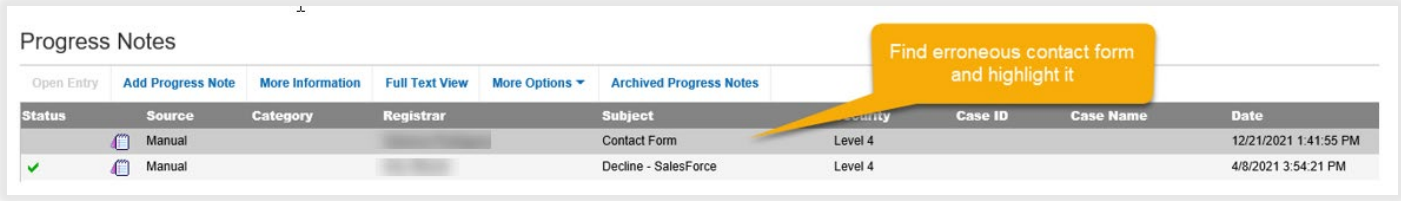
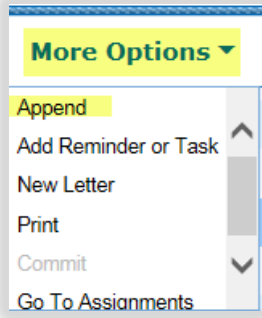
Scenario #16: Post-enrollment. Member declines participation in ECM. ECM LCM mails the ECM Post Opt-In Decline Letter before disenrolling the member from ECM.

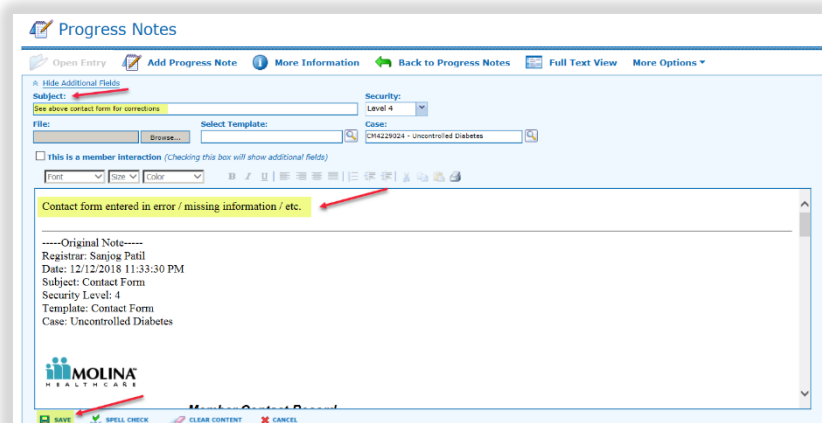
Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Member Declined ECM 5/31/23
Contact Type	General Contact
Contact Date	05/31/2023
Contact Method	Mail
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Follow-up Contact Other

Purpose Of Contact Other	Mail the Post Opt-In Decline Letter to the member.
Outcome Of Contact	Other
Outcome Of Contact Other	Mailed the Post Opt-In Decline Letter to the member
Length Of Contact	15
Name of Provider	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 5/31/23, I mailed the Post Opt-In Decline Letter to the member. I spoke to the member yesterday, and he stated he no longer wants to be enrolled in ECM. I will proceed with disenrolling the member from ECM.

Appending Erroneous Contact Forms

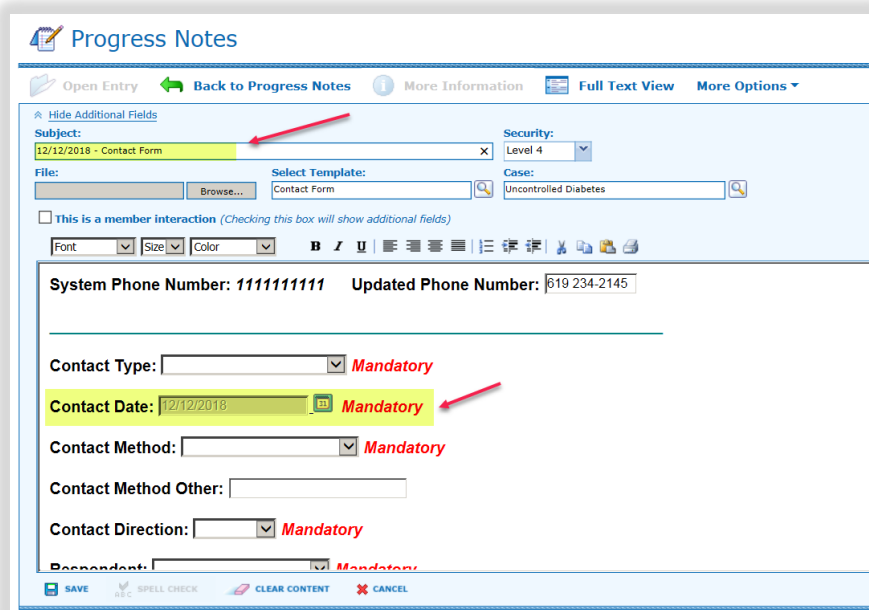
Follow the steps below for appending erroneous contact forms:

INSTRUCTIONS	SCREENSHOT																											
<p>Step 1:</p> <p>Highlight (click on the contact form to bring into focus) the erroneous contact form</p>	 <p>The screenshot shows a 'Progress Notes' window with a table. A yellow callout bubble points to the 'Contact Form' entry in the table.</p> <table border="1"> <thead> <tr> <th>Status</th> <th>Source</th> <th>Category</th> <th>Registrar</th> <th>Subject</th> <th>Priority</th> <th>Case ID</th> <th>Case Name</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td></td> <td>Manual</td> <td></td> <td></td> <td>Contact Form</td> <td>Level 4</td> <td></td> <td></td> <td>12/21/2021 1:41:55 PM</td> </tr> <tr> <td>✓</td> <td>Manual</td> <td></td> <td></td> <td>Decline - Salesforce</td> <td>Level 4</td> <td></td> <td></td> <td>4/8/2021 3:54:21 PM</td> </tr> </tbody> </table>	Status	Source	Category	Registrar	Subject	Priority	Case ID	Case Name	Date		Manual			Contact Form	Level 4			12/21/2021 1:41:55 PM	✓	Manual			Decline - Salesforce	Level 4			4/8/2021 3:54:21 PM
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✓	Manual			Decline - Salesforce	Level 4			4/8/2021 3:54:21 PM																				
<p>Step 2:</p> <p>Using the drop-down menu for More Options, select "Append."</p>	 <p>The screenshot shows a 'More Options' dropdown menu with 'Append' highlighted in yellow.</p>																											
<p>Step 3:</p> <p>This will open a new progress form window, update the Subject line to "See above contact form for corrections," and then indicate the reason for invalidating the current contact form in the body. Click "Save" to save changes.</p>																												



Step 4

Create a new contact form following the standard, established process. Change the subject line to start with the date of the invalid contact form, and when selecting the date for the new contact form, be sure to use the date of the invalid form. Enter all other fields normally and click save to finish the corrected form.



BH Crisis Line, Nurse Advise Line, & HEDIS Behavioral Health Encounters

Molina’s ECM Team will notify the ECM Provider if any of their assigned enrolled members have called the BH Crisis Line or had an Emergency Department Visit for Mental Illness and/or Alcohol and other drug abuse or dependence recently, or called the Nurse Advise Line (NAL) and needs follow-up. For BH Crisis Line, follow-up needs to be done **by the close of business from the date of notification**. For members with Emergency Department Visit for Mental Illness and/or Alcohol and other drug abuse or dependence, and for members who called the NAL, follow-up needs to be done within **two business days from** the date of notification. These follow-ups need to be documented via a contact form in CCA. Molina’s BH Team will host a separate training to discuss BH Crisis; stay tuned.



Below are scenarios to consider when completing the Contact Form in CCA for BH Crisis Line, or Emergency Department Visit for Mental Illness and/or Alcohol and other drug abuse or dependence, & Nurse Advise Line follow-up:

Scenario #1: Post-enrollment. Molina ECM Team informed the ECM Provider that the member called the BH Crisis Line. ECM Provider followed up with the member.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider BH Crisis Line Follow-up 4/27/23
Contact Type	General Contact
Contact Date	04/27/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM BH Crisis Call Follow Up
Purpose Of Contact Other	
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	30
Name of Provider	
Provider Contact Type	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/27/23, Molina ECM Team informed me that member called the BH Crisis Line. I called the member today. Member is seeking support and services due to substance use. I informed the member that I would submit a BH referral today.

Scenario #2: Post-enrollment. Molina ECM Team informed the ECM Provider that the member called the Nurse Advise Line. ECM Provider followed up with the member.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider NAL Follow-up 4/27/23
Contact Type	General Contact
Contact Date	04/27/2023
Contact Method	Phone
Contact Method Other	

Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Follow-up Contact
Purpose Of Contact Other	
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	30
Provider Contact Type	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/27/23, Molina ECM Team informed me that member called the NAL. I called the member today. The member called the NAL because he noticed his sugar was too high (higher than other times) and was concerned. I informed the member that I would schedule a PCP appointment on his behalf; PCP might need to change his medications. I will also educate/coach the member on routinely checking his glucose and monitoring it so it does not get to 400, in addition to discussing his diet.

Scenario #3: Post-enrollment. Molina ECM Team informed the ECM Provider that the member called the BH Crisis Line. ECM Provider followed up with the member, and the member is UTC.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider BH Crisis Line Follow-up UTC #1 4/27/23
Contact Type	General Contact
Contact Date	04/27/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	N/A- UTC
Purpose Of Contact	ECM BH Crisis Call Follow Up
Purpose Of Contact Other	
Outcome Of Contact	Left Message

Outcome Of Contact Other	
Length Of Contact	1
Provider Contact Type	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/27/23, Molina ECM Team informed me that member called the BH Crisis Line. I called the member this morning, but the member didn't answer, so I left a message. I will call the member tomorrow evening.

Scenario #4: Post-enrollment. Molina ECM Team informed the ECM Provider that the member had an Emergency Department Visit for Mental Illness and/or Alcohol and other drug abuse or dependence recently. ECM Provider followed up with the member.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider ED Visit Follow-up 4/27/23
Contact Type	General Contact
Contact Date	04/27/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Follow Up
Purpose Of Contact Other	
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	30
Provider Contact Type	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/27/23, Molina ECM Team informed me that the member had an Emergency Department Visit for Mental Illness and/or Alcohol and other drug abuse or dependence recently. Member's diagnosis: suicidal; Suicidal ideation. I

called the member this morning, who appears to be doing well. I confirmed member has an MH follow-up appointment with a provider on 5/1/23. I will continue monitoring the member and follow up with the member on 5/2/23 after the appointment.

ECM LCM Suicide Attempt (SA) Outreach

Molina’s ECM Team will notify you of any assigned high-risk members for post-suicide attempt outreach. The goals when outreaching these members are to:

- Connect with the member within **48 hours of notification**
- Ensure the member has a safety plan
- Get the member connected with appropriate follow-up care.
- When following-up with the member, engage the member and express care and desire to help.
- Reference ED visit(s) and inquire how they have been feeling. Use open-ended questions.
- Assess current risk by asking about current behavioral health treatment, natural supports, and consider administering PHQ9. Implement crisis protocol if needed.
- Offer psychoeducation, linkages to behavioral health services, peer support, warmlines and hotlines.
- Offers CM services/Health Risk Assessment/ BHRA
- ECM LCM and member Agree upon a follow up plan and a safety plan
- ECM LCM updates the care plan (as needed) and obtains member consent

Always conduct a thorough pre-call review before outreaching your member to form a clinical picture. Remember, some behavioral health service details will not be available due to county carve-out.

Scenario #1: Post-enrollment. Molina ECM Team informed the ECM Provider that their member has been identified to have had a suicide attempt or multiple suicide attempt attempts. ECM Provider to conduct a thorough pre-call review by reviewing the information provided by Molina ECM Team, Availity (eligibility), available clinical notes in CCA, the Member Dashboard, HEDIS Gaps in Care (Alerts), and the Assessments module in CCA for any recent HIF assessment.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider Pre-Call Review 4/27/23
Contact Type	General Contact
Contact Date	04/7/2023
Contact Method	Other
Contact Method Other	Pre-Call Review
Contact Direction	Outbound
Respondent	ECM Provider
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Pre-Call Review Gaps in Care Review Other
Purpose Of Contact Other	SA
Outcome Of Contact	Research Only
Outcome Of Contact Other	
Length Of Contact	30

Provider Contact Type	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/27/23, Molina ECM Team informed me that the member had multiple suicide attempts. I completed the pre-call review and reviewed the Member Dashboard, clinical notes in CCA, the Assessments module in CCA for any recent HIF assessment, Availity, and Alerts for any HEDIS/Gaps in Care, as well as the information provided by the ECM Team. Member does not have a HIF assessment in CCA, nor any HEDIS/ Gaps in Care. I will connect with member today at 2pm to address SA notification.

Scenario #2: Post-enrollment. ECM Provider followed up with the member.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	ECM Program – Best ECM Provider SA Follow-up 4/7/23
Contact Type	General Contact
Contact Date	04/7/2023
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB
Purpose Of Contact	ECM Follow Up Other
Purpose Of Contact Other	SA
Outcome Of Contact	Successful Contact
Outcome Of Contact Other	
Length Of Contact	30
Provider Contact Type	
Adult Day Healthcare	
Personal Care Assistance	
Behavioral Health	
Community Transition MFP	
HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 4/7/23, I called the member and expressed to member that I’m here to provide support and want to help member. We addressed the ED visits and asked member how he was feeling. Member said he’s feeling better and is

seeking help. I confirmed member has an MH follow-up appointment with a provider on 4/10/23. I will continue monitoring the member and follow up with the member on 4/11/23 after the appointment. I offered psychoeducation, linkages to behavioral health services, peer support, warmlines, and hotlines. Member is interested in psychoeducation, however, would like to discuss on 4/10/23. I also completed the PHQ9 assessment with the member.

ECM Enrollment Assessment

If an ECM Provider successfully contacts a member for enrollment into ECM, the ECM Provider must review ECM Program Eligibility and Populations of Focus with the member, and the member must verbally agree to data sharing to be enrolled in ECM.

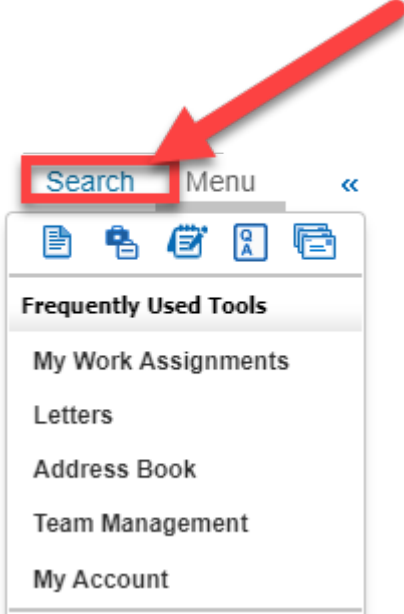
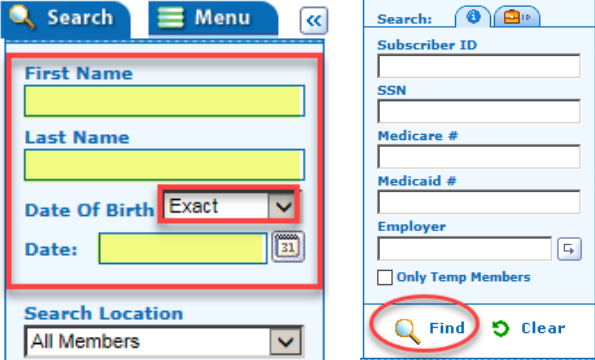


Regardless of the outcome of the outreach (member agrees to participate in ECM, member declines ECM, the member is in a duplicative program, the member does not meet any Population of Focus criteria, or the member is not enrolled (unable to contact), the ECM Provider is required to complete the Enrollment Assessment in CCA for their assigned members. If a member is UTC, the ECM Provider is required to complete the Enrollment Assessment after exhausting the minimum required attempts. **Do not complete a disenrollment form if a member was never enrolled in ECM.**

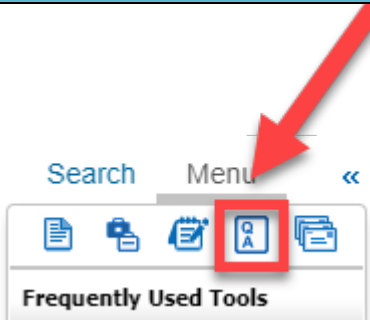
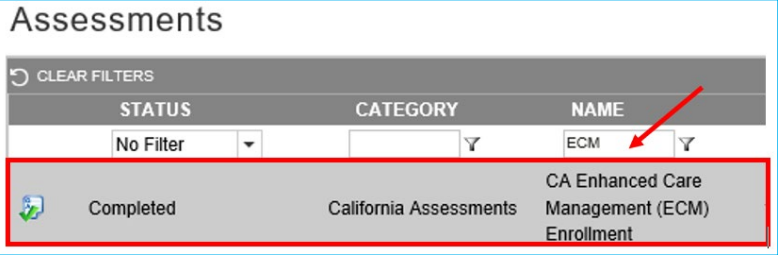
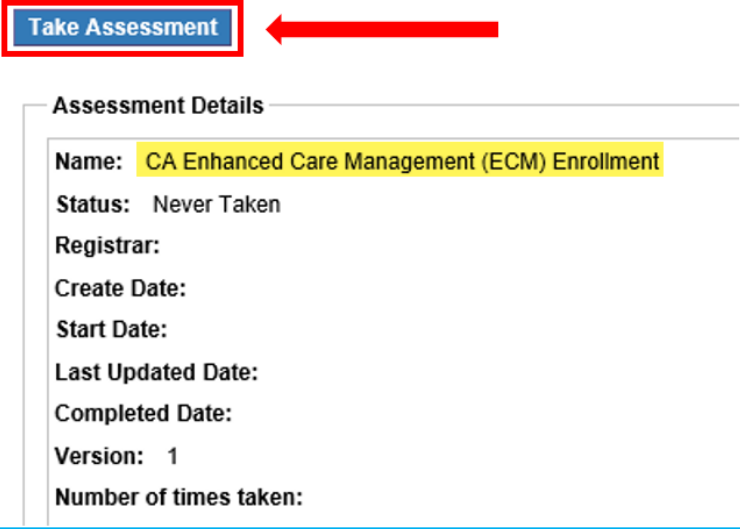
Members might not qualify for ECM due to being enrolled in a duplicative program. Such duplicative programs might include HIV/AIDS, Assisted Living Waiver, Developmentally Disabled, Multipurpose Senior Services Program, Home and Community-Based Alternatives, California Community Transitions (CCT), Hospice, and Molina CM. Refer to the latest DHCS ECM Policy Guide for more information on exclusionary criteria.

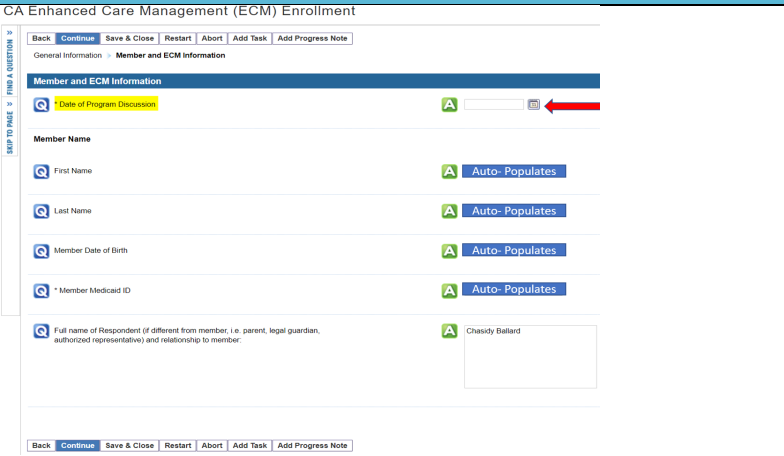
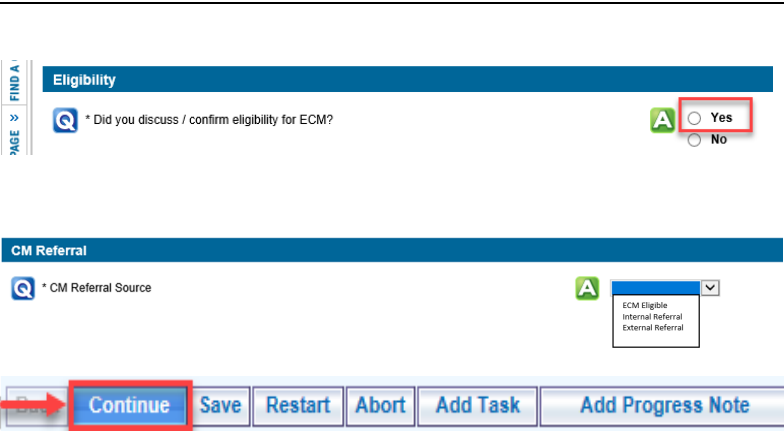
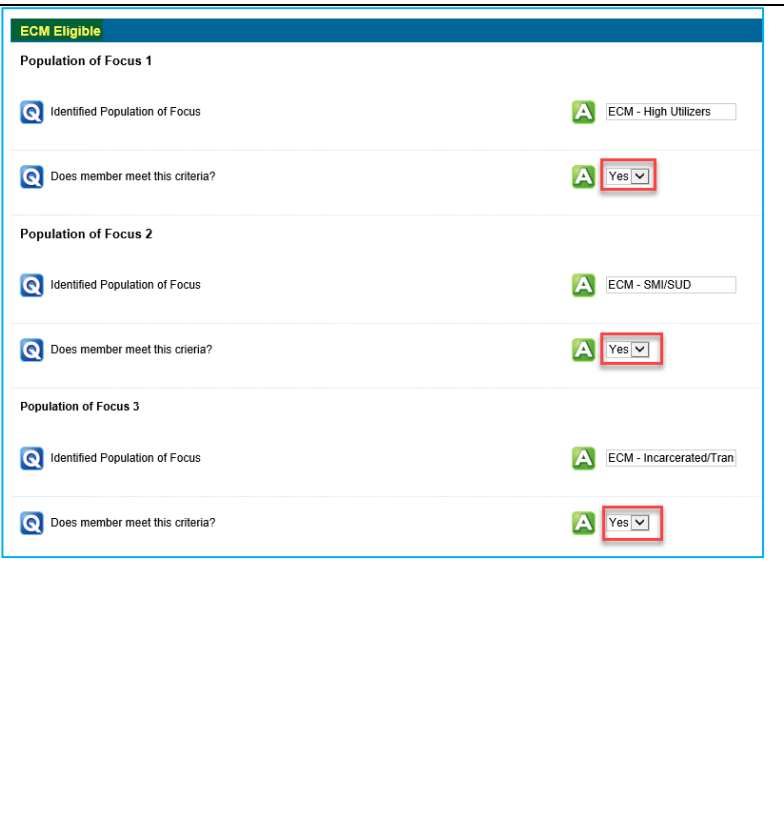
An ECM Enrollment Assessment is not required if a member is already enrolled in the ECM Program.

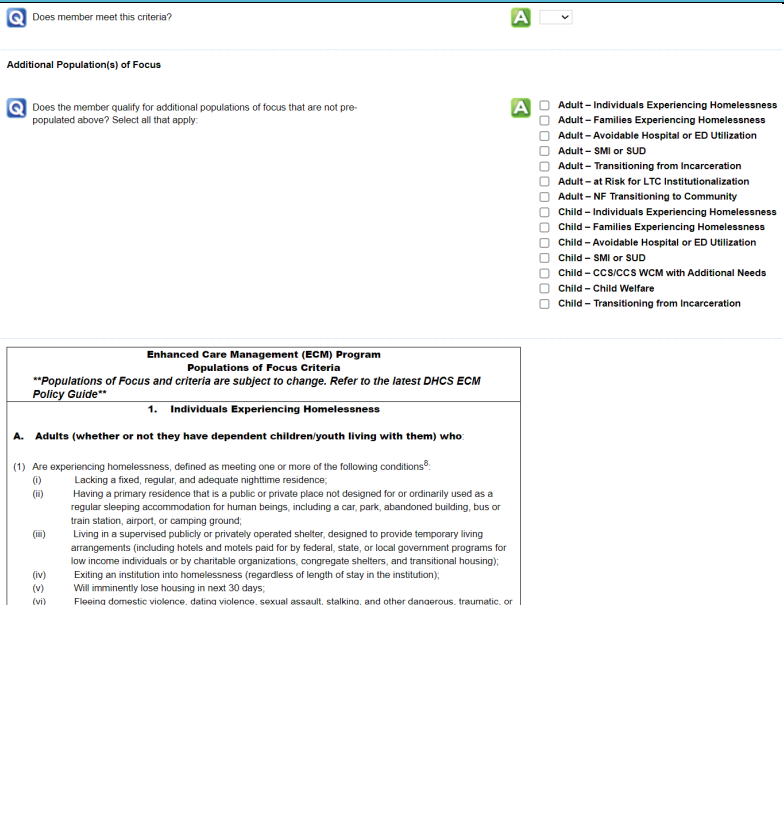

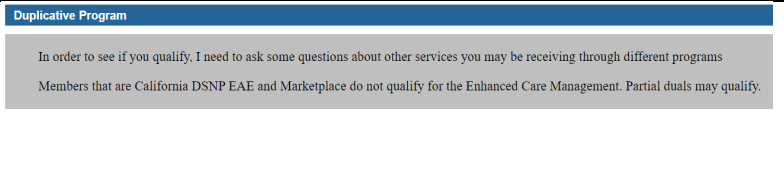
If you do not see a pre-identified Population of Focus in the ECM Enrollment Assessment, do not proceed with the assessment; notify Molina's ECM Team immediately. We'll need to troubleshoot the issue. If a member does not meet any pre-identified Population of Focus but meets another Population of Focus, please inform Molina's ECM Team so they can change their system. Complete the ECM Enrollment Assessment for the member after they've confirmed with you that they made this change.

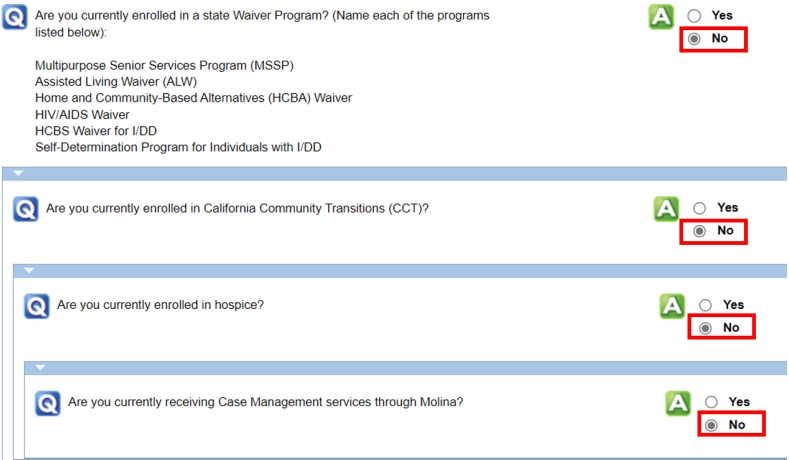
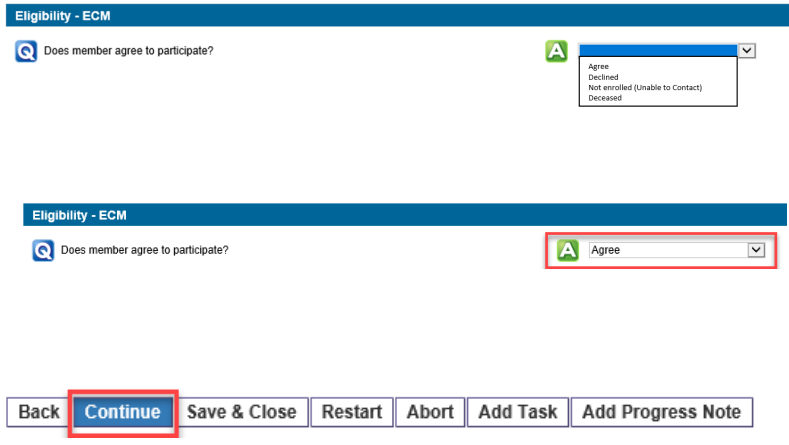
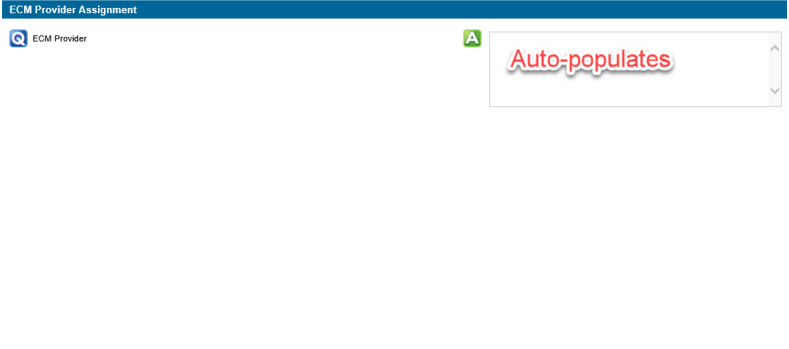
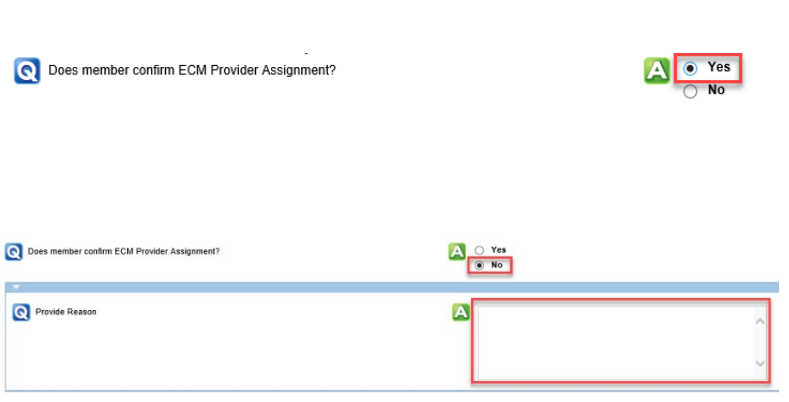
Successful Member Enrollment into ECM




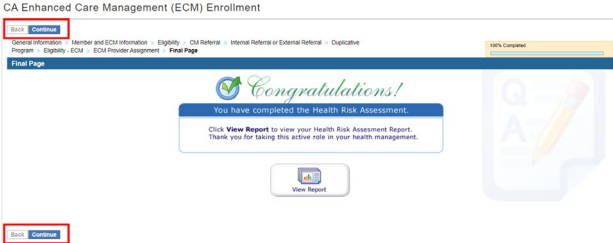
INSTRUCTIONS	SCREENSHOT
<p>Access CCA and click on the SEARCH tab to enter the member's name</p>	
<p>Type in the member's FIRST NAME, LAST NAME, and DATE OF BIRTH (selecting EXACT DOB from the drop-down box), then select FIND</p> <p>Alternate Search Criteria are available using the following:</p> <ul style="list-style-type: none"> • Medicaid # • Employer = CA 	
<p>Search Results will populate members' information. Select the member by clicking on the member's name. This will bring the member "into focus."</p>	
<p>When the member is selected, Eligibility status will appear at the top banner of the Search Results screen:</p> <p>a. ECM Eligible ONLY</p> <p><i>No further enrollment actions are required if a member shows with ECM-Opt-In in the banner.</i></p>	

INSTRUCTIONS	SCREENSHOT												
<p>Select the ASSESSMENTS icon.</p>													
<p>Search for "ECM" in the "Name" field. Select CA ENHANCED CARE MANAGEMENT (ECM) ENROLLMENT.</p>	 <table border="1" data-bbox="695 625 1468 877"> <thead> <tr> <th colspan="3">CLEAR FILTERS</th> </tr> <tr> <th>STATUS</th> <th>CATEGORY</th> <th>NAME</th> </tr> </thead> <tbody> <tr> <td>No Filter</td> <td></td> <td>ECM</td> </tr> <tr> <td>Completed</td> <td>California Assessments</td> <td>CA Enhanced Care Management (ECM) Enrollment</td> </tr> </tbody> </table>	CLEAR FILTERS			STATUS	CATEGORY	NAME	No Filter		ECM	Completed	California Assessments	CA Enhanced Care Management (ECM) Enrollment
CLEAR FILTERS													
STATUS	CATEGORY	NAME											
No Filter		ECM											
Completed	California Assessments	CA Enhanced Care Management (ECM) Enrollment											
<p>Select TAKE ASSESSMENT</p> <p>(This may also sometimes say "retake assessment")</p>	 <p>Take Assessment</p> <p>Assessment Details</p> <p>Name: CA Enhanced Care Management (ECM) Enrollment</p> <p>Status: Never Taken</p> <p>Registrar:</p> <p>Create Date:</p> <p>Start Date:</p> <p>Last Updated Date:</p> <p>Completed Date:</p> <p>Version: 1</p> <p>Number of times taken:</p>												

INSTRUCTIONS	SCREENSHOT
<p>Answer A MEMBER AND ECM INFORMATION questions</p> <p><i>Note: Some criteria will auto-populate</i></p>	
<p>Q DID YOU DISCUSS / CONFIRM ELIGIBILITY FOR ECM?</p> <p>If A YES, select ECM ELIGIBLE (for MIF and referred members only) from the drop-down in Q CM REFERRAL SOURCE and select CONTINUE..</p>	
<p><i>This section is to assess if the member is ECM Eligible</i></p> <p>The Populations of Focus are automatically populated for ECM Eligible members (this should match what's in your organization's MIF or referral email):</p> <ul style="list-style-type: none"> • ECM - Homeless Without Families • ECM - Homeless With Families • ECM- High Utilizers • ECM- SMI/SUD • ECM-Incarcerated/Transitioning to Community • ECM – Institutional Risk/Eligible for LTC • ECM - NF Transition to Community • ECM - Birth Equity • ECM – Child/Youth Homeless With Families • ECM - Child/Youth Homeless Without Families • ECM - Child/Youth High Utilizer • ECM – Child/Youth SMI/SUD 	

INSTRUCTIONS	SCREENSHOT
<ul style="list-style-type: none"> • ECM - Child/Youth CCS/CCS WCM with Additional Needs • ECM – Child/Youth Child Welfare • ECM - Child/Youth Transitioning from Incarceration • ECM - Child/Youth Birth Equity <p>Confirm that the member meets the criteria for each Population of Focus by selecting Yes or No in question: Does the Member meet these criteria?</p> <p>The Populations of Focus definitions are found below the questions. We recommend always referring to the latest <i>CalAim Enhanced Care Management Policy Guide</i> from DHCS for these Populations of Focus to identify if the member meets the criteria.</p>	
<p>After answering A YES or NO to some questions in ECM Eligible section, select CONTINUE.</p> <p>If A NO is answered for all criteria questions, see section: Member Does not Meet Populations of Focus Criterion.</p>	
<p>This section assesses if members are enrolled in a duplicative program that would exclude them from enrolling in the Enhanced Care Management Program.</p>	

INSTRUCTIONS	SCREENSHOT
<p>Q Ask the member the questions that appear in the window. If a member answers NO to all four questions, the member qualifies for the ECM Program.</p> <p>If a member answers YES to any of these questions, see the section: “Yes” to Duplicative Program Questions.</p>	 <p>Are you currently enrolled in a state Waiver Program? (Name each of the programs listed below): A <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Multipurpose Senior Services Program (MSSP) Assisted Living Waiver (ALW) Home and Community-Based Alternatives (HCBA) Waiver HIV/AIDS Waiver HCBS Waiver for I/DD Self-Determination Program for Individuals with I/DD</p> <p>Are you currently enrolled in California Community Transitions (CCT)? A <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Are you currently enrolled in hospice? A <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Are you currently receiving Case Management services through Molina? A <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>Q DOES THE MEMBER AGREE TO PARTICIPATE? If AGREE is selected from the drop-down menu, click CONTINUE.</p>	 <p>Eligibility - ECM</p> <p>Does member agree to participate? A <input type="text" value="Agree"/></p> <p>Eligibility - ECM</p> <p>Does member agree to participate? A Agree</p> <p>Back Continue Save & Close Restart Abort Add Task Add Progress Note</p>
<p>THE ECM PROVIDER ASSIGNMENT screen will auto-populate the ECM Provider name with additional Q questions</p>	 <p>ECM Provider Assignment</p> <p>ECM Provider A Auto-populates</p>
<p>If A YES to Q DOES MEMBER CONFIRM ECM PROVIDER ASSIGNMENT?</p> <p>Please confirm if the member agrees to have your organization as their assigned ECM Provider. If member would like to be assigned a different ECM Provider, please document the reason why and select Save & Close.</p>	 <p>Does member confirm ECM Provider Assignment? A <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Does member confirm ECM Provider Assignment? A <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>Provide Reason A <input type="text"/></p>

INSTRUCTIONS	SCREENSHOT
	
<ul style="list-style-type: none"> Does the member provide a verbal agreement for data sharing related to care coordination through ECM? Select YES, and select Continue. Since the member agreed to participate in the program, they consent to this question. Explain to the member that to provide ECM services; you will need to talk to their PCP & anyone else in their care team. 	
<ul style="list-style-type: none"> DESCRIBE CONTACT INFORMATION <p>Provide contact phone numbers</p> <p>location/residence; best place to meet; places that the member frequents; the best time of day to call; the best time of day to meet; any consistent schedule that the member has/keeps; recurring appointments; where they receive mail; If the contact information provided does not match system: <ul style="list-style-type: none"> Ask the member to update their contact information with their Medi-Cal Caseworker Add this information to the Address Book Or contact Molina's Member Services so they may update this in our system </p>	
<p>THE FINAL PAGE will appear indicating you have completed the Health Risk Assessment; this means you have now completed the Enrollment Assessment, and the member has been opted-in to ECM! <i>You must click the final continue button here so the assessment saves.</i></p>	

Member Does not Meet Populations of Focus Criterion

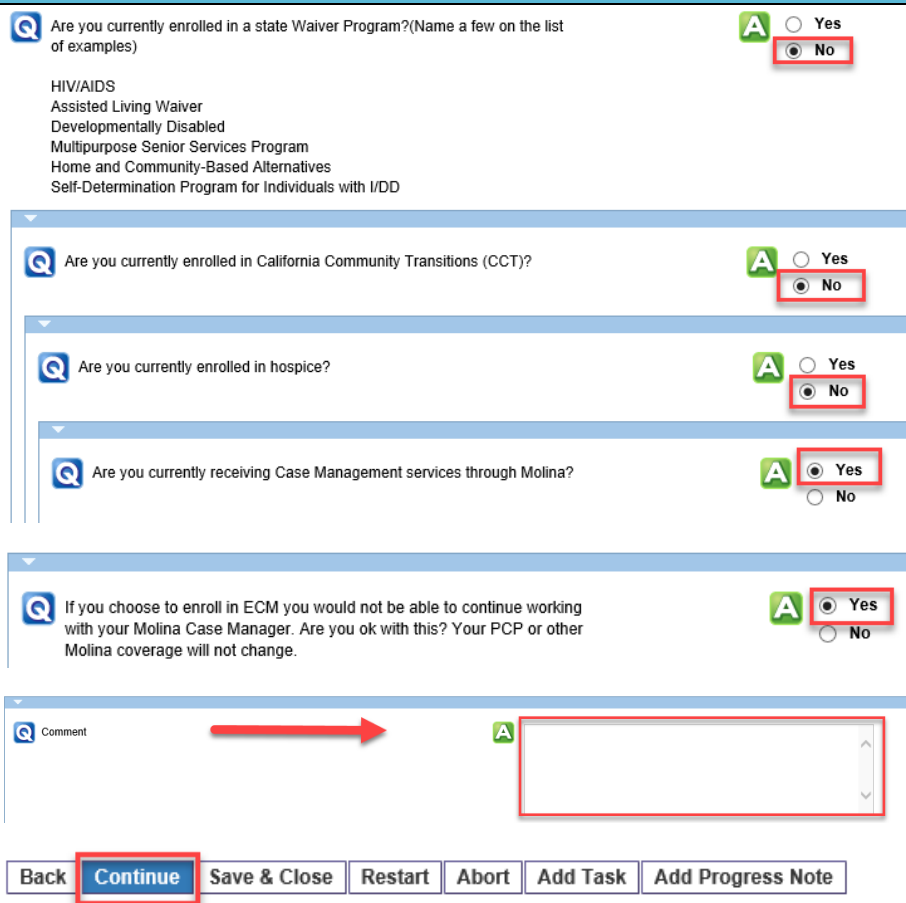
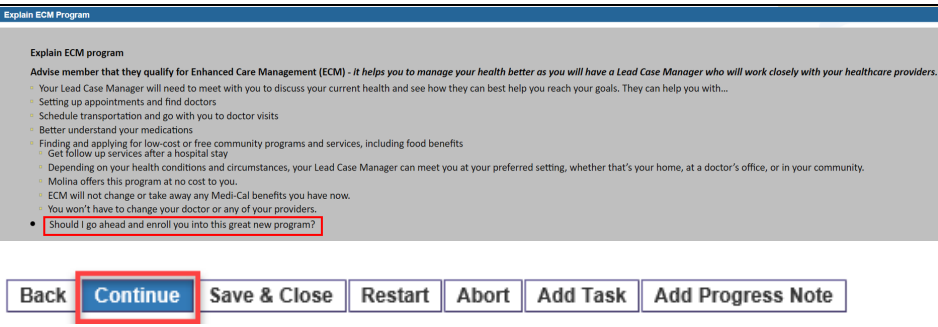
INSTRUCTIONS	SCREENSHOT
<p>If A NO is answered in all the questions: DOES MEMBER MEET THESE CRITERIA? select CONTINUE</p>	
<ul style="list-style-type: none"> DOES THE MEMBER HAVE OUTSTANDING CARE COORDINATION NEEDS (AND YOU'D LIKE TO REFER THEM TO MOLINA'S CASE MANAGEMENT)? <p>If A YES, select CONTINUE</p> <p>The member will be referred to Molina's Case Management Team. Advise the member that they do not currently qualify for ECM but may qualify for Molina's Case Management Program and will be contacted by a Molina representative. Thank the member and end the call.</p> <p>FINAL PAGE will appear indicating you have completed the Enrollment Assessment; this means you have now completed the Enrollment Assessment; however, since the member does not qualify for ECM, the member was not enrolled in the program. <i>You must click the final continue button here so the assessment saves.</i></p>	
<p>If A member answers NO to question DOES THE MEMBER HAVE OUTSTANDING CARE COORDINATION NEEDS (AND YOU'D LIKE TO REFER THEM TO MOLINA'S CASE MANAGEMENT)? select CONTINUE</p> <p>Advise member that they do not currently qualify for ECM, thank the member, and end the call.</p>	

INSTRUCTIONS	SCREENSHOT
<p>FINAL PAGE will appear indicating you have completed the Enrollment Assessment; this means you have now completed the Enrollment Assessment; however, since the member does not qualify for ECM, the member was not enrolled in the program. <i>You must click the final continue button here so the assessment saves.</i></p>	

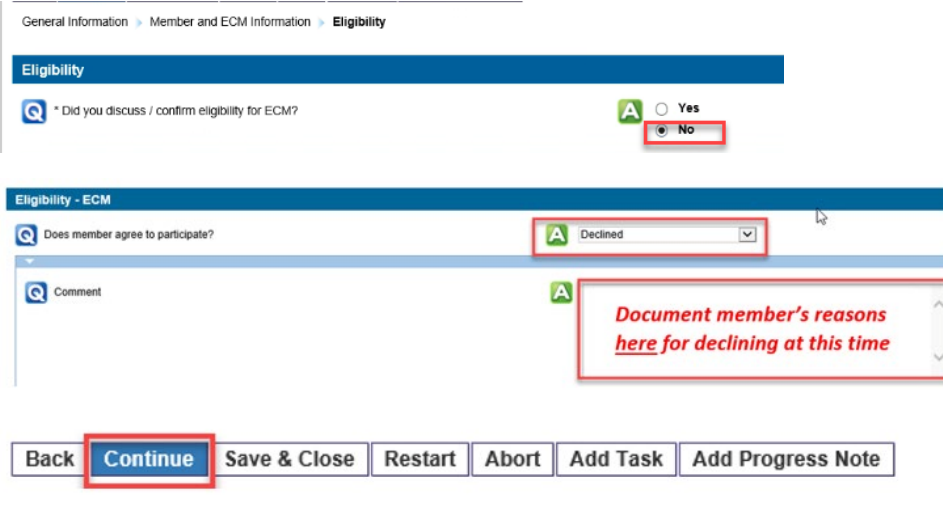
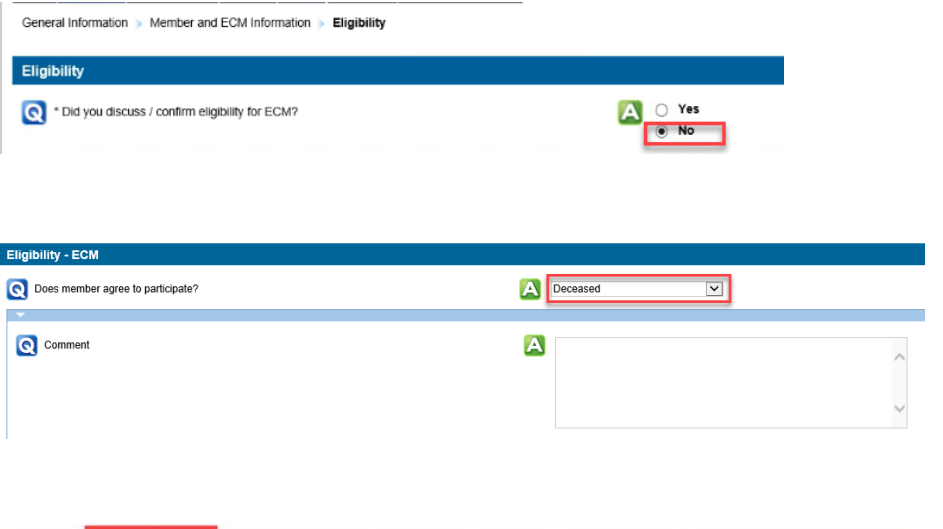
“Yes” to Duplicative Program Questions

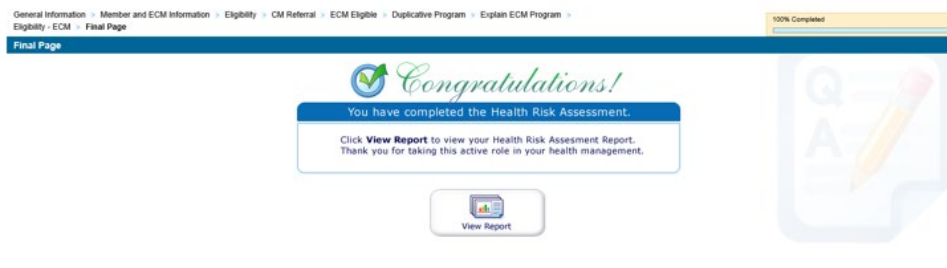
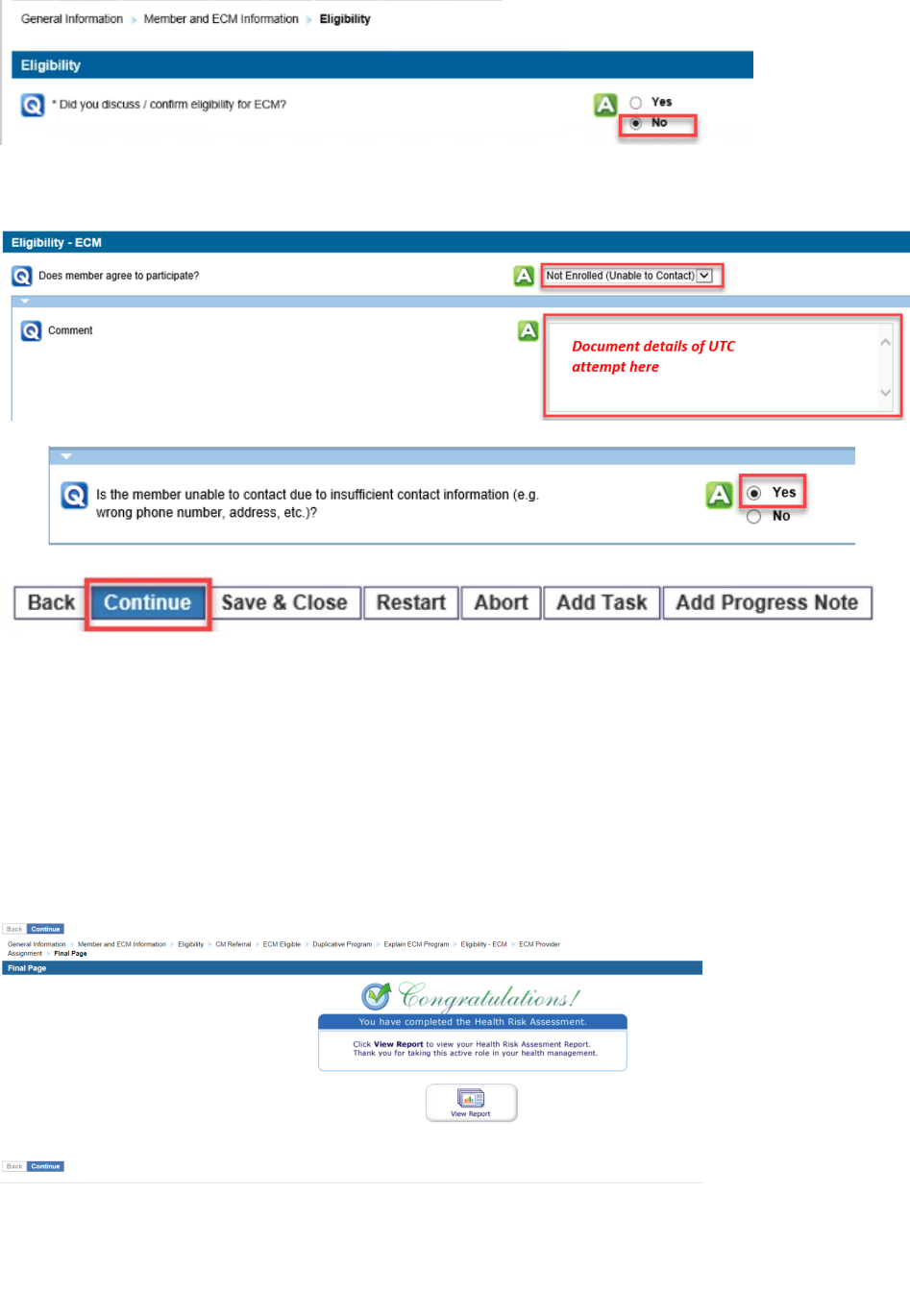
INSTRUCTIONS	SCREENSHOT
<p>If YES is answered to any of the questions displayed, select CONTINUE.</p>	
<p>“EXPLAIN ECM PROGRAM” screen will appear – ADVISE MEMBER THAT THEY DO NOT QUALIFY AT THIS TIME, AND DO NOT PROCEED FURTHER WITH THE CALL, A comments section will prompt to describe the duplicative program, enter this information, and select CONTINUE.</p>	

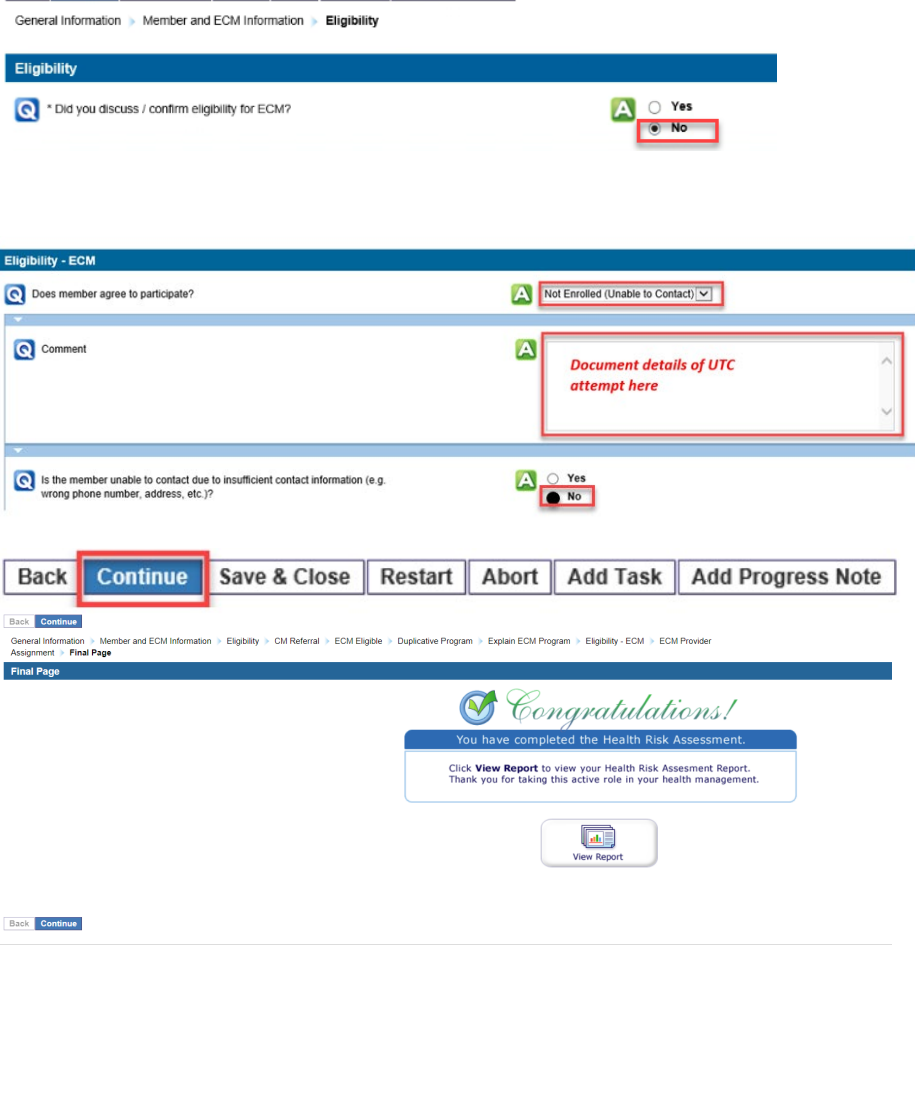
INSTRUCTIONS	SCREENSHOT
<p>FINAL PAGE will appear you have completed the Enrollment Assessment; however, since the member does not qualify for ECM, the member was not enrolled in the program. <i>You must click the final continue button here so the assessment saves.</i></p>	
<p>If NO is answered to the three questions in the DUPLICATIVE PROGRAM section, the screen will appear – Q ARE YOU CURRENTLY RECEIVING CASE MANAGEMENT SERVICES THROUGH MOLINA? A If YES is answered to the question, Q IF YOU CHOOSE TO ENROLL IN ECM, YOU WOULD NOT BE ABLE TO CONTINUE WORKING WITH YOUR MOLINA CASE MANAGER. ARE YOU OK WITH THIS? YOUR PCP OR OTHER MOLINA COVERAGE WILL NOT CHANGE. A If NO comments section will prompt for completion and select CONTINUE.</p>	
<p>Q ADVISE MEMBER THAT THEY DO NOT QUALIFY AT THIS TIME AND DO NOT PROCEED FURTHER WITH THE CALL; A comments section will prompt you to describe the duplicative program, enter this information, and select CONTINUE.</p>	
<p>When the FINAL PAGE appears, you have completed the Enrollment Assessment; however, since the member wants to continue with Molina’s Case Management, the member does not qualify for ECM and is not enrolled in the ECM program.</p>	

INSTRUCTIONS	SCREENSHOT
<p>If NO is answered to the three questions in the DUPLICATIVE PROGRAM section, the screen will appear – Q ARE YOU CURRENTLY RECEIVING CASE MANAGEMENT SERVICES THROUGH MOLINA? A If YES is answered to the question, Q IF YOU CHOOSE TO ENROLL IN ECM, YOU WOULD NOT BE ABLE TO CONTINUE WORKING WITH YOUR MOLINA CASE MANAGER. ARE YOU OK WITH THIS? YOUR PCP OR OTHER MOLINA COVERAGE WILL NOT CHANGE. A If YES, the comments section will be prompted; enter comments, and click CONTINUE.</p>	
<p>Explain the ECM Program to the member and ask the member (talking points will appear) Q SHOULD I GO AHEAD AND ENROLL YOU INTO THIS GREAT NEW PROGRAM? Select CONTINUE.</p> <p>Proceed with completing the Eligibility-ECM section & the Provider Assignment section. (See <i>Successful Member Enrollment into ECM</i> steps above for more information on how to complete these sections).</p>	

Member Declines, Deceased, or UTC

INSTRUCTIONS	SCREENSHOT
<p>Scenario #1: <i>Member Declined to participate</i></p> <ul style="list-style-type: none"> Does the member agree to participate? If DECLINED is selected from the drop-down Menu, the comments section will prompt, enter comments (<i>document member's reasons here for declining at this time</i>), and click CONTINUE. <p>The FINAL PAGE will appear, indicating you have completed the Health Risk Assessment. You have now completed the Enrollment Assessment. The member was not enrolled in the ECM Program.</p>	 <p>General Information > Member and ECM Information > Eligibility</p> <p>Eligibility</p> <p>Q * Did you discuss / confirm eligibility for ECM? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Eligibility - ECM</p> <p>Q Does member agree to participate? <input type="text" value="Declined"/></p> <p>Q Comment <input type="text" value="Document member's reasons here for declining at this time"/></p> <p>Back Continue Save & Close Restart Abort Add Task Add Progress Note</p> <p>General Information > Member and ECM Information > Eligibility > CM Referral > ECM Eligible > Duplicative Program > Explain ECM Program > 100% Completed</p> <p>Final Page</p> <p>Congratulations! You have completed the Health Risk Assessment. Click View Report to view your Health Risk Assessment Report. Thank you for taking this active role in your health management.</p> <p>View Report</p>
<p>Scenario #2: <i>Deceased Member</i></p> <ul style="list-style-type: none"> Does the member agree to participate? Documentation is not required if Deceased is selected from the drop-down Menu. <p>Click CONTINUE.</p> <p>The FINAL PAGE will appear, indicating you have completed the Health Risk Assessment. You have now completed the Enrollment Assessment. The</p>	 <p>General Information > Member and ECM Information > Eligibility</p> <p>Eligibility</p> <p>Q * Did you discuss / confirm eligibility for ECM? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Eligibility - ECM</p> <p>Q Does member agree to participate? <input type="text" value="Deceased"/></p> <p>Q Comment <input type="text"/></p> <p>Back Continue Save & Close Restart Abort Add Task Add Progress Note</p>

INSTRUCTIONS	SCREENSHOT
<p>member was not enrolled in the ECM Program.</p>	
<p>Scenario #3: Member UTC due to insufficient contact information</p> <ul style="list-style-type: none"> Does the member agree to participate? If you are unable to contact the member due to insufficient contact information (e.g., wrong address, phone number, etc.), select Not Enrolled – UTC, document details of the UTC attempt, and answer YES to the question, <i>“Is the member unable to contact due to insufficient contact information.”</i> Select CONTINUE. <p>The FINAL PAGE will appear, indicating you have completed the Health Risk Assessment. You have now completed the Enrollment Assessment. The member was not enrolled in the ECM Program.</p> <p><i>Note: This member will be routed to the Member Location Unit at Molina for assistance finding alternate contact information. Be on the lookout for tasks from the Member Location Unit within two business days.</i></p> <p>If provided with alternate contact information and were successful in getting a hold of the member, please retake the Enrollment Assessment.</p>	

INSTRUCTIONS	SCREENSHOT
<p>Scenario #4: Member UTC after four non-mail attempts & UTC Letter sent</p> <ul style="list-style-type: none"> Does the member agree to participate? If the member has been outreached four times (such as in-person meetings where the member lives, seeks care, or is accessible; email, telephone; community and street-level outreach) and a UTC letter has been sent (refer to <i>Generating Letters and ECM Care Plan Report QRG for steps</i>) for a total of five attempts, complete the Enrollment Assessment and select Not Enrolled – UTC for the question “Does the member agree to participate,” document details of UTC attempts, and select NO for the question “Is the member unable to contact due to insufficient contact information.” Select CONTINUE. <p>The FINAL PAGE will appear, indicating you have completed the Health Risk Assessment. You have now completed the Enrollment Assessment. The member was not enrolled in the ECM Program.</p>	 <p>The screenshot shows the 'Eligibility - ECM' section of a web application. It includes a breadcrumb trail: General Information > Member and ECM Information > Eligibility. The 'Eligibility' section has a question: '* Did you discuss / confirm eligibility for ECM?' with radio buttons for 'Yes' and 'No', where 'No' is selected. The 'Eligibility - ECM' section has a question: 'Does member agree to participate?' with a dropdown menu showing 'Not Enrolled (Unable to Contact)'. Below this is a 'Comment' field containing the text 'Document details of UTC attempt here'. Another question asks: 'Is the member unable to contact due to insufficient contact information (e.g. wrong phone number, address, etc.)?' with 'No' selected. A row of buttons includes 'Back', 'Continue' (highlighted with a red box), 'Save & Close', 'Restart', 'Abort', 'Add Task', and 'Add Progress Note'. The bottom of the screenshot shows a 'Final Page' with a 'Congratulations!' message: 'You have completed the Health Risk Assessment. Click View Report to view your Health Risk Assessment Report. Thank you for taking this active role in your health management.' and a 'View Report' button.</p>



ECM Provider Sample Telephone Outreach Script

Hi, this is [CALLER NAME] with [ORGANIZATION NAME] here in [COUNTY OR TOWN]. Am I speaking with [MEMBER NAME]? *(Verify demographics here)*

I am calling because you have qualified to now receive a free additional program as a part of your Medicaid health insurance through Molina Healthcare. I'd like to share more about this program with you.

The program I am calling about is Enhanced Care Management. The program helps you to manage your health better as our care coordinator will work closely with your healthcare providers.

We can help with:

- Referral to community support services, such as housing tenancy & sustaining services.
- Find and apply for low-cost or free community programs and services, including food benefits.
- Set up appointments and find doctors
- Schedule transportation and go with you to doctor visits
- Better understand your medications
- Get follow-up services after a hospital stay

Depending on your health conditions and circumstances, we can meet you at your preferred setting, home, doctor's office, or community. This is what makes Enhanced Care Management different from other programs.

Would you like me to schedule a meeting so I can tell you more about the program?

Are there days or times that work better for you? *(Offer an appointment day and time.)* This is the address I have for you [MEMBER ADDRESS].

Would you like me to meet you at this address?

Are there any other phone numbers I can reach you at?

Is there someone else, like a family member, which you would like to be at the visit?

Do I have your permission to contact them? May I have their contact information?

Thanks for your time today. I look forward to meeting you on [DAY] at [TIME].

If something comes up and you need to reschedule, you can reach me at [CALLER PHONE NUMBER]. My name is [CALLER NAME]. I can wait if you want to write this information down.

Thank you for scheduling a visit. Do you have any questions I can answer now?

Letter Templates

ECM LCMs are required to mail our state-approved letters to our members and members' PCP (ECM Care Plan Letter). ECM LCMs must make every attempt to mail the letter to the member and the member's PCP. ECM LCM needs to document via a contact form when a letter has been mailed and when they are unable to mail a letter (specific letter template in the subject line and notes section).

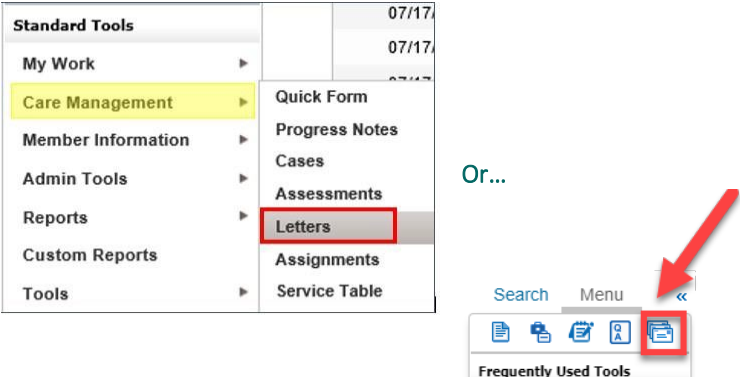

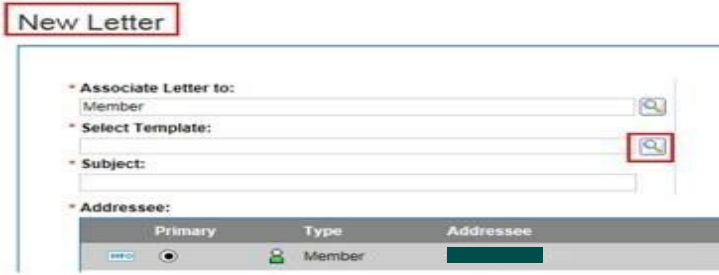
Below is a complete list of Molina's ECM letter templates:

Letter Template	Usage
ECM Generic UTC Letter	To be mailed when a <u>MIF or referred member</u> is unable to be contacted (UTC). The 5 th attempt. <i>Do not mail this letter to a member who is already enrolled in ECM.</i>
ECM Welcome Letter	To be mailed to <u>newly enrolled</u> members. If the member meets program requirements and agrees to enroll in ECM, the ECM Welcome Letter is timely sent to the member <i>within three business days</i> from ECM Opt-In. <i>Do not mail this letter to a member not enrolled in ECM.</i>
ECM Care Plan Letter (initial and updates)	To be mailed to an <u>enrolled member</u> upon creating the member's Care Plan and changes to the Care Plan. Mail this letter to the member after creating the care plan (Best Practice: within three business days from completion of the care plan, no later than 90 days from ECM Opt-In) along with a copy of the care plan. For care plan updates, mail this letter and a copy of the care plan to the member. <i>Do not mail this letter to a member not enrolled in ECM.</i>
ECM PCP Care Plan Letter	To be mailed to the <u>enrolled member's PCP</u> upon creating the member's Care Plan and upon changes to the Care Plan. Mail this letter to the member's PCP after completing the care plan (no later than 90 days from ECM Opt-In) along with a copy of the care plan. For care plan updates, mail this letter and a copy of the care plan. <i>Do not mail this letter if the member has not enrolled in ECM.</i>
ECM Post Opt-In UTC Letter	To be mailed to an <u>enrolled member</u> who is unable to be reached following the UTC process. The 4 th attempt. <i>Do not mail this letter to a member not enrolled in ECM.</i>
ECM Post Opt-In Decline Letter	To be mailed to an <u>enrolled member</u> when the member declines further participation in the program. <i>Do not mail this letter to a member not enrolled in ECM.</i>
ECM PCP Notification Letter	FYI Only: Molina automatically generates and mails this letter to a newly enrolled member's PCP if the PCP is listed in Molina's system.
ECM PHQ-9 PCP Notification Letter	To be mailed to <u>enrolled member's PCP</u> upon completion of the Patient Health Questionnaire 9 (PHQ9). <u>This letter is unavailable in CCA; Molina ECM Team has provided the template.</u>
PC-PTSD 5 PCP Letter	To be mailed to <u>enrolled member's PCP</u> upon completion of the Primary Care Post Traumatic Stress Disorder-5 (PC PTSD-5). <u>This letter is not available in CCA; Molina ECM Team has provided the template.</u>

If you need any of these letters in another language, please notify Molina's ECM Team: MHC_ECM@MolinaHealthCare.Com

Generating Letters in CCA and Attaching ECM Care Plan Letter to the ECM Care Plan

The steps below demonstrate how to generate letters in CCA and how to attach the ECM Care Plan to the Care Plan Letters.

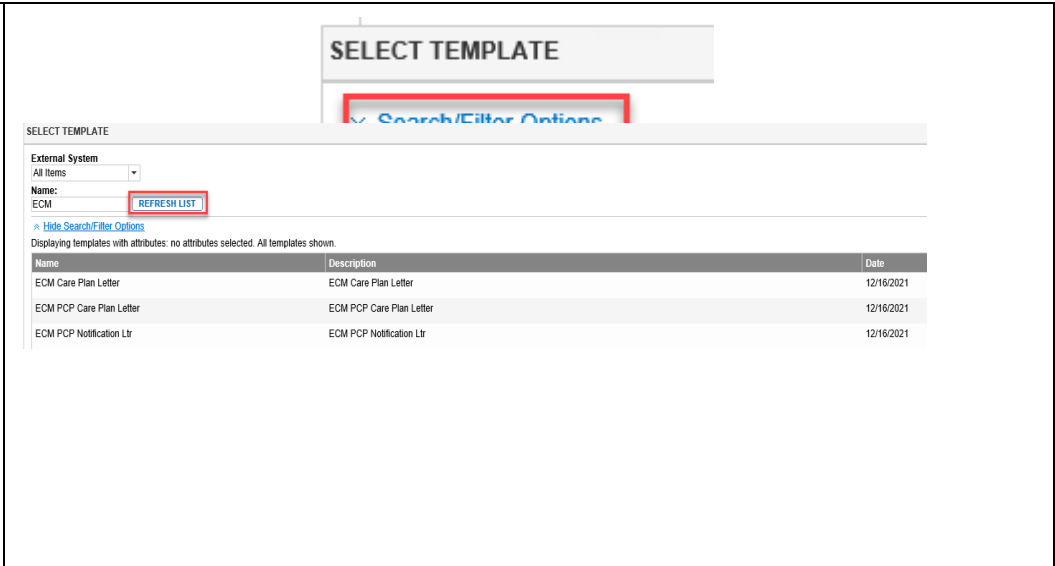
INSTRUCTIONS	SCREENSHOT
<p>Step 1: With the Member in Focus, go to the [Letters] Module in CCA.</p>	
<p>Step 2: Click on [New Letter] on Top Banner.</p>	
<p>Step 3: To the right of the *Select Template field, click on the magnifying glass to search for the desired letter template. Below is a list of all our ECM Letter Templates found in CCA:</p> <ul style="list-style-type: none"> • ECM Generic UTC Letter • ECM Welcome Letter • ECM Care Plan Letter (initial and updates) • ECM PCP Care Plan Letter • ECM Post Opt-In UTC Letter • ECM Post Opt-In Decline Letter 	

Step 4: Click on the **Search/Filter Options** to expand.

In the **Name** field, enter the Letter Name (*Full or partial name can be used*).

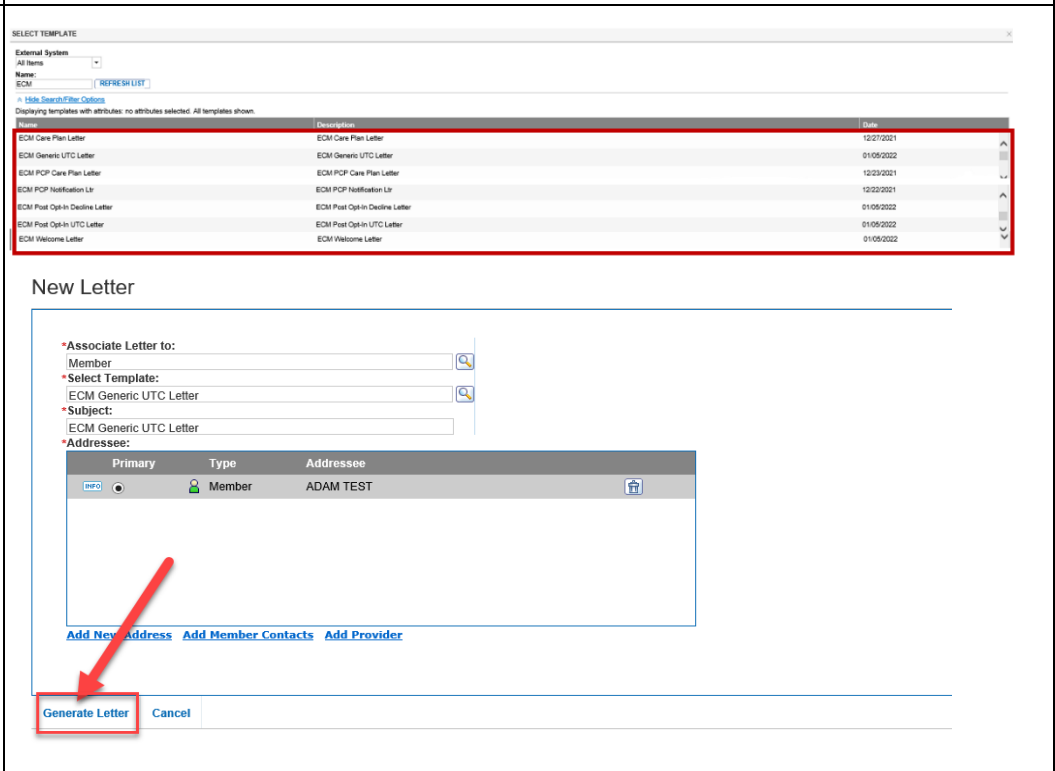
Click [**Refresh List**].

Scroll to select the letter.



Step 5: Select the Letter (a gray highlight banner will mark the letter).

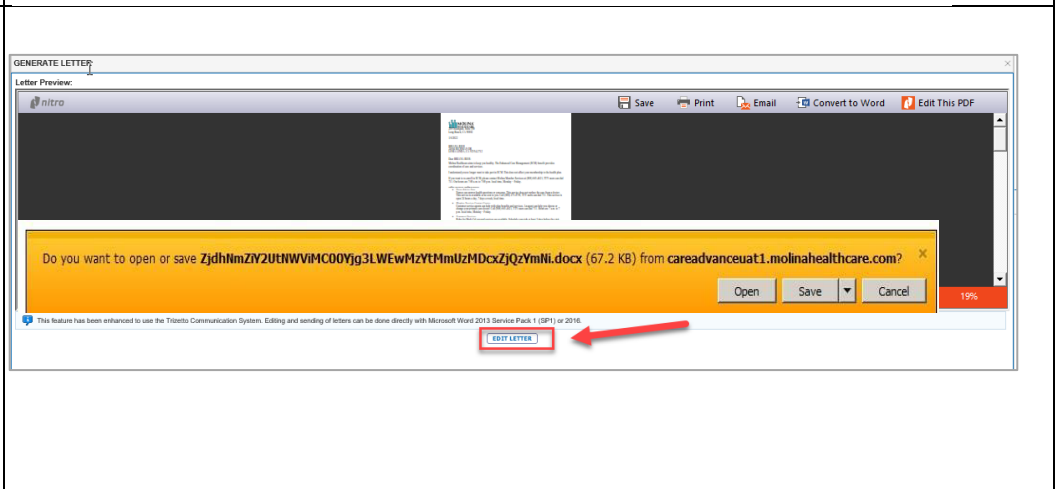
After selecting the letter template, click [**Generate Letter**] on the bottom to generate a letter template for the member.



Step 6: Click [Edit Letter] in PDF Viewer to edit the letter.

Click [**Open**] on Pop-Up Banner at the bottom of the screen.

Only the Available options for the letter will light up.



In MS Word:

Click on **[Enable Editing]** in the yellow banner at the top.
 Edit the carrot areas **<XXXX>** in the letter and any other areas as applicable.

First time editing a CCA letter in MS Word:

***NOTE:**

If this is the first time Editing a CCA letter in MS Word, you may be asked to [Trust this add-in]. This is the communication link from CCA, the CAE Letter Editor.

Click on **[Trust this add-in]**.



1/6/2022



Dear [Redacted]

I have tried to call you and have been unable to reach you. I have important information for you. Please call me at:

<(XXX)XXX-XXXX, ext. XXXXXX>,
 <Monday through Friday, between 8:00 am and 5:00 pm, TTY: 711.>

If I do not answer, this is because I am on the phone with other members. Please leave a message with a phone number where I can reach you. Also, let me know the best time to call you. Thank you!

I hope to hear from you soon.

Sincerely,



Attachment

NEW OFFICE ADD-IN
 This add-in comes from a shared folder on "cca_int_fleshare" and it will have access to the contents of this document. Click "Trust this add-in" to launch.



For the following letters only, follow Steps 7-8. The process ends in Step 8:

- ECM Generic UTC Letter
- ECM Welcome Letter
- ECM Post Opt-In UTC Letter
- ECM Post Opt-In Decline Letter

Step 7: CAE Letter Editor

Do not close this window!

Once all edits to the letter are made, click on **[Save]**.

Once the modifications have been saved, the following message will appear.

Exit out of MS Word; do not save the letter locally (to your computer).

Click on **[Refresh]** in CCA.



1/6/2022



Dear [Redacted]

I have tried to call you and have been unable to reach you. I have important information for you. Please call me at:

<(XXX)XXX-XXXX, ext. XXXXXX>,
 <Monday through Friday, between 8:00 am and 5:00 pm, TTY: 711.>

If I do not answer, this is because I am on the phone with other members. Please leave a message with a phone number where I can reach you. Also, let me know the best time to call you. Thank you!

I hope to hear from you soon.

Sincerely,



Attachment

Draft Letter

After editing this letter, you may **Send Letter** or **Save as a draft**.

Any edits will be lost if you don't save via these buttons.



Microsoft Word
 Want to save your changes to OWYzjvky2EtOTNjMio0Yjk4LTJjNjAtMDA1NzU1NWYyOTgy.docx?

Letters Action
 Please refresh page to display the current status.



Step 8: Click on **[Print Local]** (under Send Letter)

Letters

Filter and search:

Sent/Resent Date: Type: Subject:

Latest Sent Date	Sent By	Subject	Case	Type
04/18/2023	Vanessa Rodriguez	ECM Post Opt-In UTC Letter		General

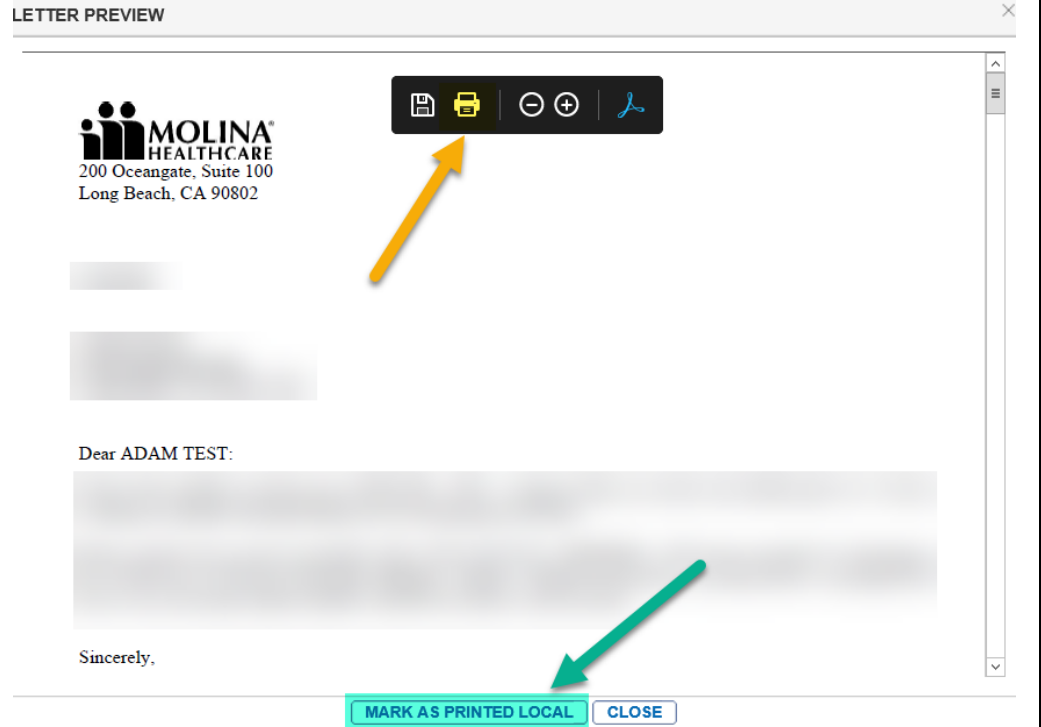


The letter will preview. Click on the printer icon to print the letter. After the letter has been printed, click on **[MARK AS PRINTED LOCAL]**

The status will reflect **Sent**.
Congratulations, you've printed one of the following letters:

- ECM Generic UTC Letter
- ECM Welcome Letter
- ECM Post Opt-In UTC Letter
- ECM Post Opt-In Decline Letter

LETTER PREVIEW



Letters

Open Letter Send Letter More Information Cancel Letter **New Letter** Open Case Delete Refresh CC Letters Preview Draft Add Attachment

Filter and search within this list

Sent/Resent Date: [All records] Type: [Any type] Subject: [] Find

Latest Sent Date	Sent By	Subject	Case	Type	Status	Latest Activity	Latest Activity Date
04/18/2023	Vanessa Rodriguez	ECM Post Opt-In UTC Letter		General	Sent	Printed by User	04/18/2023



Reminder:
Please mail the letter!

For the following letters only, follow Steps 9-13. The process ends at Step 13:

- ECM Care Plan Letter (initial and updates)
- ECM PCP Care Plan Letter

Step: CAE Letter Editor

Do not close this window!

Once all edits to the letter are made, click on **[Save]**.

Do Not click Mark as Printed Local.

To attach documents in CCA, the letter needs to be a Draft.

Once the edits have been saved, the following message will appear.

Exit out of MS Word; do *not* save the letter locally (to your computer).

Click on **[Refresh]** in CCA.

Step 9: To attach ECM Care Plan to the letter:

- Select the Draft letter to highlight it.

In the Top Banner Options, click **[Add Attachment]**.

Latest Sent Date	Sent By	Subject	Case	Type	Status
12/30/2021	Janna Hamilton	ECM Care Plan Letter		General	Draft

Step 10: To attach the ECM Care Plan, check "Add Empty Page" and "Care Plan." This will automatically add a blank page to ensure the care plan does not print on the back of the letter.

❖ **You will only be able to attach the ECM Care Plan using this method if the ECM Care Plan is the primary case in CCA's Cases Tab.**

To make the ECM case primary, highlight the ECM case, select **[More Options]** and click **[Set As Default]**.

Member Cases & Tasks

Cases Tasks

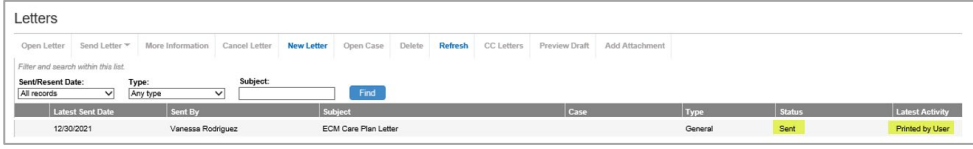

New Case Case Options **More Options**

MANAGE MY FILTERS ADDRE Copy Case As NT CLEAR FILTERS

Case S	Set As Default	Case ID
No Filtr	Add Task	
Expenses	Expenses	CM8440095
Savings	ion	
ECM-High Blood Pressure		CM8751852

Two red arrows point to the 'More Options' dropdown menu and the 'Set As Default' option within the dropdown.

INSTRUCTIONS	SCREENSHOT
<p>Step 11: Save and Preview your draft letter in the editor.</p>	
<p>Step 12: Select Print option:</p> <ol style="list-style-type: none"> Select the printer icon Once document has printed, click [Mark as Printed Local] <p>You will receive a prompt message asking if you want to mark the letter printed locally. Click [OK].</p> <p>Click [REFRESH] when prompted.</p> <p>The letter should now reflect printed status.</p>	

INSTRUCTIONS	SCREENSHOT
	
<p>Step 13: Congratulations, you have printed the ICP report and care plan letter! Keep in mind there are two care plan letters, and both need to be mailed:</p> <ul style="list-style-type: none"> • ECM Care Plan Letter (initial and updates)- For the member • ECM PCP Care Plan Letter- For the member's PCP 	

Health Risk Assessment

Molina’s ECM Program members must complete an initial Health Risk Assessment (CA-HRA) to determine care coordination needs. The HRA is the primary tool used to create the ECM Care Plan. The CA-HRA should be completed upon member’s ECM enrollment (no later than 90 days from the date of enrollment, Best Practice: within three business days of enrolling a member), every six (6) months after (known as the HRA Reassessment), and upon the change in member’s condition or health status. Suppose an existing Medi-Cal member changes product lines and is designated “Seniors and Persons with Disabilities (SPD).” In that case, the CA-HRA must be completed within 30 days of the member’s enrollment as SPD. Molina’s ECM Team will notify your organization if this change occurs.

ECM Providers are required to document the completion of the CA-HRA, including all attempts made toward the completion of the HRA (whether they were successful or not) via a Contact Form in CCA. Refer to **Contact Form & Attempts** section above for more details and examples of documentation.

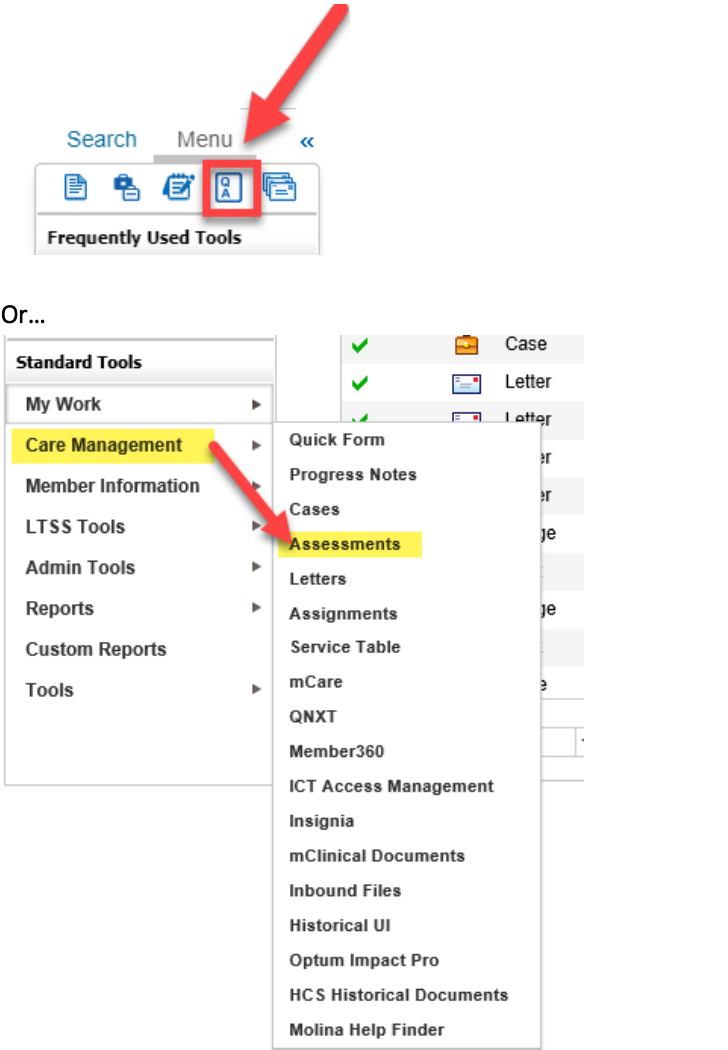
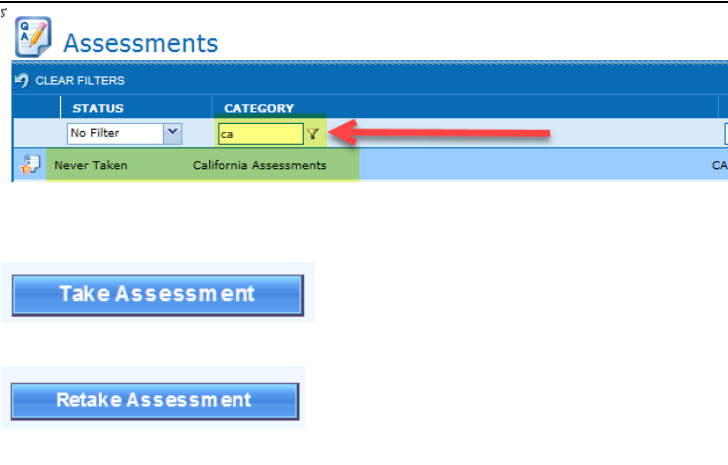
All sections within the CA-HRA must be completed; however, the reason should be indicated within the HRA if a section is not applicable. Sections that can be skipped include Broker Writing Number and Assessment Source. The CA-HRA has branching logic and follow-up questions that need to be answered. In CA-HRA Question “Date of HRA Conducted,” the ECM LCM needs to enter the date they completed the HRA. NOTE: The “Date of HRA Conducted,” should not be prior to the enrollment date, if this is the case, you will not receive credit for completing the HRA because it needs to happen after the member is enrolled. CA-HRA Question “Was the Pre-Call Review note completed?” correlates with the Pre-Call Review exercise all our ECM Providers must complete post-enrollment, and before working with the member (the pre-call reviews are to be completed at least once in a calendar month); refer to the **Pre-Call Review** section above for more information.

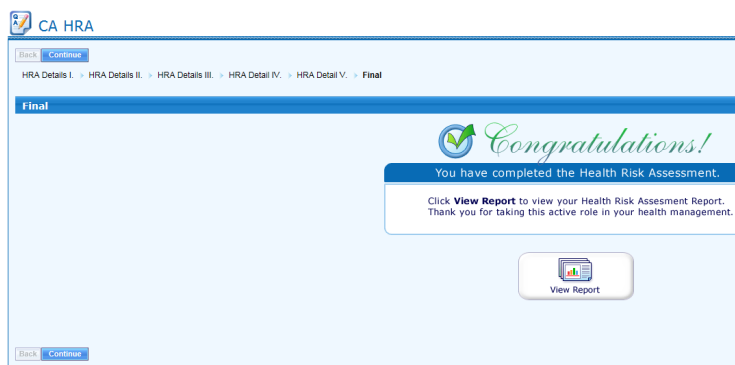
ECM Providers should target and narrow down to one or two health conditions as agreed upon with the member for CA-HRA Question, “What is your main health concern right now?”

Suppose the member answers “Request further information” on the CA-HRA question on Advance Directives. In that case, the system will automatically mail the Advance Directives booklet to the member to the address and language we have on record. However, if a member requests an Advance Directive booklet during the completion of the CA-HRA in a different language than what is showing in our system (e.g., the member’s language shows as English, but it’s Spanish) or if the member didn’t receive the Advance Directive booklet, the ECM LCM is required to task Janna Hamilton and request she mails this information. If, upon completion of the CA-HRA, other

applicable assessments or tasks need to be completed, the ECM LCM should set up a task in CCA to set a reminder to complete these assessments/tasks.

Follow the steps below to access the CA-HRA in CCA:

INSTRUCTIONS	SCREENSHOT
<p>Step 1: Access the Assessment module</p> <p>There are multiple ways to access Assessments, the shortcut is displayed.</p>	 <p>The screenshot shows the 'Frequently Used Tools' menu. A red arrow points to the 'Assessments' icon in the 'Care Management' sub-menu. Below the main menu, there is an 'Or...' section with a list of 'Standard Tools'. In this list, 'Assessments' is also highlighted with a red arrow.</p>
<p>Step 2: Select Assessment</p> <p>Under Category type in CA to filter the list</p> <p>Select California Assessments [CA HRA]</p> <p>Click Take assessment</p> <p>Or Retake if it was previously completed.</p>	 <p>The screenshot shows the 'Assessments' page. A table lists assessments with columns for 'STATUS' and 'CATEGORY'. The 'CATEGORY' column has a dropdown menu open, and 'ca' is selected. A red arrow points to the 'ca' selection. Below the table, there are two buttons: 'Take Assessment' and 'Retake Assessment'.</p>

INSTRUCTIONS	SCREENSHOT
<p>Step 3: Complete Assessment</p> <p>Complete the assessment with the member in its entirety. Ensure that all questions are addressed and answered. Provide additional detail in the drop-down fields where applicable (i.e., conditions, cognitive issues, PHQ2, etc.).</p> <p>The final Screen is displayed with the option to view the completed assessment.</p>	

Setting-up HRA Reassessment Task Reminders

Molina’s ECM Team requires that our ECM LCMs set up task reminders in CCA to ensure they complete the HRA Reassessment with our members within six months from the last HRA. Refer to the *Task Function* section for steps on setting up task reminders.

Condition-Specific Assessments

Molina’s CA-HRA is a comprehensive assessment. Additional assessments may need to be completed based on the member’s responses to the HRA. The HRA and additional assessments would be the basis for developing the person-centered ECM Care Plan.

Within the CA-HRA are embedded screening tools for *substance use disorders, depression, cognitive decline, and caregiver fatigue/stressors/needs*.

Substance Use Disorders

The *CAGE-AID* is an evidence-based screening tool for Substance Use Disorders (SUDs) named as an acronym based on the questions within. **CAGE:** Cut back, Annoyed, Guilty, Eye Opener. **AID:** Adapted to Include Drugs.

The *CAGE-AID* can only be administered directly to a member if the *CA-HRA* is completed with a proxy, type *member not available* as a reason not addressed.

Based upon member’s responses, if the *CAGE* is positive and/or there is a suspicion of a SUD, further assessment is indicated:

1. *The American Society of Addiction Medicine Assessment (ASAM)*
2. *The National Institute on Drug Addiction Assessment (NIDA)*



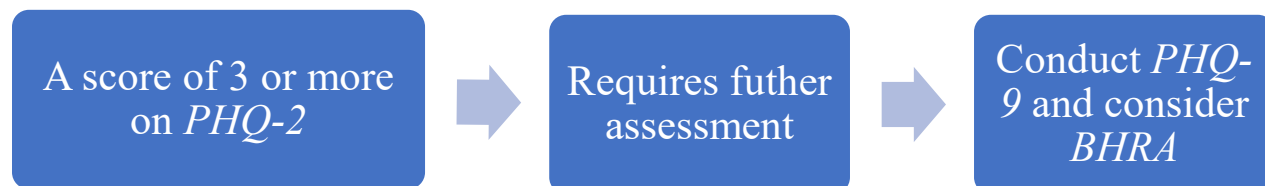
Depression

The *Patient Health Questionnaire 2 item version* (PHQ-2) is an evidence-based screening tool for depressive symptoms over a previous 2-week span.

The PHQ-2 can only be administered directly to a member. If the CA-HRA is completed with a proxy, type *member not available* as a reason not addressed

If a PHQ2 is positive, further assessment is indicated:

1. Based on members' responses, the PHQ-9 may be triggered for completion.

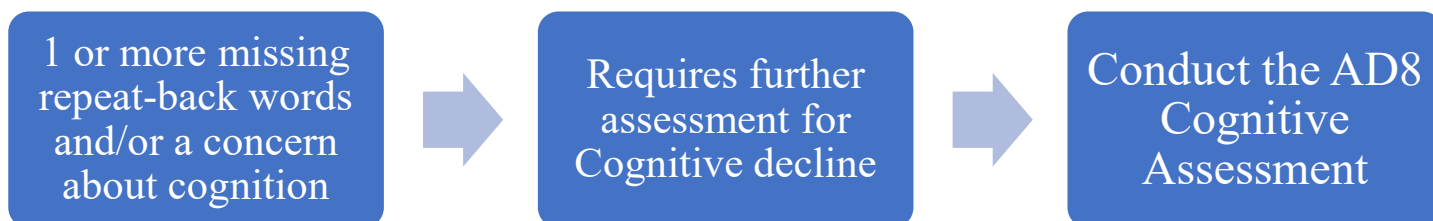


2. At ECM Provider discretion: The Behavioral Health Risk Assessment (BHRA)

Cognitive Decline

To screen for cognitive decline, there is a mini-cognition exam consisting of three repeat-back questions and a direct question asking if the participant or caretaker has concerns about memory/cognition. If one or more repeat-back words are incorrect or missing, and/or there is a stated/observed concern about cognition, further assessment is indicated:

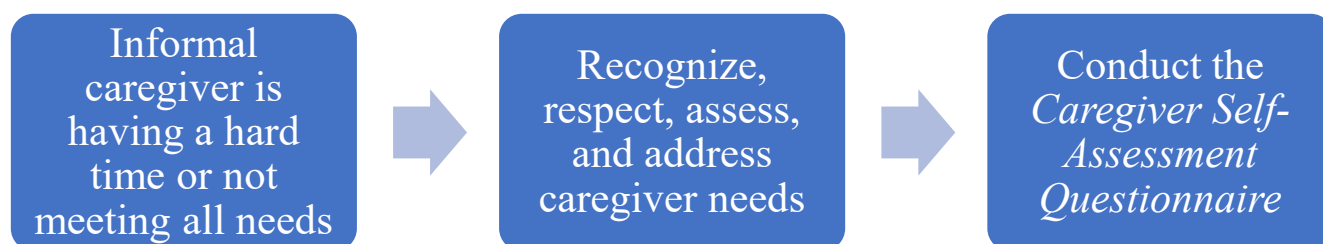
1. The *8-item Informant Interview to Differentiate Aging and Dementia* (AD-8). * Assessment is NOT needed if the participant is already diagnosed with Dementia or Alzheimer's Disorder. * Assessment may be administered to the participant or caregiver.



Caregiver Fatigue/Stressors/Needs

To screen for caregiver fatigue/stressors/needs, there are questions asking the participant if they need help with daily functions and if the caregiver has a hard time meeting the participant's needs.

1. The Caregiver Self-Assessment Questionnaire is designed to assess informal and family caregivers. An informal caregiver may be paid (as with a family member working as an IHSS provider) or unpaid.





Connect the caregiver to appropriate community resources for additional support.

Condition Specific-Assessments are also available for the following conditions:

Asthma	CHF	COPD
Diabetes	ESRD	Hypertension
Pain Management		

There are also condition specific-assessments specific for children:

- Peds-Asthma
- Pediatric Symptoms Checklist (PSC-17) – this is the version of the PHQ-9 that should be used for individuals under 18 years of age.

Steps for Assessing Members:

1. We reveal the purpose of the assessment to the participant and ask permission to proceed.
2. We collect data by asking questions.
3. We create an informed, individualized health action plan based on the information/needs identified.
4. We share the results of assessments with the member, PCP, and relevant providers.

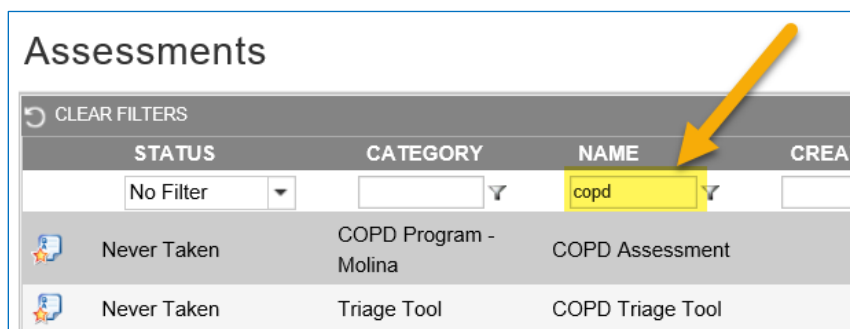
Enhanced Care Management Assessments

The following condition-specific assessments are recommended to be utilized as appropriate for the member, depending on responses per the CA-HRA. Condition-specific assessments should be completed as needed to monitor the member’s conditions and related symptoms.

1. [AD 8 Cognitive Screening](#)
2. [AMA Caregiver Assessment](#)
3. [ASAM Substance Abuse Assessment](#)
4. [Asthma](#)
5. [Behavioral Health Assessment Adolescent and Child](#)
6. [Behavioral Health Assessment Adult](#)
7. [CDK - *Follow-up completed quarterly](#)
8. [Congestive Heart Failure \(CHF\) Assessment](#)
9. [COPD](#)
10. [Depression Initial Assessment](#)
11. [Diabetes](#)
12. [ESRD \(Initial\) - *Follow-up completed quarterly](#)
13. [Hypertension](#)
14. [Pain Management Assessment](#)
15. [Pediatric Asthma Assessment](#)

16. [Pediatric General Care Management Assessment](#)
17. [Pediatric Symptoms Checklist \(PSC-17\)](#)
18. [Peds QL Child 5 to 7](#)
19. [Peds QL Child 8 to 12](#)
20. [Peds QL Parent 13 to 18](#)
21. [Peds QL Parent 2 to 4](#)
22. [Peds QL Parent 5 to 7](#)
23. [Peds QL Parent 8 to 12](#)
24. [Peds QL Teen 13 to 18](#)
25. [Peds QL Young Adult 18 to 25](#)
26. [PHQ-9](#)

To find specific assessments to administer, type the name of the assessment into the name box in the Assessment section of CCA (see the list below of Molina Condition-Specific Assessments available in CCA):



Trauma-Informed Screening- Teen/Children

Under Molina’s ECM Program, a trauma-informed assessment tool is required and must be added to the existing assessment and planning tools. The assessments must be available to the primary care physicians, mental health service providers, substance use disorder services providers, and the ECM LCM for all ECM opt-in members. In conjunction with the primary care physician, other multi-disciplinary care team members, and any necessary ancillary entities, such as county agencies or volunteer support entities, the ECM LCM will work with the ECM member and their family/support persons to develop an ECM Care Plan. **All children** who have opted-in to the ECM must be screened using the trauma-informed assessment tool during each comprehensive Health Risk Assessment (HRA) administration.

What is Trauma-Informed Care?

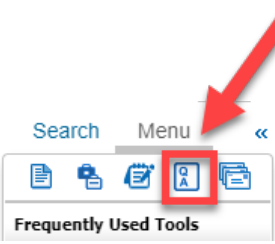
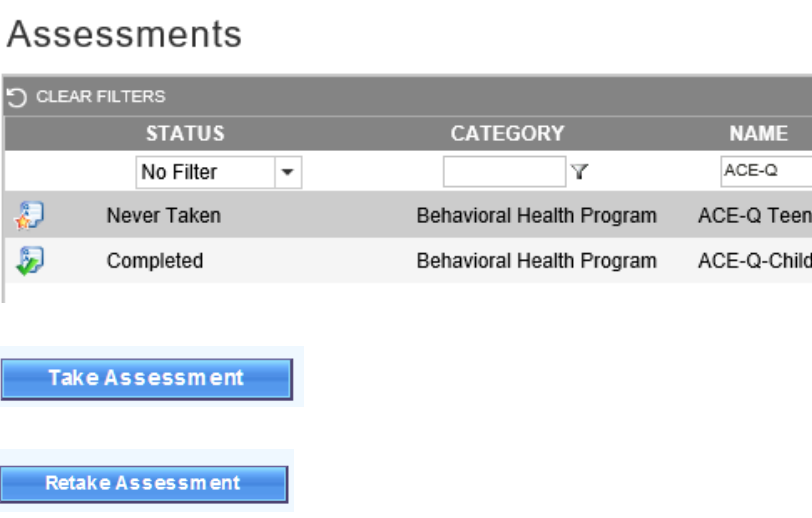
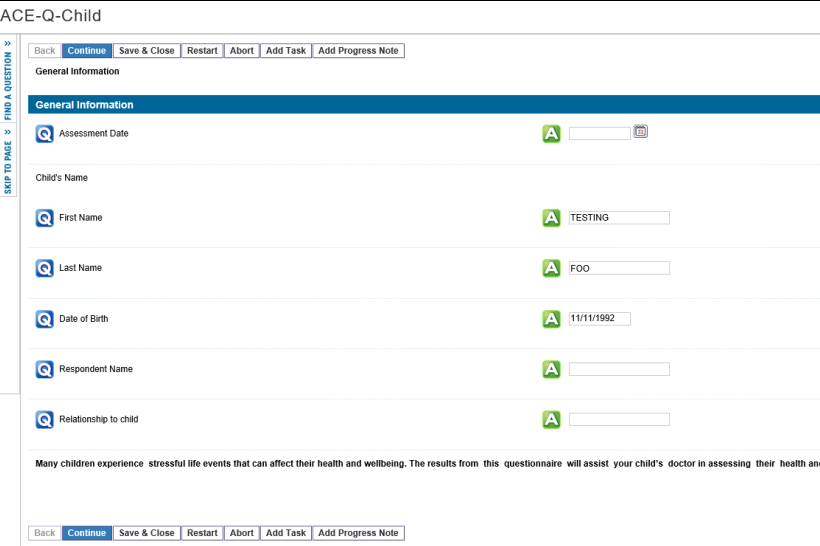
Trauma-informed care is a service delivery framework that involves identifying, understanding, and responding to the effects of all types of trauma (physical, psychological, sexual, neglect, and emotional). Trauma-informed care emphasizes safety (physical, psychological, and emotional) for members and providers and seeks to empower members with self-care tools.



Screening for trauma symptoms, especially concerning determining how trauma affects health outcomes, is essential in determining a member’s overall social and emotional well-being. Assessing for trauma is critical to providing trauma-informed care and should be indicated in the member’s ECM Care Plan as appropriate. For children, the recommended tool is the Adverse Childhood Experiences Questionnaire (ACE-Q).

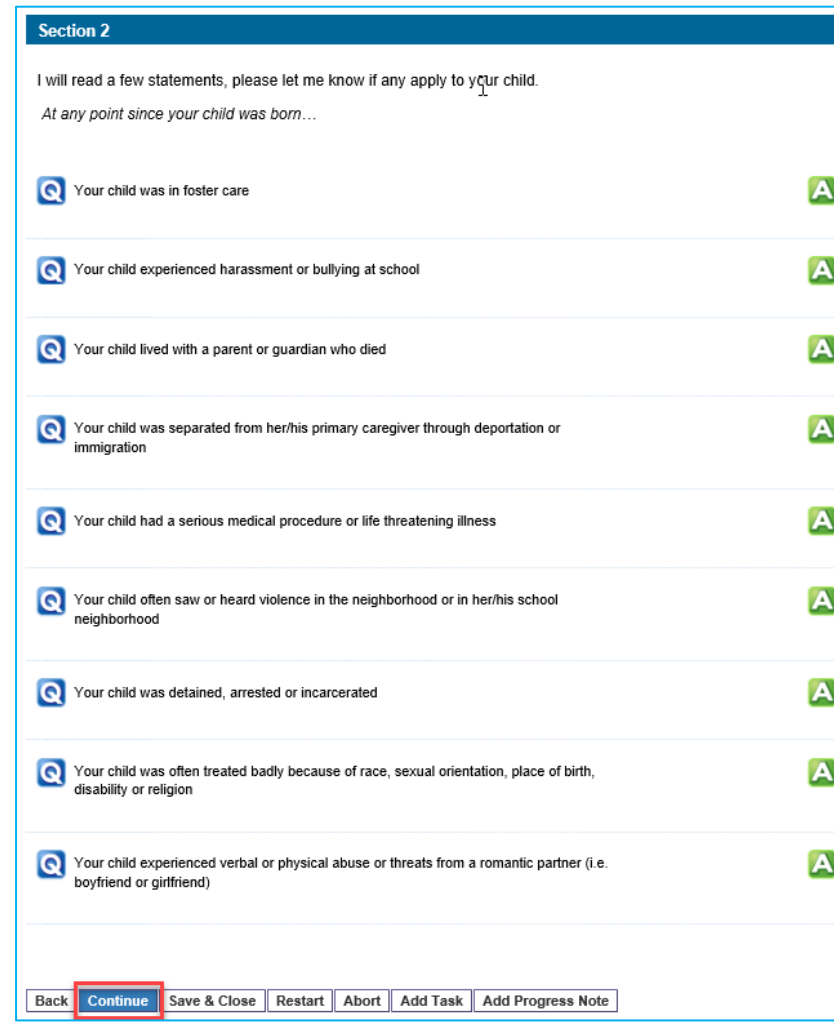

What is the ACE-Q?

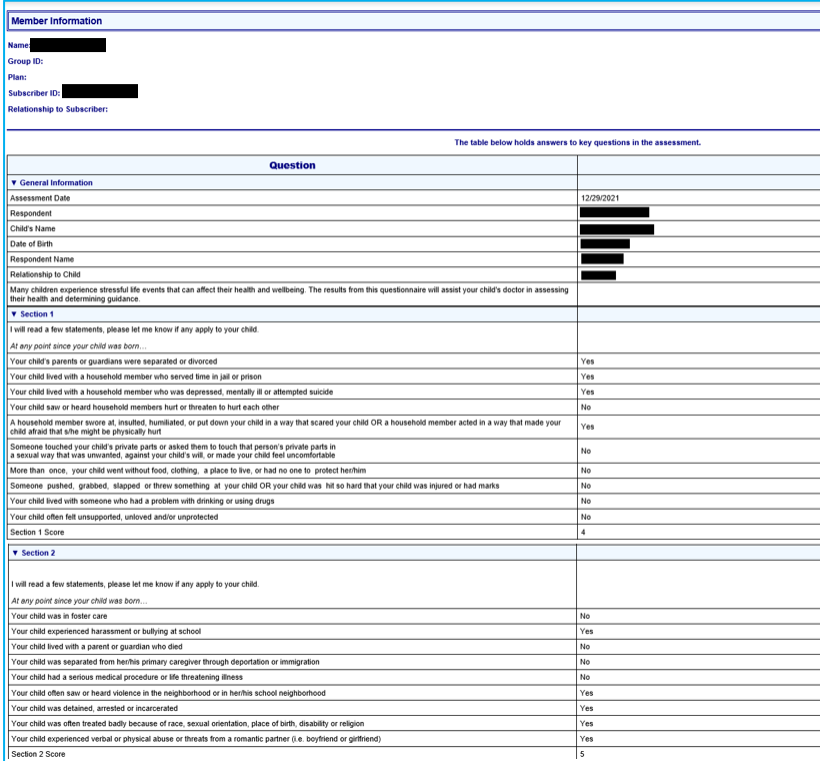
The ACE-Q is a clinical screening tool that calculates cumulative exposure to Adverse Childhood Experiences (ACEs) in patients aged 0 to 19. Respondents are asked to report how many experience types (or categories) apply to them or their child. The ACE-Q is to identify patients at increased risk for chronic health problems, learning difficulties, mental and behavioral health problems, and developmental issues due to changes in brain architecture and developing organ systems brought on by exposure to extreme and prolonged stress. It takes approximately two to five minutes to complete.

Follow the steps below to prompt the Adverse Childhood Experiences Questionnaire (ACE-Q) in CCA:

INSTRUCTIONS	SCREENSHOT
<p>Step 1: Access Module</p> <p>There are multiple ways to access Assessments; the shortcut is displayed.</p>	
<p>Step 2: Select Assessment</p> <p>Under 'Name,' search for 'ACE-Q' to filter the list</p> <p>Select the age-appropriate trauma-informed screener: ACE-Q Child or ACE-Q Teen.</p> <p>Click Take assessment</p> <p>Or Retake if it was previously completed.</p>	
<p>Step 3: Complete Section – General Information</p>	<p>Proceed to Step 3a if the assessment is for a child. Proceed to Step 3b if the assessment is for a teen.</p>
<p>Step 3a: Complete Section – General Information – ACE-Q Child</p> <p>Complete the general information with Parent/Caregiver.</p> <p>Select 'Continue' to proceed.</p>	

INSTRUCTIONS	SCREENSHOT
<p>Step 3b: Complete Section Continued – General Information – ACE-Q Teen</p> <p>Complete the general information with either Member/Teen or Parent/Caregiver.</p> <p>Select 'Continue' to proceed.</p>	 <p>The screenshot shows the 'ACE-Q Teen' form with a 'General Information' section. It includes fields for Assessment Date (08/20/20), Respondent (Member/Teen), Child's Name (First Name: TESTING, Last Name: FOO), and Date of Birth (11/11/1992). Navigation buttons like 'Back', 'Continue', 'Save & Close', 'Restart', 'Abort', 'Add Task', and 'Add Progress Note' are visible at the top and bottom.</p>
<p>Step 4: Complete Section – ACE-Q Section 1</p> <p>A response of 'Yes' or 'No' is required for each question in this section.</p> <p>Do not leave any blanks, as that will impact the scoring.</p> <p>Select 'Continue' to proceed.</p>	 <p>The screenshot shows 'Section 1' of the ACE-Q form. It contains a list of 10 statements for which a response is required. The 'Continue' button at the bottom is highlighted with a red box. Navigation buttons are also visible at the top and bottom of the section.</p>

INSTRUCTIONS	SCREENSHOT
<p>Step 5: Complete Section – ACE-Q Section 2</p> <p>A response of ‘Yes’ or ‘No’ is required for each question in this section.</p> <p>Do not leave any blanks, as that will impact the scoring.</p> <p>Select ‘Continue’ to proceed.</p>	 <p>Section 2</p> <p>I will read a few statements, please let me know if any apply to your child. At any point since your child was born...</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your child was in foster care A <input type="checkbox"/> Your child experienced harassment or bullying at school A <input type="checkbox"/> Your child lived with a parent or guardian who died A <input type="checkbox"/> Your child was separated from her/his primary caregiver through deportation or immigration A <input type="checkbox"/> Your child had a serious medical procedure or life threatening illness A <input type="checkbox"/> Your child often saw or heard violence in the neighborhood or in her/his school neighborhood A <input type="checkbox"/> Your child was detained, arrested or incarcerated A <input type="checkbox"/> Your child was often treated badly because of race, sexual orientation, place of birth, disability or religion A <input type="checkbox"/> Your child experienced verbal or physical abuse or threats from a romantic partner (i.e. boyfriend or girlfriend) A <p>Back Continue Save & Close Restart Abort Add Task Add Progress Note</p>
<p>Step 6: Complete Section – Click on View Report</p> <p>Click on ‘View Report.’</p> <p>The following screen will automatically produce a score based on the member’s responses.</p>	 <p>Congratulations!</p> <p>You have completed the Health Risk Assessment.</p> <p>Click View Report to view your Health Risk Assessment Report. Thank you for taking this active role in your health management.</p> <p>View Report</p>

INSTRUCTIONS	SCREENSHOT																																																																								
<p>Step 7: Complete Section – View Report and Calculate</p> <p>Add ‘Section 1 Score’ with ‘Section 2 Score.’ If the member scores three or more on the ACE-Q Child or ACE-Q Teen, move on to Step 8.</p> <p>The inventory is complete if the member/caregiver scores less than three.</p> <p>*No numeric score indicates an incomplete response to Section I and/or Section II. Please review and re-take the assessment.</p>	 <p>The table below holds answers to key questions in the assessment.</p> <table border="1"> <thead> <tr> <th>Question</th> <th></th> </tr> </thead> <tbody> <tr> <td colspan="2">General Information</td> </tr> <tr> <td>Assessment Date</td> <td>12/29/2021</td> </tr> <tr> <td>Respondent</td> <td>[Redacted]</td> </tr> <tr> <td>Child's Name</td> <td>[Redacted]</td> </tr> <tr> <td>Date of Birth</td> <td>[Redacted]</td> </tr> <tr> <td>Respondent Name</td> <td>[Redacted]</td> </tr> <tr> <td>Relationship to Child</td> <td>[Redacted]</td> </tr> <tr> <td colspan="2">Many children experience stressful life events that can affect their health and wellbeing. 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<p>Note:</p>	<p>The member has the right to silence their goal, intervention, and outcome in the ECM Care Plan. Please note that each part of the ECM Care Plan must be silenced individually using the yellow file beside the goal, intervention, and outcome. Refer to Care Plan section on how to silence PGIOs.</p>																																																																								

Trauma-Informed Screening- Adults

Under Molina’s ECM Program, a trauma-informed assessment tool is required and must be added to the existing assessment and planning tools. The assessments must be available to the primary care physicians, mental health service providers, substance use disorder services providers, and the ECM LCMs for all ECM opt-in members. In conjunction with the primary care physician, other multi-disciplinary care team members, and any necessary ancillary entities, such as county agencies or volunteer support entities, the ECM LCM will work with the ECM member and their family/support persons to develop an ECM Care Plan. Members who have opted-in to the ECM must be screened using the trauma-informed assessment tool if indicated during each comprehensive Health Risk Assessment (HRA) administration.

What is Trauma-Informed Care?

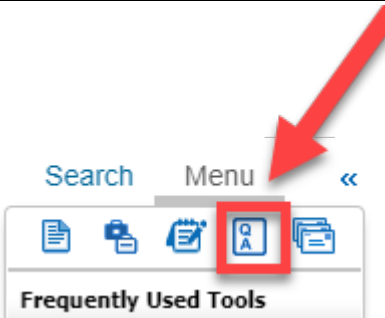
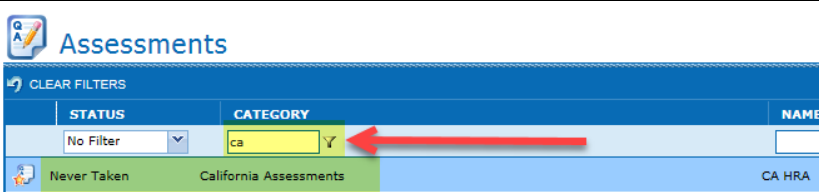
Trauma-informed care is a service delivery framework that involves identifying, understanding, and responding to the effects of all types of trauma (physical, psychological, sexual, neglect, and emotional). Trauma-informed care emphasizes safety (physical, psychological, and emotional) for members and providers and seeks to empower members with self-care tools.

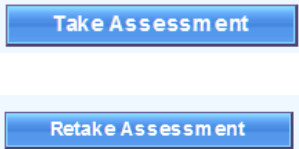
Screening for trauma symptoms, especially concerning determining how trauma affects health outcomes, is essential in determining a member’s overall social and emotional well-being. Assessing for trauma is critical to providing trauma-informed care and should be indicated in the member’s ECM Care Plan as appropriate. For adults, the recommended tool is the PC-PTSD-5 Screening Tool.

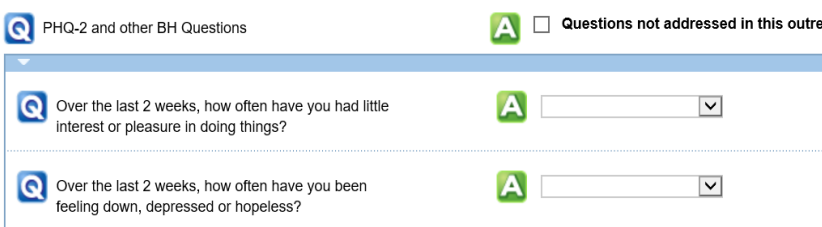
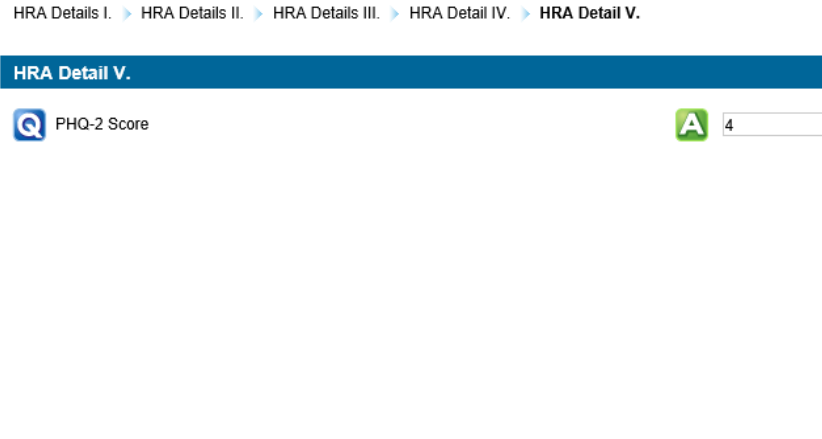
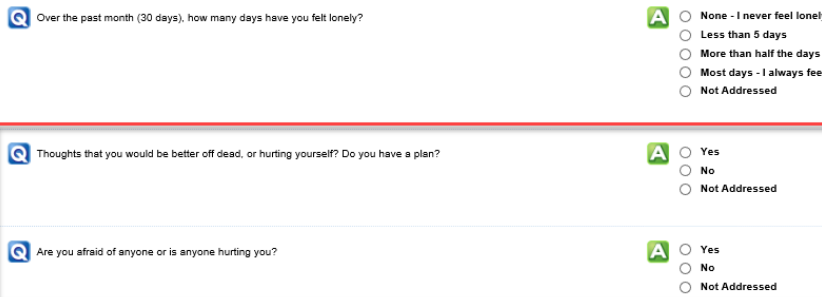
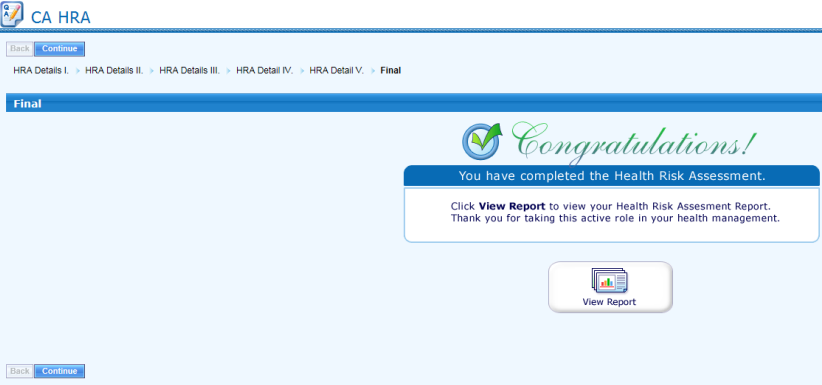
What is the PC-PTSD-5 Screening Tool?

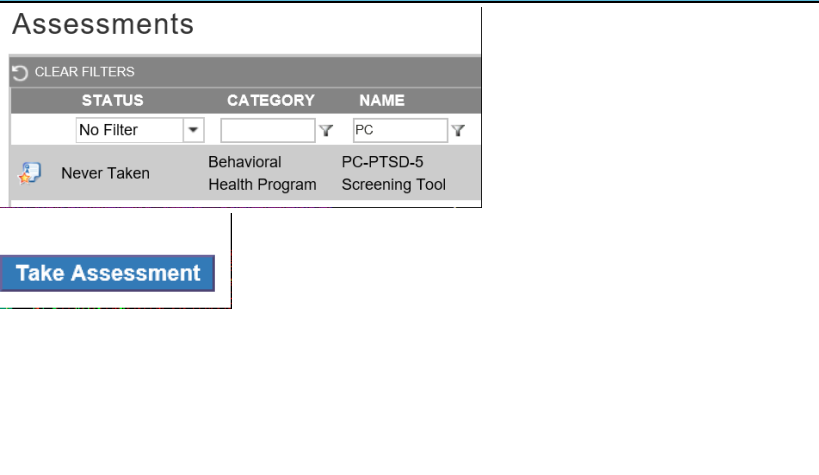
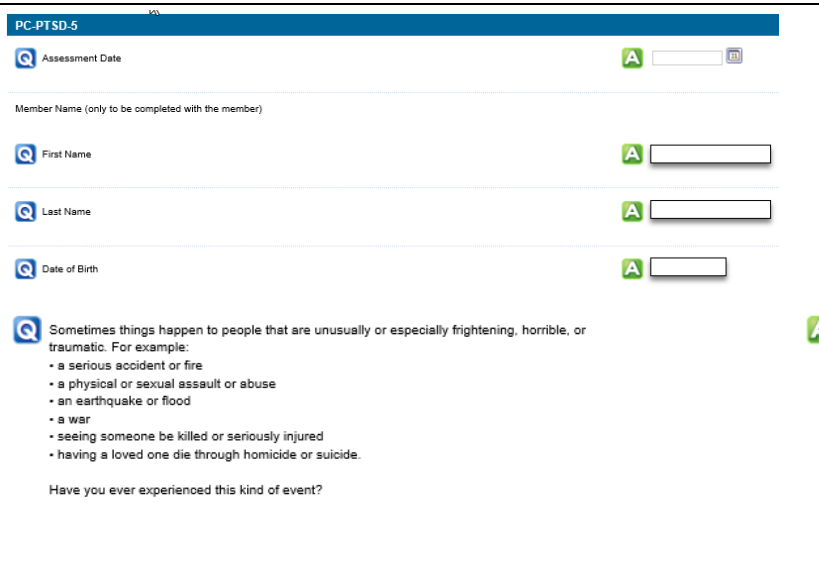
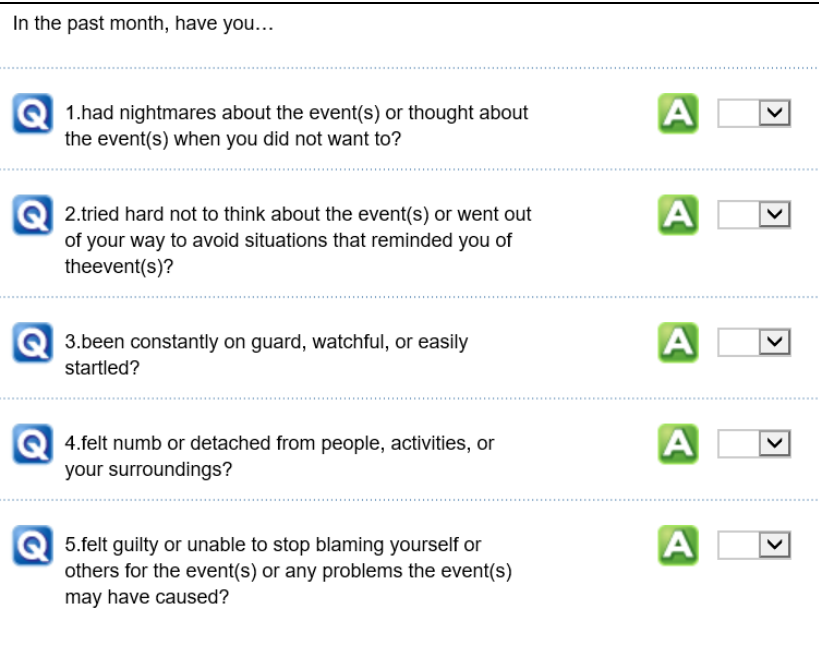
The Primary Care Posttraumatic Stress Disorder (PTSD) Screen for DSM-5 (PC-PTSD-5) is a 5-item screen designed to identify adults with probable PTSD and/or Stressor-Related Disorders. Those who screen positive require further assessment, preferably with a structured interview. Please see *The Primary Care PTSD Screen for DSM-5 (PC-PTSD-5)* for more information.


Follow the steps below to prompt the Trauma Informed Screening Tool in CCA:

INSTRUCTIONS	SCREENSHOT
<p>Step 1: Access Module</p> <p>There are multiple ways to access Assessments, the shortcut is displayed.</p>	
<p>Step 2: Select Assessment</p> <p>Under Category type in CA to filter the list</p> <p>Select California Assessments: CA HRA</p> <p>Click Take assessment</p> <p>Or Retake if it was previously completed.</p>	

INSTRUCTIONS	SCREENSHOT
	
<p>Step 3: Complete Section -HRA Details II Complete Behavioral Health Conditions with the member.</p> <p>If the member responds 'Yes' to any Behavioral Health Conditions, complete the <u>PC-PTSD-5</u> with the member.</p>	<p>Has your doctor diagnosed you with a Behavioral health condition such as Depression, Schizophrenia or Bipolar</p> <p><input checked="" type="radio"/> Depression <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> Schizophrenia <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> Bipolar <input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>Step 4: Complete Section -HRA Details III. If the member selects any of the following highlighted drop-down current living conditions, complete the PC-PTSD-5.</p>	<p>What is your current living situation?</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Homeless <input type="checkbox"/> Lives Alone <input checked="" type="checkbox"/> Lives in a group home <input type="checkbox"/> Lives in a nursing facility <input checked="" type="checkbox"/> Lives in a shelter <input checked="" type="checkbox"/> Lives in an assisted living facility <input type="checkbox"/> Lives with other family <input type="checkbox"/> Lives with others unrelated <input type="checkbox"/> Lives with spouse <input type="checkbox"/> Lives in out of home placement <input type="checkbox"/> Lives in out of state medical facility <input type="checkbox"/> None of the above <input type="checkbox"/> Other
<p>Step 5: Complete Section -HRA Details IV Complete the Cage Aid. If the member responds 'Yes' to the following questions, complete the PC-PTSD-5 and <u>ASAM Screener</u>.</p>	<p>Cage Aid</p> <p><input checked="" type="radio"/> Are Cage Aid questions able to be addressed? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> In the last three months, have you felt you should cut down or stop drinking or using drugs? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> In the last three months, has anyone annoyed you or gotten on your nerves by telling you to cut down or stop drinking or using drugs? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> In the last three months, have you felt guilty or bad about how much you drink or use drugs? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> In the last three months, have you been waking up wanting to have an alcoholic drink or use drugs? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p><input checked="" type="radio"/> Do you feel like you have a problem with drugs or alcohol? <input checked="" type="radio"/> Yes <input type="radio"/> No</p>

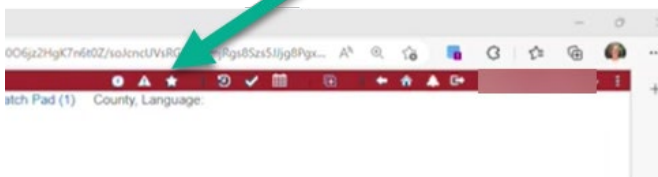
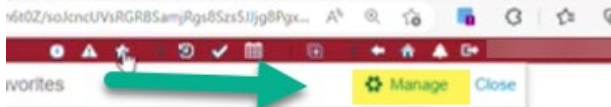
INSTRUCTIONS	SCREENSHOT
<p>Step 6: Complete Section Continued -HRA Details IV</p> <p>Complete the PHQ-2 and other BH Questions with the member.</p> <p>The following screen will automatically produce a score based upon the member's responses.</p>	
<p>Step 7: Complete Section -HRA Details V</p> <p>A score of 2 or less does not require 1) PHQ-9 Assessment and 2) PC-PTSD-5.</p> <p>If the member scores three or more on the PHQ-2, then the <u>PHQ-9</u> and the PC-PTSD-5 should be completed.</p>	
<p>Step 8: Complete Section -HRA Detail V</p> <p>If the member selects 'Yes' to the following two drop-down questions, complete the PC-PTSD-5.</p> <p>If the member is in active crisis, follow steps 1 through 5 and suspend completion of PC-PTSD-5.</p> <p>PC-PTSD-5 is to be completed at a later time when a member is safe.</p>	
<p>Step 9: Complete the Assessment</p> <p>Complete the assessment with the member.</p> <p>The final Screen is displayed with the option to view the completed assessment.</p>	

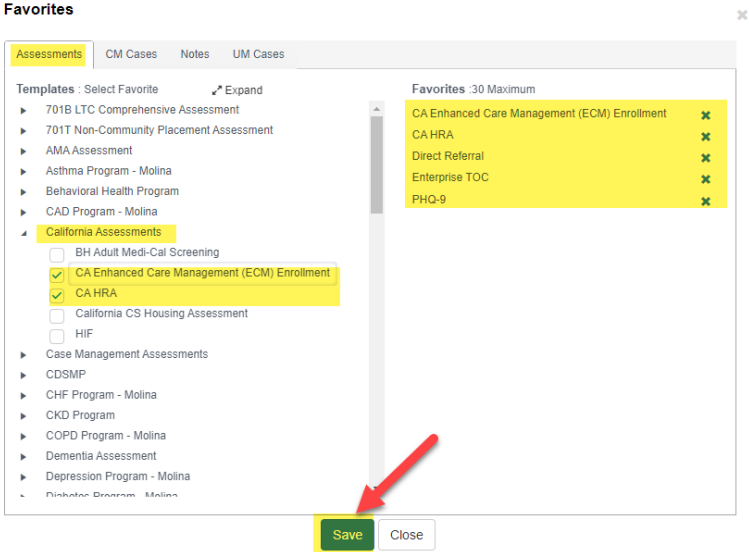
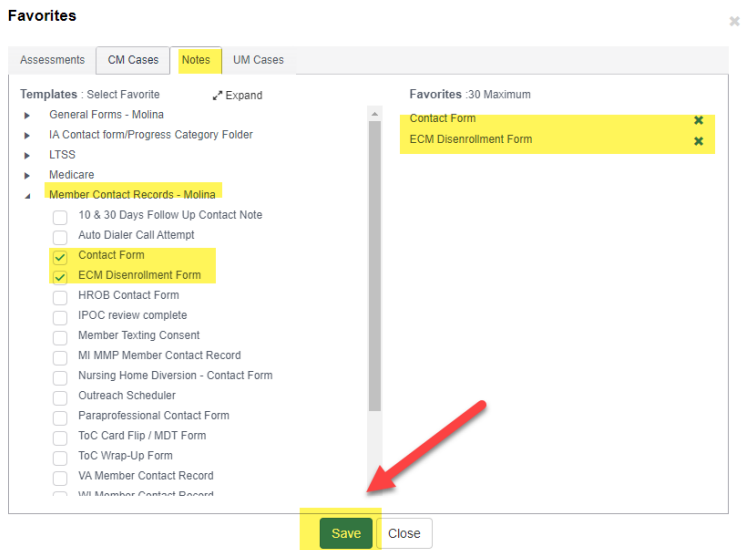
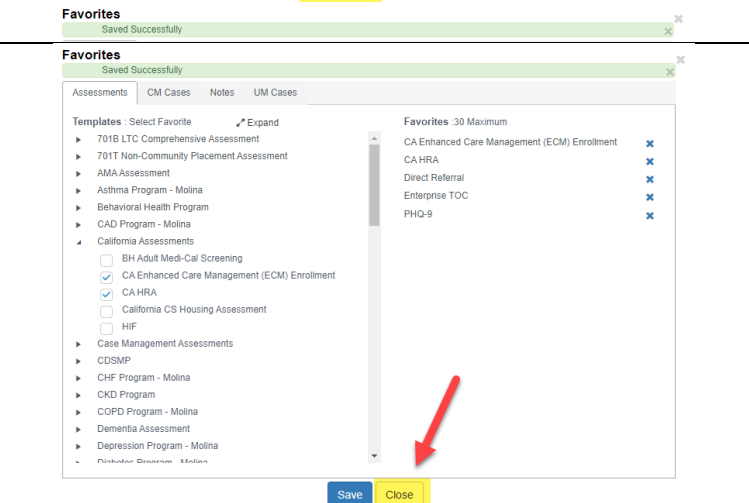
INSTRUCTIONS	SCREENSHOT
<p>Step 10: Select Assessment Locate the PC-PTSD-5 in the 'Assessments' section in CCA.</p> <p>Under NAME, type in <u>PC</u> to filter the list</p> <p>Select PC-PTSD-5 Screening Tool</p> <p>Click Take Assessment</p>	
<p>Step 11: Complete Section Enter the Assessment Date</p> <p>An automated drop-down will appear if the member responds 'yes' to the following experiences.</p> <p>If the member responds 'no,' then PC-PTSD-5 has been completed.</p>	
<p>Step 12: Complete Section Ask the member the following set of questions.</p>	

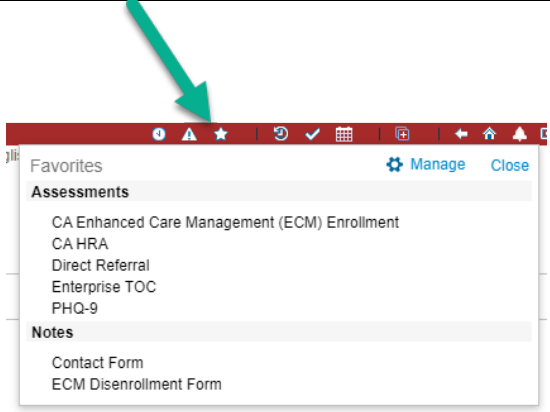
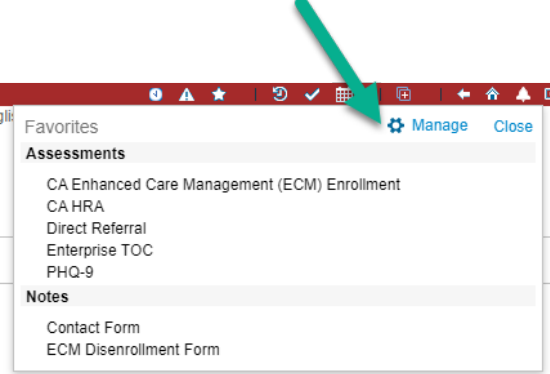
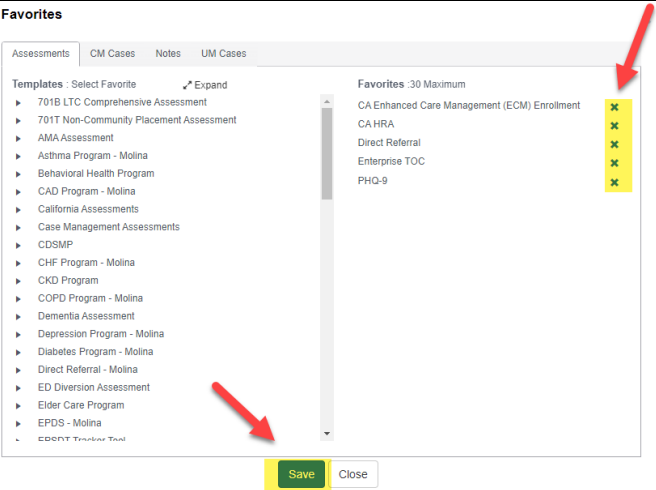
INSTRUCTIONS	SCREENSHOT
<p>Step 13: Scoring</p> <p>If the member responds ‘yes’ to three or more of the following five questions, refer the member to an existing or new BH Provider for further evaluation and treatment.</p>	 <p>A score of 3 or more on the PC-PTSD-5 indicates that the member may suffer from trauma requiring further exploration and assessment from a healthcare professional.</p> <p>If the member does not have an existing BH Provider and scores three or more, link the member with a Molina In-Network BH Provider for further evaluation and treatment.</p> <p>The PC-PTSD-5 should only be conducted once during each HRA assessment.</p>
<p>Step 14: Communicate Results with PCP</p>	<p>Share the results from the PC-PTSD-5 with the member’s primary care physician and existing BH Provider if applicable, regardless of the score. Include the PC-PTSD-5 Report with the Provider Letter. Please reference the attachment titled PC-PTSD-5 Provider Letter.</p> <p>Follow-up with member’s primary care physician and existing BH Provider via phone call.</p>
<p>Step 15: Complete the ECM Care Plan</p>	<p>Please refer to the ECM Care Plan Guide to develop the problem, goal, outcome, and intervention.</p>
<p>Note:</p>	<p>The member has the right to silence their goal, intervention, and outcome in the ECM Care Plan. Please note that each part of the ECM Care Plan must be silenced individually using the yellow file beside the goal, intervention, and outcome. Refer to Care Plan section on how to silence PGIOs.</p>

Adding Assessments/Forms to Favorites

Due to the latest CCA enhancement, the ECM Provider is now able to add frequently used assessments and forms to their **Favorites** (up to 30). Follow steps below to add assessments and forms to your **Favorites**:

INSTRUCTION	SCREEN SHOT
<p>Step 1: To access your Favorites, select the star icon at the top right-hand section.</p>	
<p>Step 2: Select “Manage”</p>	

INSTRUCTION	SCREEN SHOT
<p>Step 3: Select your commonly used Assessments from the available Template list (make sure to select appropriate assessments) and select "Save."</p>	
<p>Step 4: Skip section CM Cases, UM Cases and proceed with the Notes section to select your commonly used forms like the Contact Form and the ECM Disenrollment Form and select "Save." Window will indicate "Saved Successfully."</p>	
<p>Step 5: Select "Close."</p>	

INSTRUCTION	SCREEN SHOT
<p>Step 6: Access your favorite assessments/forms by selecting the star icon at the top right hand section.</p>	
<p>Step 7: If you need to modify your favorite assessments/forms, select "Manage"</p>	
<p>Step 8: Select the "X" next to the assessment or form that you wish to remove from your favorites.</p>	

Case Management Acuity

ECM members must be assigned an acuity level when the ECM LCM creates the care plan in CCA (see screenshot below). The appropriate acuity level must be selected based on the member’s needs and may change during the member’s enrollment in ECM. Low acuity members should NOT be enrolled in the ECM program. Low acuity members should be re-evaluated to determine if the member requires ECM level of intensive care coordination services. If the member no longer needs ECM services because the member is well-managing their conditions, the member should be graduated from ECM as “All Care Plan Goals Met.” For any members who meet a ECM Population of Focus, but do not fall under any acuity listed below, default member to Medium acuity.

General Information

Case Name: * ECM - Diabetes Assigned To: * Vanessa Rodriguez

Open Reason: * Care Coordination Participation Method: * Face to Face Case Acuity: * **Catastrophic** Case Type: * Enhanced Care Management (EC) Case Phase: * Active

Main Diagnosis:

Coverage: * Group: DSHS, Plan: ACA - SD - MHC, Subscriber: CA1311B9DH25, Effective: 04/01/2022 - 12/31/2078

Description: * Member meets ECM PoE. Individuals experiencing homelessness.

Open Notes:

Case Primary Contact: * ADAM TEST Case Source: * Care Management Stratification Level: * <Select> Case Provider:

Consent Date: Consent Status: Case Consenting Person: Next Review Date: * 05/22/2023 01:36 PM

Case Category * Diabetes

Medium Acuity

If your organization’s assigned ECM members fall under the following criterion, the member is considered Medium Acuity. Members of Medium Acuity should be re-evaluated every six months to determine continued eligibility for ECM.

- Maternity High Risk
- Three or four co-morbid conditions
- Targeted diagnosis with two admits within six months.
 - CVD
 - CHF
 - COPD
 - ESRD
 - Asthma
 - Diabetes
 - Sickle Cell
 - AIDS/HIV
 - Cancer
 - Behavioral Health (specific codes)
- Three to five avoidable Emergency Department visits within six months

High Acuity

If any of your organization’s assigned ECM members fall under the following criterion, the member is considered High Acuity.

- Five or more co-morbid conditions
- Reports health as poor
- High-risk chronic illness with clinical instability as demonstrated by three or four admits within six months related to:
 - CVD
 - CHF
 - COPD
 - ESRD
 - Asthma
 - Diabetes
 - Sickle Cell



- AIDS/HIV
- Cancer
- Behavioral Health (specific codes)
- Six or more avoidable Emergency Department visits within six months

Catastrophic Acuity

If any of your organization's assigned ECM members fall under the following criterion, the member is considered Catastrophic Acuity.

- High-risk chronic illness with clinical instability as demonstrated by five or more admits in six months related to:
 - CVD
 - CHF
 - COPD
 - ESRD
 - Asthma
 - Diabetes
 - Sickle Cell
 - Aids/HIV
 - Cancer
 - Behavioral health (specific codes)
- Imminent risk of:
 - Inpatient admissions (psychiatric or medical) related to the inability to self-manage in the current living environment.
 - Institutionalization
- Need assistance with four or more activities of daily living, independent activities of daily living, and lacks adequate caregiver assistance.