

Sacramento County Enhanced Care Management (ECM) Benefit Exclusionary Screening Checklist

*DHCS outlined approaches to program coordination and the prevention of non-duplication with ECM services: **Absolute, Duplicative, and Wrap.***

There are 3 steps to the screening and referral process:

- **Step 1:** Complete the **Population of Focus Screening Checklist** to confirm member eligibility for **one or more** Populations of Focus.
- **Step 2:** Complete this **Exclusionary Screening Checklist** as a **2nd step**
 - To confirm eligibility
 - To identify duplicative programs for which the member must choose, and
 - To identify potential programs that the member can be enrolled in while also in ECM, which will require coordination of services
- **Step 3:** If you determine the member **to be eligible for ECM** based on **both Screening Checklists**, complete the **ECM Referral Form** and send securely to the member’s Managed Care Plan for review, with the completed **Population of Focus Screening Checklist also attached**. Note, the Exclusionary Checklist is not required as an attachment.

Exclusionary Screening Checklist

Active Medi-Cal

Individual must have active Medi-Cal status and assigned to a Managed Care Plan.

1. Non-active Medi-Cal
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
2. Fee-for-Service Medi-Cal
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

Absolute Exclusion Criteria

Medi-Cal beneficiaries enrolled in the programs below are excluded from ECM.

3. Cal MediConnect
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
4. Hospice
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
5. Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs)
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.
6. Program for All Inclusive Care for the Elderly (PACE)
If box is checked, **STOP**. Member **does not** meet eligibility criteria.
If box is not checked, move on to next question.

Duplicative Programs – Either ECM or Other Program

Members who are enrolled in the below duplicative programs have a choice of continuing enrollment in these programs or enrolling in ECM. The member maintains the right to choose or switch between ECM and other duplicative care management programs. We encourage members to choose the program that best meets their needs.

7. Member is currently enrolled in one of the following **1915 Waiver Programs:**

- Multipurpose Senior Services Program (MSSP)
- Assisted Living Waiver (ALW)
- Home and Community-Based Alternatives (HCBA) Waiver
- HIV/AIDS Waiver
- HCBS Waiver for Individuals with Developmental Disabilities (DD)
- Self-Determination Program for Individuals for Individuals with I/DD

If a box is checked, **STOP**. Member has a choice to continue in their existing 1915 Waiver program or switch to ECM. Please consult with the 1915 Waiver program if possible.

If box is not checked, move on to next question.

8. Member is currently enrolled in one of the following **Managed Care Programs:**

- Basic Case Management
- Complex Case Management

If a box is checked, **STOP**. Member has a choice to continue in their existing Case Management program or switch to ECM. Please consult with Case Management program if possible.

If box is not checked, move on to next question.

9. Member is currently enrolled in one of the following **Other Programs:**

- California Community Transitions (CCT)

If box is checked, **STOP**. Member has a choice to continue in their existing CCT program or switch to ECM. Please consult with the CCT program if possible.

If box is not checked, move on to next question.

ECM as a “Wrap” – Can be in Both Programs

Members can be enrolled in **both** ECM and the other program. ECM enhances and coordinates across other care/case management programs. These programs are considered to be complementary to ECM.

The below programs are not exclusionary for ECM. Knowledge of the member’s “wrap” programs will require coordination of care activities by the ECM provider.

10. Member is currently enrolled in one of the following **Non-Managed Care Programs:**

- California Children’s Services (CCS)
- County-based Targeted Case Management (TCM)
- Specialty Mental Health (SMHS) TCM
- SMHS Intensive Care Coordination for Children (ICC)
- Drug Medi-Cal Organized Delivery Systems (DMC-ODS)

11. Member is currently enrolled in one of the following **Managed Care Programs**:

- CCS Whole Child Model
- Community Based Adult Services (CBAS)

12. Member is currently receiving coverage for Members **Dually Eligible for Medicare and Medicaid**. *Note: Dually eligible members can receive ECM if they meet ECM Population of Focus criteria*

- Dual Eligible Special Needs Plans (D-SNPs)
- D-SNP Look-alike Plans
- Other Medicare Advantage Plans
- Medicare FFS

13. Member is currently enrolled in one of the **Other Programs**:

- AIDS Healthcare Foundation Plans
- Adult Full Service Partnership (FSP) *Note: Recommend ECM Providers coordinate with FSP programs to ensure non-duplication of services.*