Enhanced Care Management

Provider Manual

Part 2

(CCA Users)

Molina Healthcare of California
(Molina Healthcare or Molina)

2025

Capitalized words or phrases used in this ECM Provider Manual shall has the meaning set forth in your Agreement with Molina Healthcare. "Molina Healthcare" or "Molina" has the same meaning as "Health Plan" in your Agreement. The ECM Provider Manual is customarily updated annually but may be updated more frequently as needed. Providers can access the most current ECM Provider Manual at MolinaHealthcare.com.

Last Updated: 09/2025

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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.). ECM Providers are also required to document the member's preferred method of engagement in a progress note once the member has been enrolled in ECM (e.g., face-to-face, or telephonic phone calls).

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 of 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 Capitation typically runs on the 15th of every month, and you can see the payment anytime after the 15th through FES and/or Echo (providerpayments.com). 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 for capitation payment and therefore, required to be entered timely and accurately. To avoid capitation issues, conduct a quality review of contact forms before saving them in CCA and enter them in CCA as soon as possible. Contact forms should be entered 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, ECM Providers will extend their attempts to the next month.
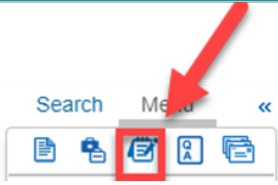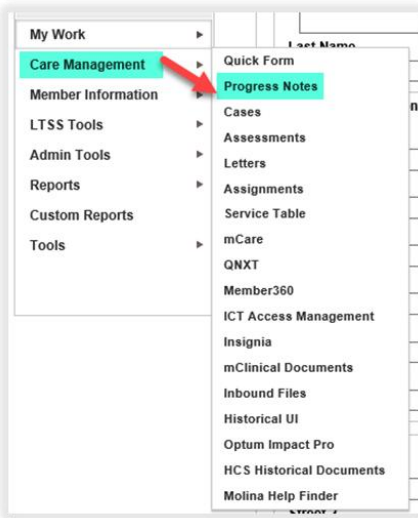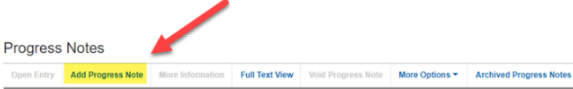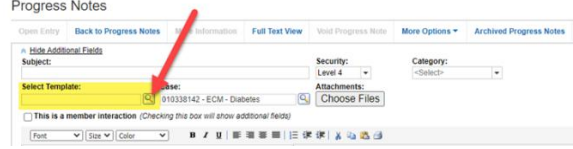
We understand the challenges with getting ahold of these members. If the member continues to be UTC by the end of the 2nd month, proceed with disenrolling the member by completing the Disenrollment Form in CCA no later than the **last day of the 2nd month**. See the example below:

i.   *Member was enrolled on 2/27/2025.*
ii. *ECM LCM attempts to contact the member on 3/1/2025, 3/8/2025, and 3/15/2025, and the member is unable to contact during all three outreaches.*
iii. *ECM LCM mails Post-Opt in UTC letter on 3/22/2025 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 4/3/2025, 4/10/2025, and 4/17/2025, 4/24/2025 (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 4/28/2025.*

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
Step 1: Access the Progress Notes Module in CCA There are multiple ways to access Progress Notes module; the shortcut is displayed. **Please enter one contact form per provider or member (or member's representative) contact/attempt. Do not merge encounters within one contact form.**	 Or
Step 2: Click on **Add Progress Note** Under **Select template**, click the magnifying glass to search for the **Contact Form** template: Click **SELECT**	

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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, and 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, Comprehensive Assessment , 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 to 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 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."

Contact Direction:
Either select inbound if someone called you or select outbound if you called them.

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.

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.

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.

1. **Assessment:** check-off this option if the outreach was intended for completion of a Comprehensive Assessment with the member or if the ECM Provider completed the Comprehensive Assessment) 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, Care Coordination Portlet (CCP), 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 must always be checked off along with a valid service. If this value is not selected, the encounter will not count for ECM and therefore, will impact capitation.
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 the 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

Purpose of Contact Other: [   ]

Outcome of Contact: [▾] *Mandatory*

Outcome of Contact Other: [   ]

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

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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 Comprehensive Assessment was completed. **Another scenario to consider, you intended to call the member to complete a Comprehensive Assessment, 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.**	
If Member declines (below are decline outcomes of contact), provide a narrative for the reason for decline. • **Refused to Speak-** scenario: *member hung up on you, doesn't want to answer your questions.* • **Requested No Further Contact-** scenario: *I'm not interested, please don't call me.*	Successful Contact Left Message Invalid Phone # / Disconnected **Refused to Speak** Requested Later Contact **Requested No Further Contact** No Answer Other Deceased Research Only
If Member is UTC, choose an outcome that best supports your contact attempt. • **Left message-** left voicemail • **Invalid Phone # / Disconnected-** Member's phone # is invalid/disconnected • **Requested Later Contact-** scenario: *my priority right now is not the Comprehensive Assessment, it's my medication, please call me back tomorrow* • **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.	Successful Contact **Left Message** **Invalid Phone # / Disconnected** Refused to Speak **Requested Later Contact** Requested No Further Contact **No Answer** Other **Deceased** Research Only

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For Inbound Texts & Inbound Voicemails, select "Other," and indicate under the Outcome of Contact Other:	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 Other:** Member texted me
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.	Successful Contact Left Message Invalid Phone # / Disconnected Refused to Speak Requested Later Contact Requested No Further Contact No Answer Other Deceased Research Only
Successful calls:	**Outcome of Contact:** Successful Contact ⌄ ** Mandatory* 🚫 *** **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 Comprehensive Assessment, there are care plan developments/actions/updates, any type of care coordination assistance, verbal member education was completed, etc.
Be sure to include length of contact in minutes. If the call/interaction lasted less than a minute, enter "1" in this section	**Outcome of Contact:** [⌄] ** Mandatory* **Outcome of Contact Other:** [ ] **Length of Contact:** [ ] Minute ⌄ *(Please enter time in minutes)*

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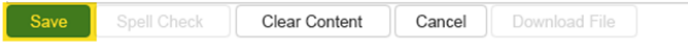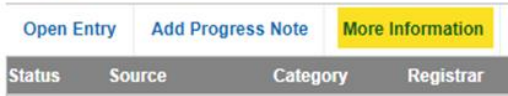|	

Complete the **Provider/ Agency Contacts** section **ONLY** if you selected an alternative provider contact. Update the type under "Contact Type."	**Provider / Agency Contacts**
	
	Name of Provider: [ ]
	
	Contact Method: [▾] **Contact Time:** [ ]
	
	Contact Type: [▾]
	
	Contact Purpo Ancillary Provider
	☐ Assessment Behavioral Health Provider lopment/Revision
	☐ Case Closur Chemical Dependency Provider nector
	   County Agency
	☐ Coordination Hospital Representative formation Verification
	☐ Follow-up Internal Department ring
	   Outpatient Facility Representative
	☐ Obtain Medi Pharmacy hent Notification
	☐ Transition of Physician
	☐ Referral Physician's Representative ovider
	   State Agency
	☐ ECM Transportation Provider
	   Other
	Referral To: *(If* County Behavioral Health *ase specify)*
	[ ]

Complete the **Resource/Referrals section** if applicable. We use this section for tracking purposes.	**Resource / Referrals** **Adult Day Healthcare:** [▾] **Personal Care Assistance:** [▾] **Behavioral Health*:** [▾] **Community Transition/MFP:** [▾] **HCBS Waiver*:** [▾] **Other Resources*:** [▾] ***Specify Agency or Program:** [ ] **Specialist:** [▾]
The Notes section is mandatory (though it's not indicated in the Contact Form template). Enter a narrative explaining the outcome of outreach. This field should NOT be left blank. Please use this area to provide a clear picture of the outreach outcome, including all pertinent details. **If you come across issues saving the Contact Form, please make sure not to indent when entering the narrative in the notes section.**	**Notes:** [ ]
Redetermination Notes section: Only enter notes here if you assisted the member with their Medi-Cal redetermination paperwork, leave blank if it does not apply.	**Redetermination Notes:** ** Mandatory* [ ]

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Change the subject of the contact form according to the outreach that was completed. Format: **ECM Program- Name of ECM Provider Outcome.**	⌃ Hide Additional Fields **Subject:** ECM Program – Best ECM Provider Pre-Enrollment Outreach UTC #1 11/4/25 ECM Program – Best ECM Provider Pre-Enrollment Outreach UTC #2 11/11/25 ECM Program – Best ECM Provider Enrollment ECM Program- Best ECM Provider UTC #1 12/2/25 ECM Program- Best ECM Provider UTC #2 12/9/25 ECM Program- Best ECM Provider UTC #3 12/16/25 ECM Program- Best ECM Provider UTC #4 12/25/25 ECM Program- Best ECM Provider Mailed Post-Opt in UTC Letter (UTC #5) 12/30/25 ECM Program- Best ECM Provider Care Plan Revision ECM Program- Best ECM Provider Comprehensive Assessment Completed
Step 4: Click **SAVE** We recommend you review the contact form before you hit save.	Save Spell Check Clear Content Cancel Download File
Step 5: To Open the Contact Form you just saved, click on the entry to bring it into focus and then More Information. **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.**	**Progress Notes** Open Entry Add Progress Note More Information **Status** **Source** **Category** **Registrar** Scroll all the way to the bottom of the Progress Notes section. Make sure that you filter by "All Entries" to see all member activity. All Entries ▾ Show all the entries.

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Contact Form Scenarios

Below are examples of how to complete contact forms in CCA for MIF and referred members:

MIF member– Members that are included in the Member Information File (MIF) sent by Molina containing a list of members eligible for ECM.

Referred member– Any member that Molina received and approved a referral for.

Scenario #1: Member is UTC: Pre-Enrollment. ECM Provider outreached to the member, and the member is unable to be contacted (1st non-mail attempt):

Contact Form Fields	How to Complete the Contact Form Fields
Subject	[Insert name of your Organization - ECM]Pre-Enrollment Outreach UTC #1 03/01/2025
Contact Type	General Contact
Contact Date	03/01/2025
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	

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Specify Agency or Program	
Notes	Attempted to reach member for enrollment into ECM on 03/01/2025, left VM. If the member does not return my call within a week, I will conduct an in-person visit on 03/08/2025 to address this on record.

Scenario #2: Member UTC: Pre-Enrollment ECM Provider outreached to the member, and the member is unable to be contacted (5th attempt, via mail).

If the member remains **UTC after the 5th attempt to contact via mail, declines, or is deceased** during pre-enrollment, complete a Closed Loop Referral Form in CCA.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	[Insert name of your Organization - ECM] Pre-Enrollment Outreach Mailed Post-Opt in UTC Letter (UTC #5) 03/29/2025
Contact Type	General Contact
Contact Date	03/29/2025
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	

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Specify Agency or Program	
Notes	Member has been unable to contact for the past four attempts. On 03/29/2025, I mailed the ECM Generic UTC Letter to the member. If I don't hear back from the member by 04/05/2025, I will complete a Closed Loop Referral Form in CCA.

Scenario #3: Inbound call from member: Pre-Enrollment. 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	[Insert name of your Organization - ECM] Pre-Enrollment: MIF or REF Successful Attempt 04/05/2025
Contact Type	General Contact
Contact Date	04/05/2025
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	

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Notes	Member returned my call on 4/5/25. 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 4/8/25 to complete the Comprehensive Assessment and develop the care plan.

Scenario #4: Post-enrollment. ECM LCM mails the Welcome Letter to the member.

Contact Form Fields	How To Complete the Contact Form Fields
Subject	[Insert name of your Organization - ECM]Welcome Letter Mailed 04/06/2025
Contact Type	General Contact
Contact Date	04/6/2025
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	

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HCBS Waiver	
Other Resources	
Specify Agency or Program	
Notes	On 04/06/2025, I mailed the Welcome Letter to the member to address the member provided.

Scenario #5: Post-enrollment. ECM LCM documents member's preference of engagement and the ECM LCM's 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	[Insert name of your Organization - ECM] Pre-Call Review & Doc of Credentials 4/7/25
Contact Type	General Contact
Contact Date	04/7/2025
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	

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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 4/7/25, 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. I also discussed their preference of engagement and they stated they prefer telephonic calls as the member is constantly moving. We also set up a future date to discuss the care plan.

Scenario #6: Post-enrollment. ECM LCM completed the Comprehensive Assessment and developed a care plan with member, discussed care coordination needs, the HEDIS/Gap in Care, and informed the member of scheduled PCP appointment.

Scenario #7: Post-enrollment. ECM LCM mailed a copy of the Care Plan and the Care Plan letter to the member and a copy to the PCP.

Contact Form Fields	How to Complete the Contact Form Fields
Subject	[Insert name of your Organization - ECM] Mailed ICP and ICP Letter to Member 4/10/25
Contact Type	General Contact
Contact Date	04/10/2025
Contact Method	Mail
Contact Method Other	
Contact Direction	Outbound
Respondent	Member

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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 4/10/25, I mailed the member a copy of the care plan and the care plan letter. Will confirm with the member/PCP receipt of this information next time we meet.

Scenario #8: 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.

Please note that there is a Disenrollment process to follow. Please see part 4 for more information.

Contact Form Fields	How To Complete the Contact Form Fields
Subject	[Insert name of your Organization - ECM]UTC #1 4/25/25
Contact Type	General Contact
Contact Date	04/25/2025
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 5/1/25, 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.

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Correcting Errors in Contact Forms

Follow the steps below for correcting errors in contact forms. This process is called "appending" in CCA:

Instructions	Screenshot
Step 1: Highlight (click on the contact form to bring into focus) the erroneous contact form 	
Step 2: **Using the drop-down menu for More Options, select "Append."**	
Step 3: 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.	

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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: Crisis Line Follow up: 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	[Insert name of your Organization - ECM]BH Crisis Line Follow-up 04/27/2025
Contact Type	General Contact
Contact Date	04/27/2025
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	

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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 04/27/2025, 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: Nurse Advice Line Follow-up: 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	[Insert name of your Organization - ECM]NAL Follow-up 04/27/2025
Contact Type	General Contact
Contact Date	04/27/2025
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

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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 04/27/2025, 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: BH/SUD ED Visit Follow-up: 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 4/27/25
Contact Type	General Contact
Contact Date	04/27/2025
Contact Method	Phone
Contact Method Other	
Contact Direction	Outbound
Respondent	Member
Respondent Other	
HIPPA Identity/Authority Verification	Address DOB

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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 4/27/25, 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 5/1/25. I will continue monitoring the member and follow up with the member on 5/2/25 after the appointment.

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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/Comprehensive Assessment
- 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.

Please see Behavioral Health Referral Quick Reference Guide in Part 5 Addendum for more information on how to submit a referral.

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), and Care Coordination Portlet 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	[Insert name of your Organization - ECM]Pre-Call Review 4/27/25
Contact Type	General Contact
Contact Date	04/7/2025
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 4/27/25, 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	[Insert name of your Organization - ECM]SA Follow-up 4/7/25
Contact Type	General Contact

Contact Date	04/7/2025
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 4/7/25, 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 4/10/25. I will continue monitoring the member and follow up with the member on 4/11/25 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 4/10/25. I also completed the PHQ9 assessment with the member.

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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.

If the member agrees to participate in ECM, the ECM Provider is required to complete the Enrollment Assessment in CCA for their assigned members. In addition to completing the Enrollment Assessment, a contact form must also be completed to be captured as an encounter. **Do not complete a disenrollment form if a member was never enrolled in ECM (no Opt-in in the CCA banner).The member will not be enrolled in ECM until the ECM Enrollment Assessment is completed. ECM Enrollment Assessment is not required if a member is already enrolled in the ECM Program. Please note, if a member does not appear on the Member Activity Report might be due to an incomplete ECM Enrollment Assessment. The Member Activity Report only includes Opted-In (enrolled members).**

If you do not see a pre-identified Population of Focus in the ECM Enrollment Assessment, please proceed with the assessment and notify Molina's ECM Team immediately in order to troubleshoot the issue. If a member does not meet any pre-identified Population of Focus but meets another Population of Focus, notify Molina's ECM Team to update the Population of Focus indicators for the member in Molina's system. Complete the ECM Enrollment Assessment for the member upon confirmation that the system has been updated.

The Date of Program Discussion (found in the ECM Enrollment Assessment) is the date the member consented to ECM Program and should the same date, or after the date on the referral form. Enter the date you discussed the program with the member and/or member's representative in the Date of Program Discussion. When a member is successfully enrolled in ECM, the Date of Program Discussion is considered the ECM Opt-In date. Enter a Progress Note to confirm member's enrollment into ECM. Please note that the member needs to be outreached to and enrolled within 5 days of receiving the member referral confirmation email.

Please note, for members who were Unable to Contact (UTC), are in a duplicative program, Member does not meet Population of Focus, or if the member does not agree to participate in ECM, a Closed Loop Referral Form needs to be completed in CCA. Do not a complete an ECM Enrollment Assessment.

See below for instructions on how to complete a CLR Form.

Successful Member Enrollment into ECM

Instructions	Screenshot
Access CCA and click on the **SEARCH** tab to enter the member's name	
Type in the member's **FIRST NAME, LAST NAME, and DATE OF BIRTH** (selecting **EXACT** DOB from the drop-down box), then select **FIND** Alternate Search Criteria are available using the following: • Medicaid # • Employer = CA	
Search Results will populate members' information. Select the member by clicking on the member's name. This will bring the member "into focus."	
When the member is selected, Eligibility status will appear at the top banner of the **Search Results** screen: a. ECM Eligible ONLY **No further enrollment actions are required if a member shows with ECM-Opt-In in the banner.**	

Select the **ASSESSMENTS** icon.	
Search for "ECM" in the "Name" field. **Select CA Enhanced Care Management (ECM) Enrollment.**	
Select **TAKE ASSESSMENT** (This may also sometimes say "retake assessment")	
Answer 🅐 **MEMBER AND ECM INFORMATION** 🆀 Questions *Note: Some criteria will auto-populate* **The Date of Program Discussion (found in the ECM Enrollment Assessment) should be the same date, or after, the eligible date or processing date per the subject line of the confirmation email sent by the ECM team**	

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Ⓠ Did you discuss / confirm eligibility for ECM?

If **Ⓐ YES**, if you were able to discuss eligibility with the member.

If **Ⓐ NO**, you prompted to **complete a Closed Loop Referral Form.**

Eligibility	
Ⓠ * Did you discuss / confirm eligibility for ECM?	Ⓐ ○ Yes ○ No

Eligibility	
Ⓠ * Did you discuss / confirm eligibility for ECM?	Ⓐ ○ Yes ⦿ No

If you selected No, this means you were not able to discuss/confirm eligibility for ECM with the member or member's representative. Complete the ECM Close Loop Referral Form and indicate why you were not able to enroll this member.

Note: The ECM Enrollment Assessment needs to be completed only for members your organization was able to enroll.

This section is to assess if the member is ECM Eligible

The Populations of Focus are automatically populated for ECM Eligible members (this should match what's in your organization's MIF or referral email):

- 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
- 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

Confirm that the member meets the criteria for each Population of Focus by selecting Yes

Member's Population(s) of Focus

In order to enroll in the ECM Program, the member must meet at least one Population of Focus.

Below are the member's pre-identified Population(s) of Focus (from the MIF or referral form). If the member meets the pre-identified Population(s) of Focus, select Yes, if the member does not meet, select No.

Population of Focus 1

Ⓠ Identified Population of Focus	Ⓐ Homelessness
Ⓠ Does member meet this criteria?	Ⓐ ⦿ Yes ○ No

Population of Focus 2

Ⓠ Identified Population of Focus	Ⓐ High Utilizer
Ⓠ Does member meet this criteria?	Ⓐ ○ Yes ○ No

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or No in question: Does the Member meet these criteria? **If PoF was not populated in the previous question, please select which PoF the member qualifies for in the question below.** **Please send an email to MHC_ECM@molinahealthcare.com if PoF was not auto populated.** The Populations of Focus definitions are found below the questions. We recommend always referring to the latest CalAim Enhanced Care Management Policy Guide from DHCS for these Populations of Focus to identify if the member meets the criteria.	
After answering **A** **YES** or **NO** to some questions in ECM Eligible section, select CONTINUE. If **A** **NO** is answered for all criteria questions, see section: **Member Does not Meet Populations of Focus Criterion.**	
This section assesses if members are enrolled in a duplicative program that would exclude them from enrolling in the Enhanced Care Management Program.	

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Ask the member the questions that appear in the window. If a member answers **NO**, proceed to the next window.

If a member answers **YES** to any of these questions, you will ask if the member accepts ECM in place of their existing Carse Manager.

Explain ECM Program to the member

Q **Does THE member agree to participate?** If **AGREE** is selected from the drop-down menu, click **CONTINUE**.	CA Enhanced Care Management (ECM) Enrollment Back | Continue | Save & Close | Restart | Abort | Add Task | Add Progress Note General Information > Member and ECM Information > Eligibility > Member's Population(s) of Focus > Population(s) of Focus > Additional Eligibility Questions > Explain ECM Program > **Eligibility - ECM** **Eligibility - ECM** **Q** * Does member/authorized representative agree to participate? If Agree is selected, the member will be enrolled into ECM. If Does not agree is selected, the member will not be enrolled into ECM. — **A** ● Agree ○ Does not agree Back | **Continue** | Save & Close | Restart | Abort | Add Task | Add Progress Note
THE ECM PROVIDER ASSIGNMENT screen will auto-populate the ECM Provider name with additional **Q** questions.	**ECM Provider Assignment** **Q** ECM Provider — **A** Auto-populates
If **A** **YES** to **Q** **Does member confirm ECM provider assignment?** 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.**	**Q** Does member confirm ECM Provider Assignment? — **A** ● Yes ○ No **Q** Does member confirm ECM Provider Assignment? — **A** ○ Yes ● No **Q** Provide Reason — **A** [ ] Back | Continue | Save & Close | Restart | Abort | Add Task | Add Progress Note
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.	Back | Continue | Save & Close | Restart | Abort | Add Task | Add Progress Note General Information > Member and ECM Information > Eligibility > Member's Population(s) of Focus > Population(s) of Focus > Additional Eligibility Questions > Explain ECM Program > Eligibility - ECM > **ECM Provider Assignment** **ECM Provider Assignment** **Q** ECM Provider — **A** [ ] **Q** * Does member confirm ECM Provider Assignment? — **A** ● Yes ○ No **Q** * Does member provide verbal agreement for data sharing related to care coordination through ECM? — **A** ● Yes ○ No **Q** Describe contact information — **A** [ ] Back | **Continue** | Save & Close | Restart | Abort | Add Task | Add Progress Note

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Describe contact information Provide contact phone numbers 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: • Ask the member to update their contact information with their Medi-Cal Caseworker • Add this information to the Address Book • Contact Molina's Member Services so they may update this in our system	
THE FINAL PAGE will appear indicating you have completed the Health Risk Assessment; this means you have now completed the ECM **Enrollment Assessment,** and the member has been opted in to ECM! **You must click the final *Continue* button here so the assessment saves.** •	
Final Step: Complete a Closed Loop Referral Progress Note and indicate that the referral loop has closed due to successful enrollment into ECM. See steps below on how to access and complete the CLR Form.	

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Closed Loop Referral Contact Form

Please follow the steps below on how to access the Closed Loop Referral Form in CCA:

Instructions	Screenshot
Step 1: Access the Progress Notes Module in CCA There are multiple ways to access Progress Notes module; the shortcut is displayed.	
Step 2: Click on **Add Progress Note** Under **Select template**, click the magnifying glass to search for the ***Contact Form*** template:	

Click **SELECT**	
Step 3: Fill out the contact form as appropriate Refer to the different Statuses: • Pending • Accepted • Outreach Initiated • Referral Loop Closed	
Step 4: Click **SAVE** **We recommend you review the contact form before you hit save.**	
Step 5: To Open the Contact Form you just saved, click on the entry to bring it into focus and then More Information. **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.**	

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Closed Loop Referrals Status Scenarios

Scenario #1: Pending - Molina ECM team provided a referral approval confirmation email to the ECM Provider, or the ECM Provider received a MIF, the ECM Provider will submit a CLR form if the Provider has not accepted or has not started outreaching the member.

    I.   Molina sent referral approval notification to ECM Provider with an effective date of 7/10/2025 or the ECM Provider received a new member on MIF

Scenario #2: Accepted – ECM Provider has accepted the referral or MIF member from Molina but ***has not started*** outreaching the member.

Scenario #3: Outreach Initiated – The ECM LCM completed initial outreach within five (5) business days of receiving the member referral from Molina's ECM Team. You will report Outreach initiated in the Referral Status question and will add the date your organization conducted initial outreach under the Date of Referral Status column. Please see example below:

I.   *Molina sent referral approval notification to ECM Provider with an effective date of 7/10/2025.*
II. *ECM Provider accepted the member and initiated first outreach on 7/12/25.*
III. *Member was not able to enroll due to Unable to Contact (UTC) on 7/12/25*
IV. *ECM LCM made the 2nd attempt to reach the member on 7/20/25, but member was UTC*
V.   *ECM LCM will complete a CLR Form in CCA on or before July 25th and report a status of Outreach Initiated and add **7/12/25** in the Referral Outreach Initiated Date field. (Please note: the initial outreach date will always the first outreach date, not the latest attempt). See screenshot below:*

Scenario #4: Referral Loop Closed – ECM Provider closed loop on member referral due to the examples below:

- Member agreed to enroll in ECM.
    I.   *Molina sent referral approval notification to ECM Provider with an effective date of 7/10/2025.*
    II. *ECM Provider accepted the member and initiated first outreach on 7/12/25.*
    III. *Member was not able to enroll due to Unable to Contact (UTC) on 7/12/25*
    IV. *ECM LCM made the 2nd attempt to reach the member on 7/20/25, but member was UTC*
    V.   *ECM LCM will complete a CLR Form in CCA on or before July 25th and report a status of Outreach Initiated and add 7/12/25 in the Referral Outreach Initiated Date field.*

VI.   ECM LCM conducts the 3rd attempt of outreach on August 2nd and is able to speak to the member and the member agrees to enroll in ECM.

VII.   ECM LCM is to complete a CLR Form and reports that the member agrees to enroll on 8/2/25. See example below.

- Member agrees to Enroll in ECM

- ECM Provider declines referral or MIF Member due to the member not qualifying for a Population of Focus

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- Member is no longer eligible for ECM services due to the member losing Medi-Cal coverage and member is not enrolled in ECM.

- Member no longer needs ECM services or declined services.

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 when a letter has been mailed and when they are unable to mail a letter via contact form (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 (Pre-Enrollment)	To be mailed when a **MIF or referred member** is unable to be contacted (UTC). The 5th attempt. Do not mail this letter to a member who is already enrolled in ECM.
ECM Welcome Letter (Post Enrollment)	To be mailed to **newly enrolled** members. If the member meets program requirements and agrees to enroll in ECM, the ECM Welcome Letter is timely sent to the member within three business days from ECM Opt-In. Do not mail this letter to a member not enrolled in ECM.
ECM Care Plan Letter (initial and updates) **(Post Enrollment)**	To be mailed to an **enrolled member** 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) 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. Do not mail this letter to a member not enrolled in ECM.
ECM PCP Care Plan Letter **(Post Enrollment)**	To be mailed to the **enrolled member's PCP** 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. Do not mail this letter if the member has not enrolled in ECM.
ECM Post Opt-In UTC Letter **(Post Enrollment)**	To be mailed to an **enrolled member** who is unable to be reached following the UTC process. The 4th attempt. Do not mail this letter to a member not enrolled in ECM.

ECM Post Opt-In Decline Letter **(Post Enrollment)**	To be mailed to an enrolled member when the member declines further participation in the program. Do not mail this letter to a member not enrolled in ECM.
ECM PCP Notification Letter **(Post Enrollment)**	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 **(Post Enrollment)**	To be mailed to **enrolled member's PCP) if the member indicated "several days" or more responses on the PHQ-9 questions section when completing the Comprehensive Assessment. This letter is unavailable in CCA; Molina ECM Team has provided the template.**

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

Comprehensive Assessments

Activities in the Comprehensive Assessment and Care Management Plan core service must include, but are not limited to:

- Engaging with each Member (and/or their parent, caregiver, guardian) authorized to receive ECM, preferably through in-person contact.
- When in-person communication is unavailable or does not meet the needs of the Member, the ECM Provider must use alternative methods (including innovative use of telehealth) to provide culturally appropriate and accessible communication in accordance with Member (and/or their parent, caregiver, guardian) choice.
- Identifying necessary clinical and non-clinical resources that may be needed to appropriately assess Member health status and gaps in care and may be needed to inform the development of an individualized Care Management Plan.
- Developing a comprehensive, individualized, person-centered care plan with input from the Member (and/or their parent, caregiver, guardian) as appropriate to prioritize, address, and communicate strengths, risks, needs, and goals. The care plan must also leverage Member strengths and preferences and make recommendations for service needs.
- In the Member's care plan, incorporating identified needs and strategies to address those needs, including, but not limited to, physical and developmental health, mental health, dementia, SUD, LTSS, oral health, palliative care, necessary community-based and social services, and housing.
- Ensuring the Care Management Plan is reviewed, maintained, and updated under appropriate clinical oversight

Comprehensive Assessment

Once a member has been enrolled into ECM, a comprehensive assessment must be conducted and a care plan developed. The Comprehensive Assessment was designed as a tool for the ECM LCM to assess the member's health needs and assist in the development of the member's goals and steps that will support the member's overall health and wellness:
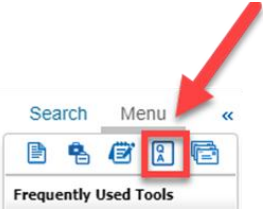
- The ECM LCM must start the Comprehensive Assessment within 30 days of ECM Opt-In and must complete it with 60 days of ECM Opt-In. For members who are 21 years of age or older, the Adult Comprehensive Assessment must be administered. For members who are 20 years of age or younger, the Child/Youth Comprehensive Assessment must be administered. Comprehensive Assessment templates are found in the **Attachments** section of this manual.
- The Comprehensive Assessment is the foundation of the care plan and must be completed prior to completing the care plan.
- All sections of the Comprehensive Assessment need to be completed, or if a section is not applicable, the reason is documented.
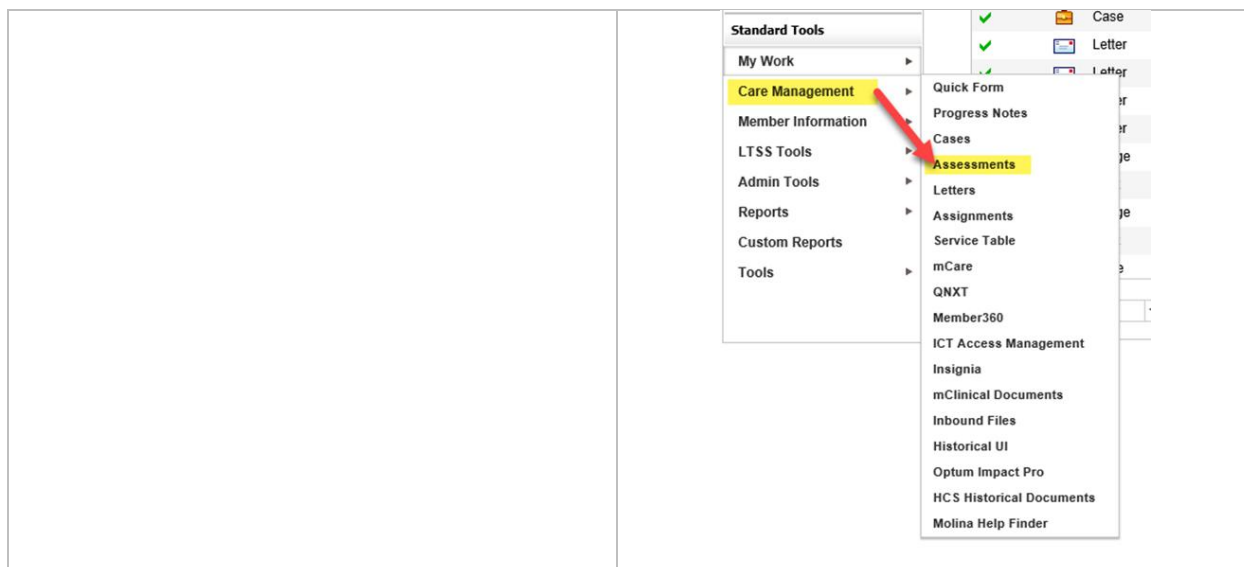
- The ECM LCM may use other tools or assessments (e.g., condition-specific assessments), in addition to the Comprehensive Assessment, however, these assessments do not replace the Comprehensive Assessment. If completing additional condition-specific assessments or other tools, the ECM LCM should incorporate findings from all available assessments when completing the Care Plan.
- There must be documentation of the member's health status based on responses to Comprehensive Assessment in CCA.
- ECM Providers are required to document the completion of the Comprehensive Assessment, including all attempts made toward the completion of the Comprehensive Assessment (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.
- The ECM LCM needs to narrow down the member's main health concern to **at least** 1 to 2 health conditions based on the completed Comprehensive Assessment. The Care Plan will need to be created based on the member's main health concern,

Medi-Cal SPD Members

If a member changes their Medi-Cal plan to Seniors and Persons with Disabilities, known as Medi-Cal SPD, the ECM LCM must ensure the member has a completed Comprehensive Assessment on file no later than 30 days of the member's enrollment into Medi-Cal SPD. Molina's ECM Team will send notification when this occurs, along with reminders and due dates.

Follow the steps below to access the Adult and/or the Child and Youth Comprehensive Assessments in CCA:

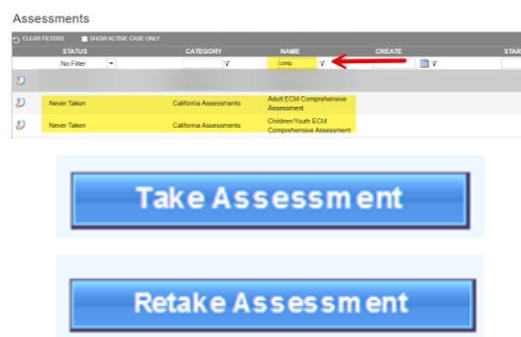| Instructions	Screenshot
Step 1: Access the **Assessment** module There are multiple ways to access Assessments, the shortcut is displayed.	 OR

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Step 2:

Select Assessment

Under Category type in COMP to filter the list

Select California Assessments **[Adult ECM Comprehensive Assessment or Child/Youth ECM Comprehensive Assessment]**

Click **Take assessment**

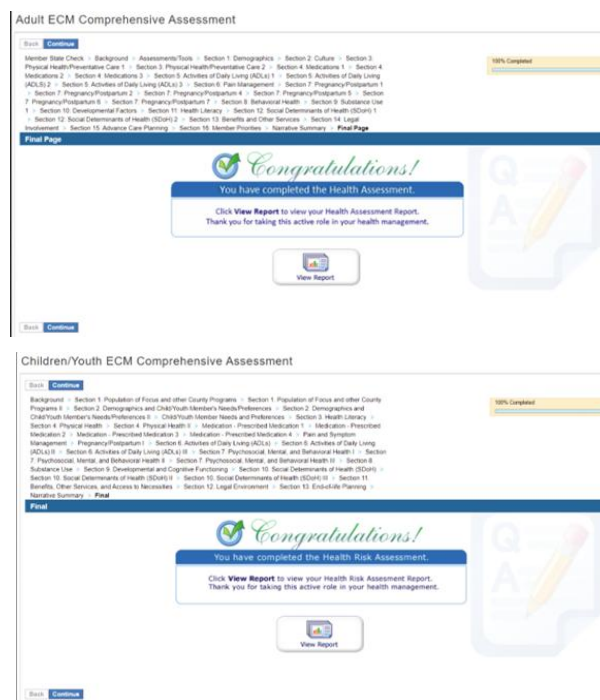Or **Retake** if it was previously completed.

Step 3:

Complete Assessment

Complete the assessment with the member in its entirety. Ensure that all questions are addressed and answered. Provide additional detail in Narrative Summary fields to include Primary Needs Identified from Assessment and Next Steps.

The final Screen is displayed with the option to view the completed assessments.

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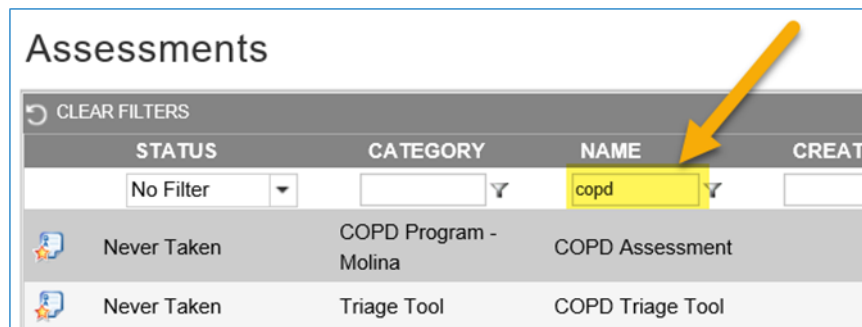
Steps for Assessing Members

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.

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Enhanced Care Management Assessments

The following condition-specific assessments are recommended but not required to be utilized as appropriate for the member, depending on responses per the Adult and/or Child and Youth Comprehensive Assessment. Condition-specific assessments should be completed as needed to monitor the member's conditions and related symptoms. Please note that the following assessments do not replace the Comprehensive Assessments. If completing additional condition-specific assessments or other tools, the ECM LCM should incorporate findings from all available assessments when completing the Comprehensive Assessment.

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. CKD - *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

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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):
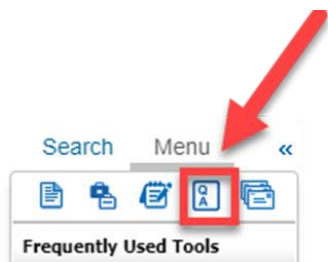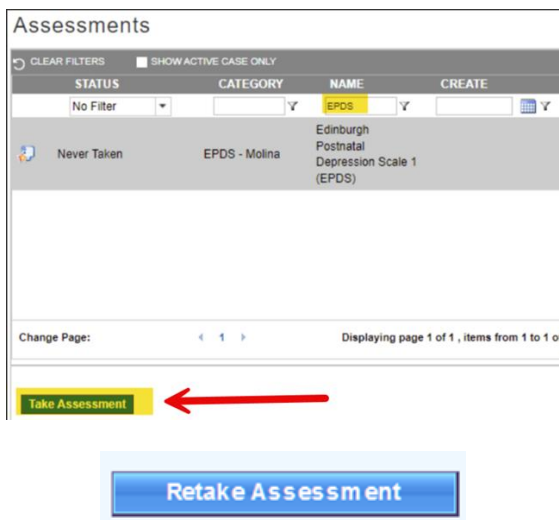
Edinburgh Postnatal Depression Scale (EPDS) Screener

The Edinburgh Postnatal Depression Scale (EPDS)screener is a 10-question screening tool designed to identify adults with symptoms of depression, anxiety, or thoughts of self-harm in new and expecting mothers located within the Adult Comprehensive Assessment.

This is an additional assessment that can be found in CCA for members who meet the criteria.

Follow the steps below to prompt the Edinburgh Postnatal Depression (EPDS) in CCA:

Instructions	Screenshot
Step 1: **Access Module** There are multiple ways to access Assessments, the shortcut is displayed.	
Step 2: **Select Assessment** Under Category type in CA to filter the list Select Edinburgh Postnatal Depression Scale 1 (EPDS) Click **Take assessment** Or **Retake** if it was previously completed.	

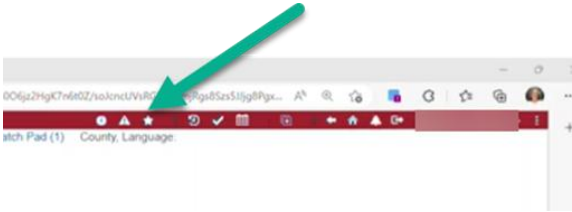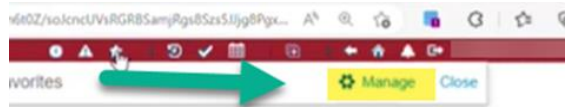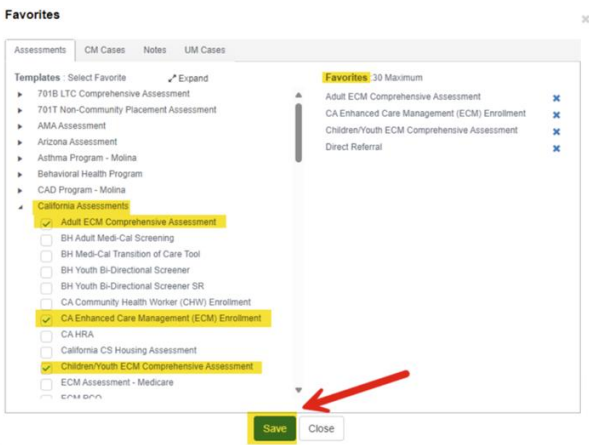|	
Step 3: **Complete Section Postnatal Depression I with the member.**	 Edinburgh Postnatal Depression Scale 1 (EPDS)
Step 4: **Complete Section Postnatal Depression II** Select the drop-down option that best describes how the member feels.	 Edinburgh Postnatal Depression Scale 1 (EPDS)
Step 5: **Complete the Assessment** Complete the assessment with the member. The final Screen is displayed with the option to view the completed assessment. Click **Continue**.	 Edinburgh Postnatal Depression Scale 1 (EPDS)
Step 6: **Scoring** After the EPDS screener is completed, open the EPDS screener to review score	• Score of 9 and above: consult with clinical consultant and supervisor. • Score of 13 and above: consult with clinical consultant and supervisor and initiate referral for behavioral health Positive score (1, 2, or 3) on question 10: immediate discussion required: consult with clinical consultant and supervisor and initiate referral for behavioral health.

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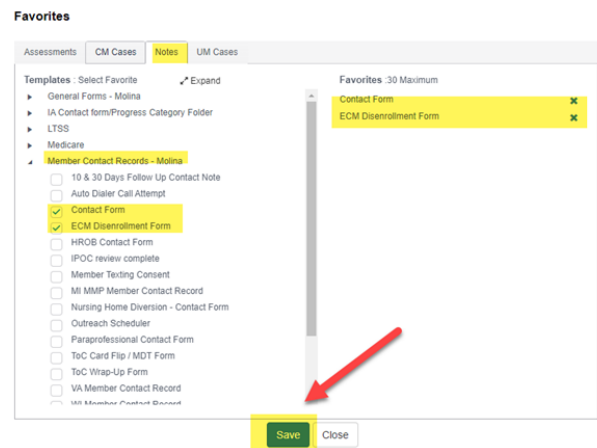| Step 7:	Please refer to the ECM Care Plan Guide to develop the problem, goal, outcome, and intervention.
Complete the ECM Care Plan	
Note:	The member has the right to silence their goal, intervention, and outcome in the ECM Care Plan. Please note that each part of the ECM Care Plan must be silenced individually using the yellow file beside the goal, intervention, and outcome. Refer to Care Plan section on how to silence PGIOs.

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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**:

Instructions	Screenshot
Step 1: To access your Favorites, select the star icon at the top right-hand section.	
Step 2: Select "Manage"	
Step 3: Select your commonly used **Assessments** from the available Template list (make sure to select appropriate assessments) and select "Save."	

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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**."
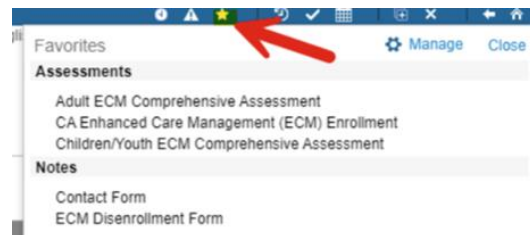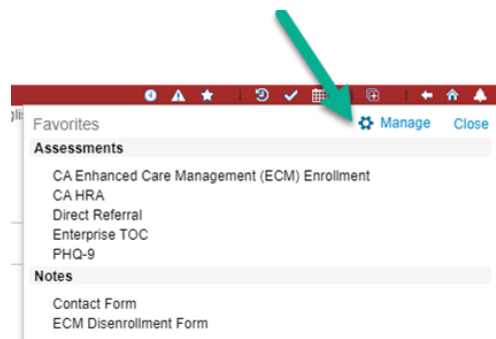

Step 5:

Select "**Close**."

Step 6:

Access your favorite assessments/forms by selecting the star icon at the top right hand section.

Step 7:

If you need to modify your favorite assessments/forms, select "Manage"

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Step 8:

Select the "**X**" next to the assessment or form that you wish to remove from your favorites.