



ENHANCED CARE MANAGEMENT

QUALITY IMPROVEMENT PROGRAM

DETAILED SPECIFICATIONS

2023
MEASUREMENT YEAR

January 1, 2023

Revised March 28, 2023



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I. PHC Program Contact Information

ECM QIP Team: ECMQIP@partnershiphp.org

II. Program Overview & Background

Enhanced Care Management (ECM) Quality Improvement Program (QIP) is a Medi-Cal benefit that replaced the previous Whole Person Care (WPC) Pilot and Intensive Outpatient Care Management (IOPCM) activities. As part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the objective of ECM is to motivate, modify, and improve the health outcomes of ten (10) identified groups by standardizing a set of care management services and interventions, and then building upon the positive outcomes from those programs. CalAIM is a multi-year initiative, organized by the Department of Health Care Services (DHCS) for the purpose of addressing the multifaceted challenges facing California's most vulnerable residents.

The ten (10) identified groups or Populations of Focus include:

Phase I: Completed January 1, 2022 (selected counties)

Phase II: Completed July 1, 2022 (selected counties)

(Review the Go-Live Schedule on page 6 for specific counties)

1. A. Effective through June 30, 2023 – Adult individuals and their families experiencing homelessness (as defined by the U.S. Department of Health and Human Services (HHS) [42 CFR § 11302 – General Definition of a homeless individual](#), AND who have at least one complex physical, behavioral, or developmental health need with the inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and decreased utilization of high-cost services.

B. Effective July 1, 2023 – Adults without Dependent Children/Youth Living with them experiencing homelessness as defined by U.S. Department of HHS 42 CFR § 11302 – General Definition of a homeless individual) AND who have at least one complex physical, behavioral, or developmental need, with the inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and decreased utilization of high-cost services.
2. Adults At Risk for Avoidable Hospital or ED Utilization with five (5) or more emergency room visits in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence; AND/OR three (3) or more unplanned hospital and/or short-term skilled nursing facility stays in a six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.
3. Adult Individuals with Serious Mental Health (SMH) or Substance Use Disorder (SUD) Needs who meet with eligibility criteria for participating in the specialty mental health services (SMHS) delivered by MHPs and/or the Drug Medi-Cal Organization Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) program AND who are actively experiencing at least one (1) complex social factor influencing their health AND who meet one (1) or more criteria as follows:
 - are at high risk for institutionalization, overdose and/or suicide;
 - Use crisis services, emergency rooms, urgent care or inpatient stays as the primary source of care;

- experienced two or more ED visits or two or more hospitalizations due to SMH or SUD in the past 12 months; or
 - are pregnant or post-partum women (12 months from delivery).
4. Adults with an I/DD who have a diagnosis of I/DD AND qualify for eligibility in any other adult ECM Population of Focus.
 5. Adult Pregnancy, Postpartum, and Birth Equity – Adults who are pregnant OR are postpartum (through 12-month period) AND meet one or more of the following conditions:
 - Qualify for eligibility in any other adult ECM Population of Focus;
 - Effective January 1, 2024, Birth Equity – adults who are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

Phase III: Starting January 1, 2023 (ALL counties):

6. Adults Living in the Community and At Risk for LTC Institutionalization who are living in the community and meet the SNF Level of Care OR require a lower-acuity skilled nursing service, support, and/or equipment for prevention, diagnosis, or treatment of acute illness or injury AND are actively experiencing at least one complex social or environmental factor influencing their health AND are able to reside continuously in the community with wraparound supports.
7. Nursing Facility Residents Transitioning to the Community who are interested in moving out of the institution AND are likely candidates to do so successfully AND are able to reside continuously in the community.

Phase IV: Starting in July 2023 (ALL counties):

8. Effective July 1, 2023, Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness who are experiencing homelessness as defined under the modified HHS 42 CFR § 11302 – General Definition of a homeless individual OR are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; lack of alternative adequate living accommodations; are living in emergency or transitional shelters; or abandoned in hospitals.
9. Children and Youth At Risk for Avoidable Hospital or ED Utilization with three (3) or more ED visits or two (2) or more unplanned hospital and/or short-term SNF stays in a 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.
10. Children and Youth with Serious Mental Health (SMH) and/or SUD Needs who meet the eligibility criteria for participation in or obtaining services in specialty mental health services (SMHS) delivered by MHPS AND/OR Drug Medi-Cal Organization Delivery System (DMC-ODS) or Drug Medi-Cal (DMC) program
11. Children and Youth - CCS or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition who are enrolled in CCS or CCS/WCM AND are experiencing at least one complex social factor influencing their health.
12. Children and Youth in Child Welfare who meet one or more of the following conditions:
 - Under age 21 and currently receiving foster care in California;
 - Under age 21 and previously received foster care in California or another state within the last 12 months;

- Aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state;
- Under age 18 and are eligible for and/or in California's Adoption Assistance Program;
- Under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months

13. Children and Youth - I/DD who have a diagnosis of I/DD AND qualify for eligibility in any other children and youth ECM Populations of Focus

14. Children and Youth Pregnancy, Postpartum and Birth Equity – youth who are pregnant OR are postpartum (through 12-month period) AND meet one or more of the following conditions;

- Qualify for eligibility in any other youth ECM Population of Focus
- Effective January 1, 2024, Birth Equity – youth who are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

Phase V: 2024 (ALL counties):

15. Adults Transitioning from Incarceration who are either transitioning from a correctional facility or have transitioned from a correctional facility within the past 12 months AND have at least one of the following conditions:

- Mental Illness
- SUD
- Chronic Condition/Significant Clinical Condition
- I/DD
- Traumatic Brain Injury (TBI)
- HIV/AIDS
- Pregnancy or Postpartum

16. Children and Youth Transitioning from a Youth Correctional Facility who are either transitioning from a youth correctional facility or have transitioned from a youth correctional facility within the past 12 months.

Guiding Principles

The ECM QIP adheres to the three guiding principles of the DHCS CalAIM program.

1. Identify and manage member risk and need through whole-person care approaches and addressing Social Determinants of Health.
2. Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
3. Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

Eligibility Criteria

The ECM QIP is available to contracted provider sites within the 14 counties PHC serves. The following Go-Live schedule outlines DHCS's timeline of implementation for each phase.

Go-Live Schedule

Phase I: Completed January 1, 2022	Phase II: Completed July 1, 2022	Phase III: Starting January 1, 2023	Phase IV: Starting July 1, 2023	Phase V: Starting 2024
Marin Napa Mendocino Shasta Sonoma	Solano Trinity Lake Siskiyou Yolo Modoc Humboldt Lassen Del Norte	All 14 Counties	All 14 Counties	All 14 Counties

Program specifications are in effect for the time reporting period of January 1, 2023, through December 31, 2023. Specifications are subject to change based on DHCS and PHC direction, and notification of changes will be made to all participating providers via the Quality Incentive Program (QIP) team.

Participation Requirements

1. All contracted ECM provider sites will be automatically enrolled in the CalAIM Reporting Incentive Program and, therefore, are eligible for CalAIM Reporting Incentive payments. The incentive program is managed by the ECM QIP team. Provider sites must be in good standing with the state and federal regulators as of the month the payment is to be distributed. Good standing is defined as: Provider is open for services to PHC members.
2. Provider is financially solvent (not in bankruptcy proceedings).
3. Provider is not under financial or administrative sanctions, exclusion or disbarment from the State of California, including the Department of Health Care Services (DHCS) or the federal government including the Centers for Medicare & Medicaid Services (CMS). If a provider appeals a sanction and prevails, PHC will consider a request to change the provider status to good standing.
4. Provider is not pursuing any litigation or arbitration against PHC.
5. Provider has not issued or threatened to issue a contract termination notice, and any contract renewal negotiations are not prolonged.
6. Provider has demonstrated the intent to work with PHC on addressing community and member issues.
7. Provider is adhering to the terms of their contract (including following PHC policies, quality, encounter data completeness, and billing timeliness requirements).
8. Provider is not under investigation for fraud, embezzlement or overbilling.
9. Provider is not conducting other activities adverse to the business interests of PHC.

In addition, PHC has the sole authority to further determine if a provider is in Good Standing based on the criteria set forth above.

Payment Methodology

Participating ECM providers are evaluated based on the gateway measure and its incentive pool amount. The gateway measure determines the number of dollars available for the remaining reporting measures in the program. Providers have an opportunity to earn a percentage of the allotted incentive pool based on full or partial credit, with the potential to earn 100% of their allocated incentive dollars available in the pool.

The incentive rate is \$100 per member per month (PMPM). This means for every enrolled ECM member, \$100 will be placed in the incentive pool based on the following submission deadlines.

- Submissions are considered complete and will accrue 100% of incentive dollars if all three (3) of the reporting requirements are submitted on or before their due date.
- Any submission(s) received up to one (1) week or five (5) business days past the due date will accrue at 50%.
- Any submission(s) not received within the five (5) business days will be considered late and will not be eligible for incentive dollars.
- Any report that is more than 30 days overdue will initiate a corrective action which can include separation from participation in the ECM program as a provider.

Example: In October, a provider submits timely reports for 50 enrolled ECM members. A total of \$5,000 will be held in the incentive pool.

Providers can earn a percentage of the allotted incentive pool money if they meet one (1) or more of three (3) reporting measures:

- Measure 1: up to 30% of total incentive pool
- Measure 2: up to 35% of total incentive pool
- Measure 3: up to 35% of total incentive pool

Example:

- The provider has 10 patients and submits timely reports for three (3) months in a quarter: 10 patients x \$100 (PMPM) x three (3) months = \$3,000 placed in the incentive pool
- If the provider meets Measures 2 and 3 with full credit, but did not meet Measure 1, they would earn 70% (35% for Measure 2 and 35% for Measure 3) x \$3,000 = \$2,100 incentive payment for the quarter.

Payment Schedule

Incentive payment calculation and distribution is completed on a quarterly basis. Providers can expect to receive payment up to 60 days after the close of the final month of each quarter. Please refer to the Payment Schedule below.

Reporting Period	Payment Month
January - March 2023	May 2023
April - June 2023	August 2023
July - September 2023	November 2023
October - December 2023	February 2024

Payment Data

PHC receives member enrollment data from the provider-required DCHS report (ECM Provider Return Transmission File - RTF) and other internal data sources that capture Treatment Authorization Requests (TAR) to validate member enrollment during the reporting period.

PHC's ECM Team is aware that providers may need to submit retroactive (retro) TARs and will incorporate as many retro TARs as possible that were submitted after the reporting month if they are submitted within a reasonable timeframe. PHC defines a retro TAR as an authorization request submitted after the authorization start date that covers services already performed. In order to capture the most accurate member enrollment counts, not every retro TAR may fall under the grace period PHC will allow requests submitted up to one (1) calendar month after the reporting month to be calculated in the denominator for incentive payments. Providers are encouraged to add enrolled members to the reporting files and submit TARs as soon as possible to meet the cut-off times defined by the ECM QIP.

Payment Dispute Policy

ECM QIP participants will be provided a preliminary payment report which outlines final results for all measures before final payment is distributed. Providers are given a one-week period to review the report for discrepancies. Beyond this review period, disputes will not be considered. If, during the Preliminary Report review period, a provider does not inform PHC of a discrepancy that would result in potential under or over payment, the error may be appealed by the provider and reviewed by the PHC Executive team for approval.

Subsequent Program Years

Future program years will likely focus on quality outcomes, and incentive payments will be tied to performance and/or improvement to current health outcomes and metrics.

Reporting Requirements

Please review the Submission Timeline below for required report information, deadlines and reporting links.

Measures	Submission Deadlines*	Links & Submission Information
Gateway Measure		
ECM Provider Return Transmission File (RTF) Naming Convention: <i>Facility Name_RTTF_Date</i>	DUE MONTHLY 2nd Friday of the month	Link: Provider Return Transmission File (RTF) Provider submits RTF via sFTP folders
ECM Provider Initial Outreach Tracker File (IOT) Naming Convention: <i>Facility Name_IOT_Date</i>	DUE MONTHLY 2nd Friday of the month	Link: Provider Initial Outreach Tracker File (IOT) Provider submits IOT via sFTP folders
Provider Capacity Survey	DUE MONTHLY 2nd Monday of the month	Provider submits survey via Google Docs (or another form of communication agreed upon by PHC and ECM provider).

Measure 1		
Care Plan and ROI upload into Collective Medical	UPLOAD WITHIN 60 DAYS OF TAR start date	Links: ECM Care Plan form Shared Consent form
Measure 2		
PHQ-9 Depression Screening Naming Convention: <i>Facility Name_PHQ9_Date</i>	DUE QUARTERLY 2nd week of the month following the end of the quarter	Link: PHQ-9 Depression Screening & Blood Pressure Screening Template Provider submits template via sFTP folders
Measure 3		
CBP Blood Pressure Screening Naming Convention: <i>Facility Name_CBP_Date</i>	DUE QUARTERLY 2nd week of the month following the end of the quarter	Link: PHQ-9 Depression Screening & Blood Pressure Screening Template Provider submits template via sFTP folders

* Deadlines are subject to change based upon necessary timeframes needed for file completion. Example: PHC sends files to providers on July 1st to complete and return to PHC by the *second week* of the month. This due date would technically be July 8th, because of the July 4th holiday, and would only allow four (4) days for providers to return the completed files to PHC. Therefore, it is necessary to extend the due date to July 15th to allow adequate time for providers to complete and the return the files to PHC. PHC will notify providers via email of any date changes. Please contact PHC's ECM Team at ECM@partnershiphp.org for specific due dates.

III. Gateway Measure: Timely Reporting

Description

The gateway measure determines the number of dollars available for the remaining three measures. Reports for Return Transmission File (RTF), Initial Outreach Tracker File (IOT), and Provider Capacity Survey are required to be submitted on a monthly basis by all ECM providers in order to participate in the other three measures of this program.

Measurement Period

January 1, 2023 – December 31, 2023

Measurement and payment takes place quarterly throughout the entire measurement year. Please refer to the Payment Schedule on [page 7](#).

Reporting Guidelines

Reporting template links can be accessed in the Reporting Timeline and Template table below.

Measure	Submission Deadline	Submission Links & Information
ECM Provider Return Transmission File (RTF) Naming Convention: <i>Facility Name_RTTF_Date</i>	DUE MONTHLY 2nd Friday of the month	Link: Provider Return Transmission File (RTF) Provider submits RTF via sFTP folders
ECM Provider Initial Outreach Tracker File (IOT) Naming Convention: <i>Facility Name_IOT_Date</i>	DUE MONTHLY 2nd Friday of the month	Link: Provider Initial Outreach Tracker File (IOT) Provider submits IOT via sFTP folders
Provider Capacity Survey	DUE MONTHLY 2nd Monday of the month	Provider submits survey via Google Docs (or another form of communication agreed upon by PHC and ECM provider)

* Deadlines are subject to change based upon necessary timeframes needed for file completion. Example: PHC sends files to providers on July 1st to complete and return to PHC by the *second week* of the month. This due date would technically be July 8th, because of the July 4th holiday, and would only allow four (4) days for providers to return the completed files to PHC. Therefore, it is necessary to extend the due date to July 15th to allow adequate time for providers to complete and the return the files to PHC. PHC will notify providers via email of any date changes. Please contact PHC's ECM Team at ECM@partnershiphp.org for specific due dates or questions.

IV. Reporting Measures

Measure 1. Care Plan and ROI Form Submission into Collective Medical

Description

As a requirement of the contract, for all ECM enrolled members, providers need to upload a Care Plan and Release of Information (ROI) into Collective Medical within **60 days** of the TAR start date. Additionally, for each TAR renewal, Care Plans and ROI forms also need to be uploaded into Collective Medical within **60 days** of the new TAR start date.

PHC ROI forms have a 5-year expiration, unless indicated by the member to end earlier, and only need to be uploaded into Collective Medical when the member is newly enrolled (first TAR date). Providers may use their own ECM specific ROI forms and will need to upload in Collective Medical within **60 days** and re-uploaded based on the expiration date outlined on the form.

Measurement Period

January 1, 2023 – December 31, 2023

Measurement and payment takes place quarterly throughout the entire measurement year. Please refer to the Payment Schedule on [page 7](#).

Thresholds

Eligible Incentive: 30% of total incentive pool

Targets:

- Full credit: $\geq 80\%$ of Care Plans and ROI forms entered in Collective Medical
- Partial credit: 70 - 79% of Care Plans and ROI forms entered in Collective Medical

Denominator

ECM members enrolled in one or more of the ECM Populations of Focus

Numerator

ECM members enrolled in one or more of the ECM Populations of Focus whose Care Plans and ROI forms are uploaded in Collective Medical within **60 days** of the current approved TAR start date

Exclusions

Members not found in Collective Medical (i.e. Kaiser members)

Reporting Guidelines

Providers must upload Care Plans and ROI forms into Collective Medical within 60 days of the current approved TAR start date. PHC will audit Collective Medical for evidence of Care Plans and ROI forms uploaded within the required timeframe in Collective Medical.

Reporting Information & Deadline		
Care Plan and Release of Information (ROI) form submission into Collective Medical	UPLOAD within 60 days of TAR start date	Links: ECM Care Plan form Release of Information (ROI) form

See [Appendix I](#) & [Appendix II](#) to view sample forms.

Measure 2. PHQ-9 Depression Screening

Description

Depression screening using the Patient Health Questionnaire-9 (PHQ-9) needs to be completed for all ECM enrolled members, 12 years of age or older, as part of the initial assessment and development of the Care Plan. Depression screening must be completed annually at a minimum.

Depression screening scores from previous quarters can be used in the 2023 measurement period if score was captured within 12 months of reporting period **and** the previous score was normal. However, if the previous score was 15 or higher, providers must complete the screening every quarter until the result is normal.

Providers may use the Patient Health Questionnaire-2 (PHQ-2) to complete a screening; however, if the PHQ-2 score is three (3) points or higher, the provider must complete the screening again using the PHQ-9.

Measurement Period

January 1, 2023 – December 31, 2023

Measurement and payment takes place quarterly throughout the entire measurement year. Please refer to the Payment Schedule on [page 7](#).

Thresholds

Eligible Incentive: 35% of total incentive pool

Targets:

- Full credit: $\geq 90\%$
- Partial credit: 80 - 89%

Denominator

ECM members, 12 years of age or older, enrolled in one or more of the ECM Populations of Focus

Numerator

ECM members, 12 years of age or older, enrolled in one or more of the ECM Populations of Focus who were appropriately screened for depression

Exclusions

11 years of age and younger

Reporting Guidelines

Provider will submit the member's name, PHQ-9 screening date, score of the most recent screening, and other pertinent information using the PHQ-9 Depression Screening & Blood Pressure Screening Template. If the PHQ-2 screening date and score was entered on the template, please note this on the template.

Reporting Information & Deadline		
PHQ-9 Depression Screening Naming Convention: <i>Facility Name_PHQ9_Date</i>	DUE QUARTERLY 2nd week of the month following the end of the quarter	Link: PHQ-9 Depression Screening & Blood Pressure Screening Template Provider submits template via sFTP folders

See [Appendix III](#) to view the sample template.

Measure 3. Controlling Blood Pressure (CBP) - Blood Pressure Screening

Description

Blood pressure screening needs to be completed for members enrolled in ECM who are 18 years of age or older (regardless of prior diagnosis of hypertension). Screening must be by an in-person visit by ECM provider staff, a clinic visit, or patient use of PHC approved home blood pressure kit. Blood pressure screening results must be documented in the case management record for potential audit.

Blood pressure screening results from previous quarters can be used in the 2023 measurement period if captured within 12 months of the reporting period and the previous result was normal. If the previous result was greater than 140/90 (SBP>140 or DBP>90), providers must complete the screening every quarter until the result is normal.

Measurement Period

January 1, 2023 – December 31, 2023

Measurement and payment takes place quarterly throughout the entire measurement year. Please refer to the Payment Schedule on [page 7](#).

Thresholds

Eligible Incentive: 35% of total incentive pool

Targets:

- Full: $\geq 80\%$
- Partial: 70% - 79%

Denominator

ECM members, 18 years of age and older, enrolled in one or more of the ECM Populations of Focus

Numerator

ECM members, 18 years of age and older, enrolled in one or more of the ECM Populations of Focus who were appropriately screened for blood pressure

Exclusions

17 years of age and younger

Reporting Guidelines

ECM providers must submit the member's name, blood pressure screening date, score of the most recent screening, and other pertinent information using the PHQ-9 Depression Screening & Blood Pressure Screening Template.

Reporting Information & Deadline		
CBP Blood Pressure Screening Naming Convention: <i>Facility Name_CBP_Date</i>	DUE QUARTERLY 2nd week of the month following the end of the quarter	Link: PHQ-9 Depression Screening & Blood Pressure Screening Template Provider submits template via sFTP folders

See [Appendix III](#) to view the sample template.

V. Appendices

Appendix I. Sample Care Plan

ECM Care Plan Guide 1



ECM Care Plan Guide

Date:

Patient Information	
First Name:	Last Name:
DOB:	Sex: Pronouns: Primary Language:
Address Information	
Street:	
City:	State: Zipcode: County:
Mailing Address Same as Home Address: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Street:	
City:	State: Zipcode: County:
Contact Information	
Email:	
Phone #:	
Phone #:	
Other Contacts	
Family/Caregiver	Name:
Email:	
Phone #:	
May we contact if needed?	
Community Team	Name:
Email:	
Phone #:	
May we contact if needed?	
Program Representative	Name:
Email:	
Phone #:	
May we contact if needed?	
Insurance Information	
Medi-Cal ID:	
Primary Insurance	Plan: Group #:
Policy #:	Member ID:
Secondary Insurance	Plan: Group #:
Policy #:	Member ID:
Acuity	Social Determinants of Health
<input type="checkbox"/> High Risk <input type="checkbox"/> Low Risk	Education:
Self-Management Assessment	Employment Status:
	Income Status:
	Food Security:
	Housing Stability:
	Transportation:
<input type="checkbox"/> Poor <input type="checkbox"/> Moderate <input type="checkbox"/> Good	Support Networks:
ECM Criteria (Select all that apply)	
<input type="checkbox"/> Nursing Home Transition to the Community	<input type="checkbox"/> Homeless
<input type="checkbox"/> Specialty Mental Health	<input type="checkbox"/> High Utilizer
<input type="checkbox"/> Children/Youth with Complex Medical/Behavioral/Development Needs	<input type="checkbox"/> Incarceration
<input type="checkbox"/> At Risk of Institutionalization	<input type="checkbox"/> Substance Use Disorder
<input type="checkbox"/> Other: <input type="text"/>	

Physical Health			
Active Medical Problems (chronic conditions, fall risk, speech, etc.)		Past Medical History	
Blood Pressure:	Date: _____ ____ Systolic / ____ Diastolic	A1C Levels:	Date: _____ ____ A1C% _____ mg/dl
Dental/Oral Health			
Active Dental Problems/Concerns			
Dental Provider's Name: _____		Last Visit Date: _____	
Dental's Office: _____		Next Visit Date: _____	
Mental Health History			
		PHQ-2 Score	Date: _____
		PHQ-9 Score	_____
		If prescribed Antidepressants or Psychotherapy, please provide more information below (E.g.: adherence to medication regimen; improvements in mental health after therapy)	
Substance Use Disorder Screening			
Alcohol Use		Drug Use	
Frequency: _____		Frequency: _____ Drug Type _____	
AUDIT-C Score		DAST-10 Score	
If other information requires further disclosure, please provide below:			

Hospitalizations			
Admissions in the last 6 mos:		Emergency Dept. visits in the last 6 mos:	
Durable Medical Equipment			
<input type="checkbox"/> Hospital Bed	<input type="checkbox"/> Oxygen	Other	
<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker		
Physician Visits			
Primary Care Physician visits in the last 6 mos:		Last Visit Date:	
Physician's Name:		Physician's Office:	
Specialist visits in the last 6 mos:		Last Visit Date:	
Specialist's Name:		Specialist's Office:	
Medication List		Indication	
Allergies			
Long-Term Support Services			
Community Based Adult Services (CBAS)	Service Name		
Multi-purpose Senior Services Program (MSSP)	Service Name		
Home Health Agency	Service Name		
Palliative Care	Service Name		
Hospice Care	Service Name		
In-Home Support Services (IHSS)	Hours/month		
Advanced Care Planning			
Surrogate Decision Maker	<input type="checkbox"/> Has One	<input type="checkbox"/> Needs One	<input type="checkbox"/> Does Not Want One
Living Will	<input type="checkbox"/> Has One	<input type="checkbox"/> Needs One	<input type="checkbox"/> Does Not Want One
Advance Directive	<input type="checkbox"/> Has One	<input type="checkbox"/> Needs One	<input type="checkbox"/> Does Not Want One
POLST	<input type="checkbox"/> Has One	<input type="checkbox"/> Needs One	<input type="checkbox"/> Does Not Want One
Power of Attorney	<input type="checkbox"/> Has One	<input type="checkbox"/> Needs One	<input type="checkbox"/> Does Not Want One
Code Status	<input type="checkbox"/> DNR	<input type="checkbox"/> Full Code	<input type="checkbox"/> Limited Interventions

Goals	
Goal:	
Intervention:	
Barriers:	
Outcome:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met
Goal:	
Intervention:	
Barriers:	
Outcome:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met
Goal:	
Intervention:	
Barriers:	
Outcome:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met
Goal:	
Intervention:	
Barriers:	
Outcome:	<input type="checkbox"/> Goal Met <input type="checkbox"/> Goal Not Met <input type="checkbox"/> Goal Partially Met
Referrals Needed	

Name:	Date
Signature:	Date

Appendix II. Sample Release of Information (ROI)



ENHANCED CARE MANAGEMENT (ECM) SERVICES

Authorization for Use, Exchange and/or Disclosure
of My Confidential Health Care and Personal Information

PURPOSE				
<p>Health care providers, health payers, and social services agencies have joined together to provide services under the ECM benefit to help you get the services you may need to promote your health and well-being. To allow Partnership HealthPlan of California (PHC), and/or other participating entities to share your health care and other personal information with each other, you must first give your authorization (permission). By completing this form, you are authorizing the use and disclosure (release) of your health care and other personal information by the entities participating in ECM. The participating entities will only use and share the information necessary to achieve the intended purpose or referral. The information may be shared in a secure electronic format, in writing, or verbally during meetings to coordinate services for you. Please complete this form and send it to:</p> <table border="0"><tr><td>Partnership HealthPlan of California Attn: Care Coordination – Northern Region 3688 Avtech Pkwy Redding, CA 96002 Fax: (530) 351 -9040</td><td>OR</td><td>Partnership HealthPlan of California Attn: Care Coordination – Southern Region 4665 Business Center Drive Fairfield, CA 94534 Fax: (530) 351-9040</td></tr></table>		Partnership HealthPlan of California Attn: Care Coordination – Northern Region 3688 Avtech Pkwy Redding, CA 96002 Fax: (530) 351 -9040	OR	Partnership HealthPlan of California Attn: Care Coordination – Southern Region 4665 Business Center Drive Fairfield, CA 94534 Fax: (530) 351-9040
Partnership HealthPlan of California Attn: Care Coordination – Northern Region 3688 Avtech Pkwy Redding, CA 96002 Fax: (530) 351 -9040	OR	Partnership HealthPlan of California Attn: Care Coordination – Southern Region 4665 Business Center Drive Fairfield, CA 94534 Fax: (530) 351-9040		
Member Information				
First Name:	Last Name:			
Address:				
Phone Number: ()	Date of Birth:			
Member ID/CIN:				
<p>I authorize and request (ask) Partnership HealthPlan of California and participating ECM entities named in Attachment A to use and share any of my health care or other personal information with each other for the purpose stated above.</p>				
Choose ONE of the following two options:				
INITIAL HERE	Consent for communication by ECM Program: By initialing here, I am allowing ALL of the agencies listed in ATTACHMENT A to use and share my health care and other personal information pertaining to my medical history, physical condition, and receipt of social services, and to communicate with each other in order to provide ECM services, OR			
INITIAL HERE	Decline to participate in ECM: I understand that the ECM program permits community partners to communicate with each other to coordinate my care. I decline to participate in the ECM program. I can ask for participation in case management programs that I am eligible for.			

Further, by initialing below, I specifically authorize release of the following information (this information will NOT be released unless you specifically authorize it)	
INITIAL HERE	Mental Health Information including: diagnosis, treatment plan, and provider name.
INITIAL HERE	HIV Test Results (Health & Safety Code § 120980 (g))
Substance Use Disorder Information	
Substance use records are protected by federal confidentiality rules (42 CFR Part 2). The federal rules do not let any further disclosure of information that identifies a patient as having or having had a substance use disorder either by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. The federal rules restrict any use of the information to investigate or prosecute, with regard to a crime, any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.	
INITIAL HERE	Initial here to allow the entities in Attachment A to use and share ALL of your drug and alcohol information, including test results, treatment plans, programs attendance, communication with counselor and diagnosis.
Expiration and Revocation	
Choose ONE of the following two options:	
INITIAL HERE	Standard expiration: This authorization will expire exactly 5 years from today's date, OR
INITIAL HERE	Early expiration: This authorization will expire on: _____. This date may not be less than 6 months (to participate in the ECM program), nor more than 5 years from today's date.
This authorization may be withdrawn and revoked (taken back) at any time by calling PHC at (800) 863-4155 or by sending your signed request to: Partnership HealthPlan of California, Attn: Member Services 4665 Business Center Drive, Fairfield, CA 94534. The revocation will take effect when PHC receives it, but does not affect information that has already been disclosed.	
Signature of Member	
I understand that:	
<ul style="list-style-type: none"> I may refuse to sign this authorization. My refusal could affect my ability to participate in the ECM program. My refusal will not affect my ability to get treatment, services, or eligibility for benefits otherwise available to me. Some information shared under this Authorization may be re-shared with others under certain conditions and may no longer be protected by State and Federal confidentiality laws. 42 CFR part 2 does not allow re-disclosure of substance use records that are subject to that part without my authorization. I may inspect or get a copy of the health information that is being shared. I have a right to ask for a copy of this authorization and one will be sent to me. 	
Signature	Date
Printed Name	Relationship to Member

