Implementers' Perspectives on the Present and Future of Enhanced Care Management (ECM) for Children and Youth
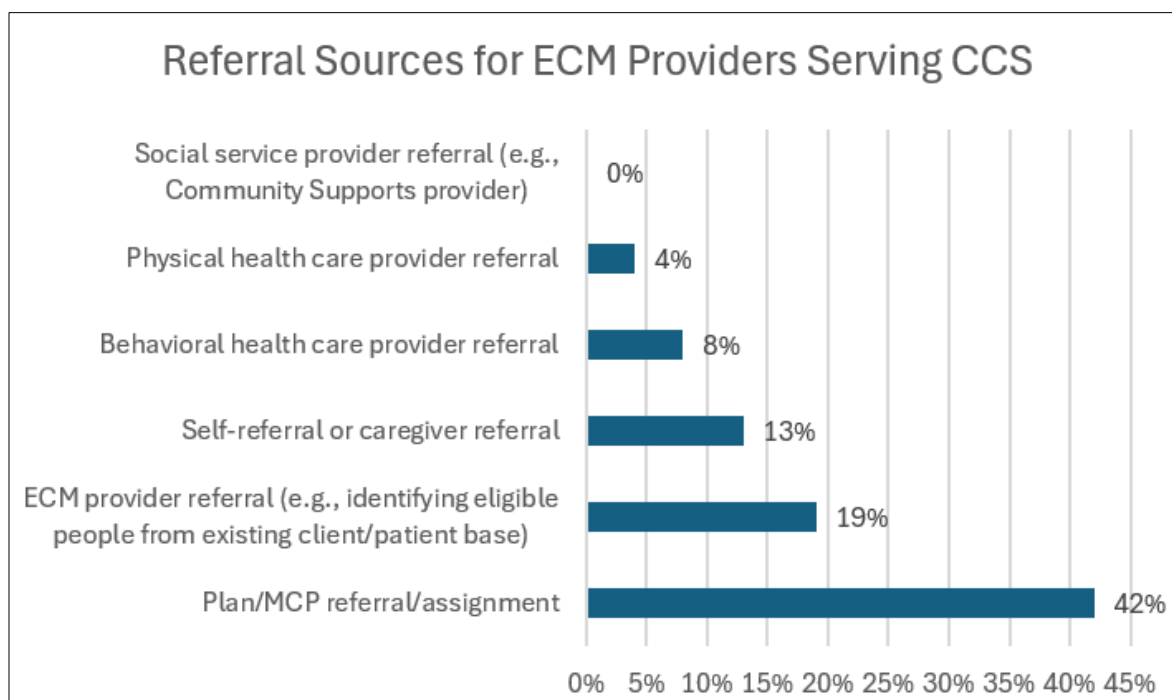
Medi-Cal, California's Medicaid program, is working to make the health system more coordinated, person-centered, and equitable through the California Advancing and Innovating Medi-Cal (CalAIM) initiative. Enhanced Care Management (ECM) is a benefit under CalAIM which intends to better support children and youth with complex clinical and non-clinical needs who access care across multiple delivery systems. Through ECM, children would have a single Lead Care Manager who will coordinate care and services across health and social services delivery systems to help children access the right care at the right time.

In August 2024, the Lucile Packard Foundation for Children's Health, in partnership with the California Health Care Foundation, contracted Goodwin Simon Strategic Research to conduct a survey of over 900 CalAIM implementers falling under six subgroups (see Appendix A). The purpose of the survey was to collect data on implementation challenges and opportunities for ECM, with a focus on the experiences of implementers serving California Children's Services (CCS) beneficiaries and their families. 248 (26.2%) of the surveyed implementers specialize in serving child populations. This subgroup includes both those who are contracted to provide ECM and/or Community Supports (CS) and those who are not contracted.

Key Findings: CalAIM Implementers' Experiences and Outlook on ECM

Referral Sources for the Enrollment of CCS Children

42% of ECM providers serving the CCS population selected "Plan/MCP referral/assignment" as the most common way they receive ECM referrals. 0% of providers selected "Social service provider referral (e.g., Community Supports provider)" as the referral source.

Referral Sources for ECM Providers Serving CCS

Referral Source	Percentage
Social service provider referral (e.g., Community Supports provider)	0%
Physical health care provider referral	4%
Behavioral health care provider referral	8%
Self-referral or caregiver referral	13%
ECM provider referral (e.g., identifying eligible people from existing client/patient base)	19%
Plan/MCP referral/assignment	42%

Although 95,000 children and youth in CCS are estimated to be eligible for ECM, only 4,040 CCS children are currently enrolled in the ECM benefit (DHCS)[1]. ECM providers shared outreach challenges that could contribute to low enrollment numbers for CCS children. These challenges include 1) lack of access to language translation in the agencies to which families are referred; 2) long wait times for approval of referral clients in the system; 3) minimal and sometimes inaccurate information provided by the MCP when sending Member Information Files (MIFs); and 4) inaccessible language about the ECM benefit in the state's (California) communications.
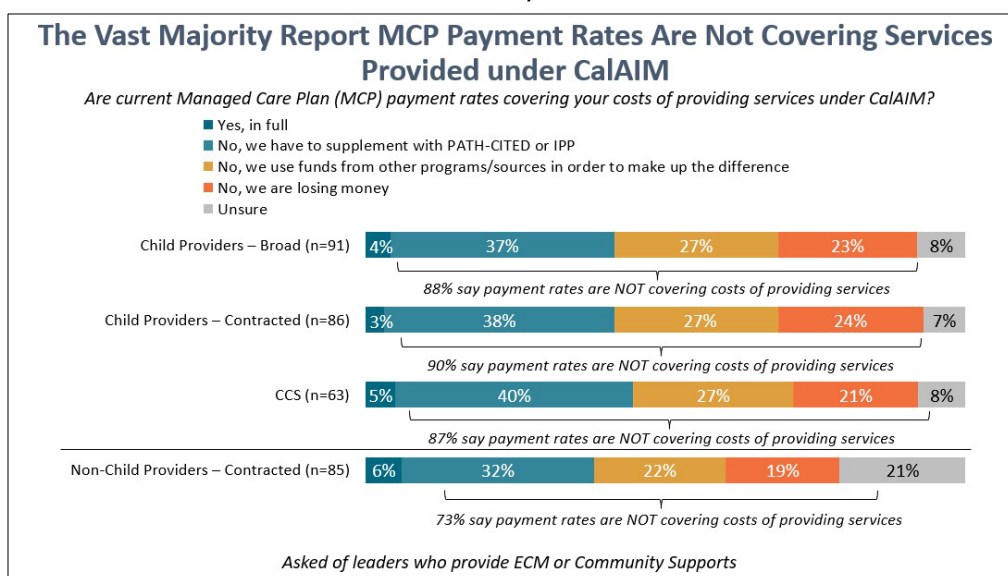
Overall Effectiveness of ECM Implementation

Implementers have mixed views about the current effectiveness of ECM implementation, but there is optimism about the potential for ECM to be improved. Most respondents serving the CCS population (62%) selected "Very Confident" or "Somewhat Confident" when asked about the capacity for processes, protocols, and workflows to become more effective over time.

> "I do believe CalAIM has the potential to eliminate health care disparities [but I]…worry that the approach is too complex. The MCPs are allowed to create such variable systems and data requirements—leaving end users to often change systems or be held accountable to deliver care without any reimbursement."
> – ECM Provider for CCS/Child Welfare Population of Focus (POF), SoCal

Implementation and Sustainability of ECM Service Provision

Implementers were asked about the usage of resources available to support ECM implementation and the helpfulness of those resources. 86% of ECM providers serving the CCS population reported using the Department of Health Care Services (DHCS) webinars, making it the most used implementation resource. Grants from Medi-Cal Managed Care Plans (MCPs) through the Incentive Payment Program (IPP) is the resource that most providers serving the CCS population (95%) reported to be "Somewhat helpful" and "Very Helpful."

Most implementers reported that MCP payment rates do not cover the cost of providing ECM and identified this issue as a top challenge. 87% of respondents supporting the CCS population said that payment rates do not cover the costs of providing ECM services, and one in five respondents reported that they are losing money by providing ECM services. Despite this result, most ECM leaders, including 65% of providers serving the CCS population, selected "Increase scale and/or scope of services" as their intention for ECM in the next year.

The Vast Majority Report MCP Payment Rates Are Not Covering Services Provided under CalAIM

Are current Managed Care Plan (MCP) payment rates covering your costs of providing services under CalAIM?

Legend:
- Yes, in full
- No, we have to supplement with PATH-CITED or IPP
- No, we use funds from other programs/sources in order to make up the difference
- No, we are losing money
- Unsure

	Yes, in full	No, supplement with PATH-CITED or IPP	No, funds from other programs	No, losing money	Unsure
Child Providers – Broad (n=91)	4%	37%	27%	23%	8%
Child Providers – Contracted (n=86)	3%	38%	27%	24%	7%
CCS (n=63)	5%	40%	27%	21%	8%
Non-Child Providers – Contracted (n=85)	6%	32%	22%	19%	21%

88% say payment rates are NOT covering costs of providing services (Child Providers – Broad)
90% say payment rates are NOT covering costs of providing services (Child Providers – Contracted)
87% say payment rates are NOT covering costs of providing services (CCS)
73% say payment rates are NOT covering costs of providing services (Non-Child Providers – Contracted)

Asked of leaders who provide ECM or Community Supports

---

[1] "ECM Members Data", California Department of Health Care Services (DHCS), https://storymaps.arcgis.com/collections/a07f998dfefa497fbd7613981e4f6117?item=4

77% of providers serving the CCS population shared that community health workers / promotores / community health representatives are part of their program, citing the ability of community-based health workers to connect with potential clients around common life experiences and to reach racially/ethnically diverse communities including LGBTQ+ and persons with disabilities, as benefits to engaging this workforce.

The Path Forward: Improving ECM for Providers, Children, and Families

> "This is truly a great program that makes a difference in people's lives. We are housing people that previously lived in cars with their kids. We are preventing hospital readmissions and reducing Emergency Dept. visits." – Leader, Child Welfare, Multiple Regions

Although there is uncertainty about potential changes to the Medi-Cal program, the findings of this survey underscore the importance of California's continued investment in ECM. Despite challenges with the implementation of ECM services, most providers are optimistic that the program has high cost-saving potential and could meet many patient/family needs through improved coordination.

Lowering barriers to ECM implementation and reporting may help to foster a growing network of providers and increase their capacity to serve children and youth with complex needs, including CCS beneficiaries. Key recommendations for improving the effectiveness of ECM implementation include 1) resolving referral challenges experienced by ECM providers and 2) addressing payment rate issues to support sustainability and scalability.

Appendix A: Definitions of CalAIM Implementer Subgroups

The subgroups of implementers who participated in the survey are defined below. The findings in this fact sheet focus on the experiences of providers contracted to provide ECM services to children and youth enrolled in California Children's Services.

- **CCS**: Providers contracted to serve *Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition*.
- **Child Providers – Broad**: Providers who specialize in serving child patients/clients (including both those who are contracted to provide ECM and/or Community Supports (CS) and those who are not contracted). This includes providers who report that:
    - o Children and youth make up more than 50% of their patient/client population
    - o They are a medical provider with a pediatric specialty
    - o They are contracted to serve CCS or Child Welfare populations POF
- **Child Providers – Not Contracted**: Providers who specialize in serving child patients/clients, but who are not contracted to provide ECM and/or Community Supports to either the CCS or Child Welfare population.
- **Child Providers – Contracted**: Providers contracted to provide ECM and/or Community Supports to either the CCS or Child Welfare population (or both).
- **Child Welfare**: Providers contracted to serve *Children and Youth Involved in Child Welfare.*
- **Non-Child Providers – Contracted**: Providers contracted to serve at least one ECM population of focus not including CCS or Child Welfare.

Appendix B: Related Resources on ECM

- [Enhanced Care Management (ECM) Benefit for Children and Youth Populations](#) (Children Now)
- [More California Kids with Disabilities Are Enrolled in a New Health Program, But Is It Helping?](#) (California Health Report)
- [New Opportunities with Enhanced Care Management](#) (California Children's Trust | UCSF)
- [CalAIM Experiences: Implementer Views in Year Three of Reforms](#) (California Health Care Foundation | Goodwin Simon Strategic Research)