

# Enhanced Care Management (ECM) Exclusionary Screening Checklist (FORM B)

The Department of Health Care Services (DHCS) examined existing programs that include elements of care management and/or care coordination to determine approaches to program coordination and the prevention of non-duplication with Enhanced Care Management (ECM) services. In many of these instances, the ECM benefit will be additive, improve management of care across delivery systems, while other programs are considered "duplicate" member has the right to choose between that program or ECM. Please see guide for reference.

1915 c Waivers	Services Carved Out of Managed Care Management Plans	Services Carved into Managed Care Management plans	Duals	Other				
1. EMC as a "wrap"	MCP Member can be enrolled in both ECM and the other programs. ECM enhances and/or coordinated across the case/care management available in the other program. MCP must ensure non-duplication of services between ECM and the other program.							
2. Either ECM or the other program	MCP Members can be enrolled in ECM or in the other programs, not in both at the same time.							
3. Excluded from ECM	Excluded from EMC Medi-Cal beneficiaries enrolled in the other program, not in both at the same time.							
Multipurpose Senior Services Program (MSSP)	California Children's Services (CCS)	CCS Whole Child Model	Dual Eligibility Special Needs Plans (D-SNPs)	AIDS Healthcare Foundation Plans				
Assisted Living Waiver (ALW)	Genetically Handicapped Person's Program (GHPP)	Basic Case Management	D-SNP look alike plans	California Commu- nity Transitions (CCT) Money Follows the Person (MFTP)				
Home and Community Based (HCBA) Waiver	County-Based Targeted Case Management	Complex Case Management	Other Medicare Advantage Plans	Mosaic Family Services				
HIV/AIDS	Specialty Mental Health (SMHS) TCM	Community Based Adult Services (CBAS)	Medicare FFS	Hospice				
HCBS Waiver for Individuals with Developmental Disabilities (DD)	SMHS Intensive Care Coordination for Children (DMC-ODS)		Cal MediConnect					

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Member Information							
Member Name:							
Date of Birth:		Authorization Number:					

## Please follow these steps during Initial Outreach process:

- 1. Check CenCal Health member eligibility
- 2. Complete the Exclusionary Screening Checklist

## **ECM Program Exclusion Criteria**

Hospice

If box is checked **<u>STOP</u>**. Member <u>does not</u> meet eligibility criteria. If box is <u>not checked</u>, move on to the next question.

#### **Duplication Programs – either ECM or other programs**

Members who are enrolled in the programs below have the right to **choose or switch between ECM** and other care management programs. Members are encouraged to choose the program that best meets their needs.

#### Member is currently in the following programs: (select all that apply)

- Multipurpose Senior Services Program (MSSP)
- Assisted Living Waiver (ALW)
- O Home and Community-Based Alternatives (HCBA) Waiver
- HIV/AIDS Waiver
- HCBS Waiver for Individuals with Developmental Disabilities (I/DD)
- Self-Determination Program for Individuals with Developmental Disabilities (I/DD)
- CenCal Health Complex Case Management
- Money Follows the Person (MFTP)
- California Community Transitions (CCT)

If any of the above boxes are checked **STOP.** Please ask the member to chose between ECM and their current Case Management Program.

Member Is Not Enrolled in any of these above programs and/or unable to verify

#### Submit Completed Form with ECM Service Authorization Request