**SANTA CLARA FAMILY HEALTH PLAN**

**2021 ENHANCED CARE MANAGEMENT PROVIDER READINESS ASSESSMENT**

Santa Clara Family Health Plan (SCFHP) is launching Enhanced Care Management (ECM) on January 1, 2022, which is a new Medi-Cal Managed Care benefit and the first of two initiatives under the Department of Health Care Services’ (DHCS) California Advancing and Innovating Medi-Cal (CalAIM) initiative. All providers interested in contracting with SCFHP to provide ECM services to SCFHP members are required to submit a completeed ECM Provider Readiness Assessment and participate in the full certification process. This ECM Provider Readiness Assessment is intended to ensure the interested ECM provider provides satisfactory evidence of meeting the ECM requirements as outlined in DHCS’s CalAIM Proposal. For more information on CalAIM and ECM, go to: <https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>.

All ECM providers must have the ability and capacity to provide all of the following six core services:

* Comprehensive Assessment and Care Management Plan
* Enhanced Coordination of Care
* Health Promotion
* Comprehensive Transitional Care
* Member and Family Supports
* Coordination of and Referral to Community and Social Support Services

To qualify for and be authorized as an ECM Provider, your entity must be one of the following types of organizations and be able to meet the qualifications and perform the duties as outlined in this readiness assessment:

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| * Accountable care organization * Federally qualified health center * Primary care or specialist physician or physician group * City/county government agency * Community-based organization * Community mental health center * County-based behavioral health * Other behavioral health entity * SUD treatment provider | * Rural health center/Indian health center * Local health department * Hospital or hospital-based physician group or clinic (including public hospital or district/municipal public hospital) * Housing provider * Independent physician * Jail-based organization * School/school-based organization * Other (describe) |

**Populations of Focus**

ECM requires providers to specify the target populations for which they have the ability and capacity to serve. The target population descriptions under ECM may vary from other programs, so it important to review the ECM Target Populations Descriptions to determine the appropriate target population(s) for your organization, and to review the specific required services for that population that are to be addressed in your readiness assessment. The document may be accessed at: <https://www.dhcs.ca.gov/provgovpart/Documents/6422/ECM-Target-Pop-Descriptions-021920.pdf>.

**Please** **indicate which target population(s)** **for which this application is submitted:**

Children or youth with complex physical, behavioral, developmental, and oral health needs (e.g., California Children Services, foster care, youth with Clinical High-Risk syndrome or first episode of

psychosis)

Individuals experiencing homelessness, chronic homelessness, or who are at risk of experiencing homelessness, with complex health and/or behavioral health conditions

High utilizers are members with multiple hospital admissions, OR multiple short-term skilled nursing facility stays, OR multiple emergency room visits

Individuals at risk for institutionalization, eligible for long-term care

Nursing facility residents who want to transition to the community

Individuals at risk for institutionalization who have a co-occurring chronic health conditions and: Serious Mental Illness (SMI), children with Serious Emotional Disturbance (SED) or Substance Use

Disorder (SUD)

Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community

**Instructions for Evidence**

Suggested evidence is required to be submitted for each section of the ECM Provider Readiness Assessment. Examples of permissible evidence are policies and procedures, program overviews and descriptions, organization and department charts, workflows, etc. Please include in the *Submitted Evidence* column the names of the files intended to submit with the completed readiness assessment. Use a naming convention that indicates the *Section*, *Required Area*, and target population for submitted evidence (e.g., 1A-Data Elements-Homeless). If you are submitting multiple documents for the same *Section* and *Required Area*, please add an additional identifier to the naming convention for further ease of identifying your documents and by target population (e.g., 1A-Data Elements-Policy-Homeless, 1A-Data Elements-Procedure-SNF Transition).

Guiding principles to keep in mind as you prepare your readiness assessment:

* The recommended evidence submitted to meet the required area criteria should be specific to the target population(s) for which the application is submitted as each target population may require specific types of documents, such as policies and/or procedures to demonstrate compliance with the criteria. If there is more than one population that is included in the assessment, be sure to identify the target population that is being addressed within the evidence.
* The expectations for providing ECM services are set forth in the *Required Area* sections of this assessment. Please review these expectations within your organization to ensure that you have a clear understanding of them, and are prepared to deliver the services. There may be additional discussion and/or requirements for specific target populations so it is important to review the ECM Target Populations document that is referenced above.
* The *Required Evidence* section is where you will provide information that describes in detail how your organization will implement the ECM services to meet the expectations of the program. Please be clear and concise in your submissions so that reviewers will understand how your organization provides ECM services.

**Process Overview**

**Phase 1 – Initial Readiness Assessment**: Beginning on **April 30, 2021**, SCFHP will release the ECM Provider Readiness Assessment. Entities interested in becoming an ECM provider will submit their readiness assessment outlining how they will meet the required services under ECM and provide evidence on their current services that will meet and/or expand to meet the needs of SCFHP members. SCFHP will review all submitted readiness assessments and corresponding documentation. SCFHP may request additional information or clarification as needed. **Please complete the ECM Provider Readiness Assessment and submit it with the required evidence to SCFHP by no later than COB on 5/24/2021. All documents should be emailed to** [**ECMILOS@scfhp.com**](file:///C:/Users/jessicab/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/2PAJRLD5/ECMILOS@scfhp.com)**.**

**Post-Initial Readiness Submission**: SCFHP will review all submitted readiness assessments and evidence, and will respond to individual entities with requests for additional information or clarification for areas of the assessment that do not satisfy the ECM requirements.

**Virtual Site Visits**: Between **June 28, 2021 and July 9, 2021**, SCFHP will conduct virtual site visits with each of interested entities that submitted a complete readiness assessment. During the site visit, we will review the submitted readiness assessment and discuss any sections of the assessment that do not meet the ECM requirements. It is estimated that the site visits may be one to two hours.

**Phase 2 – Final Readiness Assessment**: After the site visit, interested entities have until COB on August 15, 2021 (subject to change based on updated DHCS guidelines/requirements) to submit any final evidence as indicated in the *Required Area* sections of this assessment. Please note that additional site visits may be required, which will be determined on a case by case basis.

**Readiness Support**: SCFHP is available to work with you over the course of completion of your readiness assessment and post submission to ensure ECM requirements are satisfied. If the ECM requirements are not met, SCFHP will not grant certification nor enter into a contract.

**Questions**

If you have any questions, please reach out to SCFHP by email at [ECMILOS@scfhp.com](mailto:ECMILOS@scfh.com).

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| **ECM Provider Name:** |  |
| **Program Services: Check the boxes next to any of the programs in which your entity is participating** | ☐ Whole Person Care in Santa Clara County ☐ Health Homes Program in Santa Clara County  ☐ Targeted Case Management in Santa Clara County ☐ None of the above |

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| **DATA COLLECTION, SHARING AND REPORTING** | | | | |
| **Section** | **Required Area: Data Elements** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **1A** | Providers are required to have the technical ability to collect, track, and report monthly on the following required data elements:   1. Member statuses:    1. Outreach attempts    2. Enrollment (consented)    3. Consent date    4. Disenrolled Date    5. Exclusion Date 2. Number of initial health action plans completed and within 90 days    1. Date HAP was completed 3. Members who declined services and reason (decline pre-enrollment) 4. Members determined ineligible and reason as categorized by the following: 5. Not eligible; well-managed 6. Declined to participate 7. Unsuccessful engagement 8. Duplicative program 9. Unsafe behavior or environment 10. Not enrolled in Medi-Cal managed care 11. Average number of ECM Lead Care Managers during the month     1. Number of cases per case manager 12. The cumulative, unduplicated count of homeless ECM members who are: 13. Defined as *Homeless* or *at risk for homelessness* during the month 14. Homeless at any point during their enrollment in ECM 15. No longer homeless as of the last day of the month | * An overview of your care coordination system that describes the workflow and data elements needed to collect, track, and report on the required data elements. * Description of any additional software solutions that will be used to support the infrastructure of your care coordination system. * Screenshots of the application(s)/modules(s) that support collecting, tracking, and reporting on the required data elements.   NOTE: Evidence should provide a standardized outline of where/how all data is collected. If data is not collected at the provider site(s), documentation should show how your entity intends on collecting the data as part of member records. |  |  |
| **Section** | **Required Area: Systems** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **1B** | Providers must utilize Health Information Technology (HIT) to ensure communication flow among the entire care team (including the member/family support, PCPs, and ILOS providers). Requirements are:   * Include the percentage of HHP providers that are covered under “Meaningful Use” requirements and a description of the operating systems and access links. * When HIT is not available, ECM Lead Care Managers must ensure that the HAP and other relevant documentation is successfully shared with the PCP via secure e-mail, fax, etc. * Must have the ability to implement a new data sharing platform at service sites to share and exchange care plans and member information with SCFHP and other providers as needed. If not able to implement a new system, you must be able to create new processes to meet the data requirements, including data sharing with SCFHP and other providers as needed. | * Evidence of how your care coordination system or additional software solutions ensure communication among the entire care team. * Screenshots of the application(s)/modules(s) that support the requirements. * If HIT is not available, processes and mechanisms for document sharing. |  |  |
| **Section** | **Required Area: Data Exchange** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **1C** | Providers must establish the capability to log into and connect to SCFHP’s secured system to retrieve ECM assignment files and send monthly and annual reports. Every month, providers must have the ability to:   1. Retrieve assignment files that contain SCFHP members assigned to receive ECM services by your entity. The assignment files will be in pipe-delimited text format. 2. Deliver the same assignment files back to SCFHP with added member-specific data on engagement status and the data elements listed under Section 1A. 3. Submit encounter data and claims.   Providers shall submit Clean Claims to SCFHP electronically through a contracted clearinghouse in a HIPAA standard 837-5010 format that shall contain valid ICD, CPT and HCPCS codes, as applicable. | Attestation of your entity’s ability to connect to SCFHP’s secured system and retrieve and submit files and meet all of the stated requirements for submitting Clean Claims to SCFHP.  NOTE: Participation and successful completion of SCFHP’s file testing process is required to be certified as an ECM provider. |  |  |

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|  | **OUTREACH AND ENGAGEMENT STRATEGIES** | | | |
| **Section** | **Required Area: Outreach and Engagement** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **2A** | All providers must assume responsibility for conducting outreach and engaging each assigned member into ECM. Providers must:   * Conduct outreach in-person, by phone, by mail, by email, etc. Provider should be able to prioritize in-person contact where the member lives, seeks care or is accessible, when it is deemed safe to do so; * Conduct outreach promptly after ECM authorization; * Engage all target populations for which each ECM provider is responsible; * Prioritize engagement of those with the most immediate needs; * Establish contact with the member through multiple community-based modalities as appropriate to each member; * Use the following modalities, as appropriate, if in-person modalities are unsuccessful or to reflect a member’s stated contact preferences: * Mail * Email * Texts * Telephone calls * Other * Make a required number of attempts to engage the member as determined by SCFHP; * Adhere to MCP’s time limits on the outreach process; * Provide culturally- and linguistically-appropriate member communication; and * Share information and data between SCFHP and provider on a real-time or frequent basis to ensure when members cannot be engaged or choose not to participate in ECM. | Policies and procedures related to your process conducting outreach to assigned ECM members that meet all the stated requirements. Your required evidence should also address the following:   * Requirements for conducting outreach primarily through in-person contact * How your entity will conduct outreach promptly after ECM authorization * Use of multiple modalities for outreach * Number of required attempts * Engagement of all target populations for which your entity is responsible * Prioritization of those with the most immediate needs * Approach to conducting outreach to populations who are traditionally hard to reach * Culturally- and linguistically-appropriate communication * Real-time or frequent information sharing between SCFHP and your entity * Adequate data sharing of members who cannot be reached or decline ECM for reassessment for other programs * Ensure data sharing between your entity and SCFHP meets local, State, and Federal privacy and security rules and regulations * How your policies and procedures differ by ECM target population |  |  |

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| **INITIATING DELIVERY OF ECM** | | | | |
| **Section** | **Required Area: Initiating Delivery of ECM** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **3A** | Once members are authorized for ECM and assigned, providers must obtain and store either verbal or written consent to both receipts of ECM and related PHI data sharing, in accordance with Federal, State, and local laws. Providers assume the responsibility for obtaining and documenting member consent. | Policies and procedures that document your process to obtain and store consent and authorization to share PHI from assigned members. Your required evidence should also address the following:   * System for storing member consent and authorization to share PHI and the ability to share member-level records with SCFHP * Process to obtain and use member consent to communicate electronically with the member and/or member supports |  |  |
| **3B** | Providers must assign a Lead Care Manager to all ECM assigned members. | Policies and procedures that document your process for assigning a Lead Care Manager to ECM assigned members. Your required evidence should also address the following:   * How your entity will assign a Lead Care Manager to each member with the expertise and skills that meet the unique needs of each member. * How your entity will take members’ preferences into account. * Process for allowing members to switch to another Lead Care Manager at any time. |  |  |
| **3C** | Providers are responsible for ensuring accurate and up-to-date member-level records are maintained for all assigned members authorized to receive ECM. | Policies and procedures and/or workflows that indicate your processes for maintaining accurate, up-to-date member-level records and your process for SCFHP to request them. |  |  |

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| **DISCONTINUATION OF ECM** | | | | |
| **Section** | **Required Area: Discontinuation of ECM** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **4A** | * Members authorized for ECM can decline or stop participation in ECM at any time, including upon initial outreach and engagement. ECM providers must be able to: Allow members to discontinue ECM when the member is no longer authorized for ECM, has met care plan goals, declines or stops participation, or when the ECM provider has been unable to engage the member. * Assist with the transition of members into lower levels of care, when appropriate. * Update system when in receipt of SCFHP’s official notice of discontinuation of ECM for members that align with the Notice of Action (NOA) process. | Policies and procedures and/or workflows that illustrate your ability to allow members to discontinue from ECM with documentation of the reason, assist with transitioning members to a lower level of care, and respond to SCFHP’s NOA process. Your required evidence should also address the following:   * How your entity will notify SCFHP when discontinuation criteria are met. * How your entity will work with SCFHP to assist with the transition to lower levels of care management/coordination to meet member needs. * How your entity will work with members with significant barriers to care to engage them in ECM to avoid discontinuation whenever possible * How your entity will notify SCFHP when a member discontinues ECM and the reason. * How your entity will notify the member that ECM is being discontinued and the reason. |  |  |

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| **ECM CORE SERVICE COMPONENTS** | | | | |
| **Section** | **Required Area: Service Provision** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **5A** | Providers must provide all of the following six core services to each member receiving ECM:   * Comprehensive Assessment and Care Management Plan; * Enhanced Coordination of Care; * Health Promotion; * Comprehensive Transitional Care; * Member and Family Supports; and * Coordination of and Referral to Community and Social Support Services.   Providers must have the intent of engaging members in ECM primarily in-person contact. | Policies and procedures describing your approach to ensuring that your ECM services are provided:   * In a culturally- relevant and person-centered manner * With cultural and linguistic competency and humility * Primarily through in-person interaction, including standards and expectations for primarily interacting in person, any necessary modifications for mitigation of COVID-19 transmission risk, and appropriate use of secure videoconferencing and evidence-based digital tools for engagement in place of in-person contact.   Your evidence should also address the following:   * How your entity will conduct target outreach and engagement to underserved communities and populations that experience health disparities. * How your entity will identify and address disparities in engagement, access, and/or utilization of ECM services. |  |  |
| **5B** | Under ECM, providers are required to ensure that all services, communication, and information provided to members are culturally appropriate; and meet health literacy, reading, and trauma-informed care standards. | * Your entity’s cultural competency, disability, and trauma-informed care training plan, policies and procedures that state the staff required to participate in the training and how often, and the training schedule for new staff. * Policy, procedures, and/or program description describing how your entity meets health literacy and appropriate reading level standards in communication with members and your service provision |  |  |
| **Section** | **Required Area: Comprehensive Assessment and Care Management Plan** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **5C** | For the Comprehensive Assessment and Care Management Plan core service, providers are required to:   1. Engage with members authorized to receive ECM through primarily in-person contact. When in-person communication is unavailable or does not meet the needs of the member, the ECM provider shall use alternative methods to provide culturally appropriate and accessible communication. 2. Develop comprehensive, individualized, and person-centered care plans by working with members to assess risks, needs, goals, and preferences; and collaborate with members as part of the ECM process that leverages input from care team members, support networks, and caregivers, as appropriate. 3. Incorporate needs into the development of a member’s care plan related to physical and developmental health, mental health, dementia, SUD, community-based LTSS, oral health, palliative care, trauma-informed care, necessary community-based and social services, and housing. 4. Establish appropriate timing of initial member assessment and frequency of reassessment, including information about tools used, sources of data that will inform care plan development, staffing requirements for conducting assessments, and settings. | Policies, procedures, assessments, care planning tools, and/or workflows that illustrate your ability to provide each of the stated requirements under the comprehensive assessment and care management plan core service. Attach a list of assessments used during intake and a copy of your current care plan template. Screenshots of your case management system will also be accepted. |  |  |
| **Section** | **Required Area: Enhanced Care Coordination** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **5D** | For the Enhanced Care Coordination core service, providers are required to:   1. Organize patient care activities, as laid out in the care plan, share information with the care team, and implement the care plan. 2. Ensure care is continuous and integrated among all service providers and refer to and follow up with primary care/physical and developmental health, mental health, SUD treatment, community-based LTSS, oral health, palliative care, trauma-informed care, necessary community-based and social services, ILOS, and housing, as needed. 3. Provide support for treatment adherence, such as coordinating medication review/reconciliation, scheduling appointments, providing appointment reminders, coordinating transportation, accompaniment to critical appointments, and identifying and helping to address other barriers to adherence. 4. Communicate member needs and preferences promptly to all of the care team so as to ensure safe, appropriate, and effective person-centered care. 5. Ensure regular contact with the member as to be consistent with the care plan. | Policies, procedures, and/or workflows that illustrate your ability to provide each of the stated requirements under the enhanced care coordination core service. |  |  |
| **Section** | **Required Area: Health Promotion** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **5E** | For the Health Promotion core service, providers are required to:   1. Work with members to identify and build on resiliencies and potential family or community supports. 2. Provide services to encourage and support members to make lifestyle choices based on healthy behavior, to support their ability to successfully monitor and manage their health. 3. Support members in strengthening skills that enable them to identify and access resources to assist them in managing their conditions and preventing other chronic conditions. | Policies, procedures, and/or workflows that illustrate your ability to provide each of the stated requirements under the health promotion core service. In addition, attach any health education course summaries, sessions, and/or trainings offered at your service site(s) that may be offered to ECM enrolled members. |  |  |
| **Section** | **Required Area: Comprehensive Transitional Care** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **5F** | For the Comprehensive Transitional Care core service, providers are required to:   1. Develop strategies to reduce avoidable admissions and readmissions for all members receiving ECM. 2. For members who are experiencing or are likely to experience a care transition:  * Develop and regularly update transition plans; * Evaluate member medical care needs and coordinate any support services to facilitate safe and appropriate transitions from and among treatment facilities, including admissions and discharges; * Track member admission or discharge to/from an emergency department, hospital inpatient facility, skilled nursing facility, residential/treatment facility, incarceration facility, or other treatment centers; and communicate with the appropriate care team members; * Coordinate medication review/reconciliation; and * Provide adherence support and referral to appropriate services.  1. Use technologies, tools, and services that can be deployed and used to provide real-time alerts that notify ECM and care team members about care transitions (acute and subacute facilities, ED, residential treatment facilities, incarceration, etc.) and other critical health and social determinant status changes (e.g., housing and employment). | Policies, procedures, and/or workflows that illustrate your ability to provide each of the stated requirements under the comprehensive transitional care core service. In addition, indicate if you are currently receiving discharge summaries, ED/ inpatient notifications, and/or have an agreement in place to receive and/or share information to/from any hospitals in Santa Clara county. |  |  |
| **Section** | **Required Area: Member and Family Supports** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **5G** | For the Member and Family Supports core service, providers are required to:   1. Document members’ chosen caregiver(s) or family/support person(s). This includes engaging in activities that ensure that members and their chosen family/support persons are knowledgeable about the members’ condition(s) with the overall goal of improving their care planning and follow-up, adherence to treatment, and medication management, in accordance with Federal, State, and local privacy and confidentiality laws. 2. Ensure members’ ECM Lead Care Manager serves as the primary point of contact for members and their chosen family/support persons. 3. Identify supports needed for members and their chosen family/support persons to manage the members’ condition(s) and assist them in accessing needed support services. 4. Provide appropriate education to members, family members, guardians, and caregivers on care instructions for members. 5. Ensure members have a copy of their care plans and information about how to request updates. | Policies, procedures, and/or workflows that illustrate your ability to provide each of the stated requirements under the member and family supports core service |  |  |
| **Section** | **Required Area: Coordination of and Referral to Community and Support Services** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **5H** | For the Coordination of and Referral to Community and Support Services core service, providers are required to:   1. Determine appropriate services to meet the needs of members, including services that address social determinants of health needs, such as housing and services that are offered by SCFHP as ILOS. 2. Coordinate and refer members to available community resources and follow up with members to ensure services were rendered (i.e., closed-loop referral process). | Policies, procedures, and/or workflows that illustrate your ability to provide each of the stated requirements under the coordination of and referral to community and support services core service. In addition, please share a list of any community partners and/or systems you are currently linked to for community resources and/or referrals. |  |  |

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| **EVIDENCE-BASED CARE** | | | | |
| **Section** | **Required: Evidence-based Care** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **6A** | Providers of ECM are required to provide evidence-based care in their delivery of the ECM core services | Provider training curriculum supporting the use of evidence-based care, citations of evidence-based tools being utilized, and/or examples of standards of care/clinical pathway based on accepted professional guidelines (e.g., American Diabetes Association 2018 Standards of Medical Care) |  |  |

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| **STAFFING STRUCTURE, CAPACITY AND INFRASTRUCTURE NEEDS** | | | | |
| **Section** | **Required Area: Staffing** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **7A** | Providers of ECM are required to hire and maintain the appropriate level of care team staff to meet the capacity required by SCFHP. The staffing ratios are as follows:   * Lead Care Coordinator ratio of 1:30 over one year, OR * Lead Care Coordinator ratio of 1:60 over two years. | Policy, procedures, and/or program description that indicate your entity’s ability to meet the required staffing ratios |  |  |
| **Section** | **Required Area: Capacity** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **7B** | Providers of ECM are required to articulate their current capacity to provide the ECM services and their expanded capacity to serve more SCFHP members as the demand increases. If capacity varies per site, state how it varies in your required evidence. | Program overview/description or statement describing your entity’s current capacity to provide the six core services under ECM and the projected expanded capacity (estimate) based upon the Medi-Cal population your entity is currently serving |  |  |
| **Section** | **Required Area: Service Sites** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **7C** | There are seven target populations for ECM. As a means of determining whether there will be an adequate network for each target population, indicate which population you plan to serve under ECM. For providers with multiple service sites or locations that have current capacity to only serve specific populations, specify those population(s) by service site in the *Notes* column or in submitted evidence. Attach any additional documentation as needed. | ☐ Children or youth with complex physical, behavioral, developmental, and/or oral health needs  ☐ Indiviudals experiencing homelessness, chronic homelessness or who are at-risk of becoming homesless  ☐ High utilizers with frequent hospital admissions, short-term skilled nursing facility stays or ER visits  ☐ Individuals at risk for institutionalization who are eligible for long term care services  ☐ Nursing facility residents who want to transition to the community  ☐ Individuals at risk for institutionalization with Serious Mental Illness, childen with Servious Emotional Distrubance, or Substnace use Disorder with co-occuring chronic health conditions  ☐ Individuals transitioning from incarceration who have significant complex physical or behavioral health needs requiring immediate transition of services to the community. |  |  |
| **Section** | **Required Area: Infrastructure Needs** | **Required Evidence** | **Notes** | **Submitted Evidence** |
| **7D** | There may be incentive funds from the state to assist providers in preparing to provide ECM to SCFHP members, such as infrastructure funds to directly address any current capacity limitations; increase your organization's capacity to meet growing demand; and/or meet the above requirements related to data collection, sharing, and communication. | Statement prioritizing any infrastructure needs; a rationale for each need; and alignment to addressing current capacity limitations, assisting with increasing capacity, and/or meeting the data collection, sharing, and communication requirements. |  |  |

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| **ASSESSMENT COMPLETION INFORMATION** | | | |
| **Completed By:** |  | **Date:** |  |
| **Title:** |  | | |
| **Phone Number:** |  | **Email:** |  |

This ECM Provider Readiness Assessment is intended to ensure the provider provides satisfactory evidence of meeting the ECM requirements as outlined by DHCS to be certified as an ECM Provider.

**Please complete the ECM Provider Readiness Assessment and submit required evidence to** [**ECMILOS@scfhp.com**](mailto:ECMILOS@scfhp.com) **by COB on 5/24/2021.**

If you have any questions or concerns as you are completing the readiness assessment, please email [**ECMILOS@scfhp.com**](mailto:ECMILOS@scfhp.com).