



# Enhanced Care Management

CHILDREN AND YOUTH



[calvivahealth.org](http://calvivahealth.org)



# How ECM can help children and youth on Medi-Cal

*Enhanced Care Management (ECM) offers extra services at no cost to children and youth on Medi-Cal who may need more support. This may be due to housing concerns; having mental health or addiction concerns; transitioning from a correctional facility; and more. ECM is in addition to other benefits and services the child or youth may already have. Enrolling children and youth in ECM gives them access to many programs, providers and support teams.*

Once enrolled in the ECM program, the child or youth will have a care team and an ECM lead care manager as the main point of contact for all their needs.

## **ECM lead care managers work with:**

- Doctors and specialists
- Nurses
- Pharmacists
- Medical equipment companies
- Case managers through a community or county program
- Therapists
- Family members

ECM offers five types of services that can help with their health and well-being. These extra services are part of their current CalViva Health Medi-Cal plan benefits. The Medi-Cal services they get now will remain. They can still see the same doctors, but now they can get extra help. You can stop ECM services at any time by calling CalViva Health.



## **ECM is for Medi-Cal Managed Care Health Plan Members**

The child or youth must be enrolled in a Medi-Cal health plan to access ECM services. If you need help enrolling the child or youth into a Medi-Cal health plan, you can call the State's Medi-Cal Health Care Options at 800-430-4263.

# Five ways ECM works for children and youth



## 1 Helps to stay engaged in the child or youth's care

The ECM lead care manager and care team will help focus on the child or youth's health and make sure they receive the services and support they need. The lead care manager can also meet the child or youth where they live or where they receive services.



## 2 Helps to craft a plan

The member, the family and the care team work together to develop the child or youth's care plan. The plan includes:

- Treating physician(s)/ provider(s)
- Goal setting
- Recommended services
- Recommended care needs
- Physical and behavioral health needs
- Oral health needs
- Substance use treatment needs
- Neighborhood and social services (e.g., developmental services)



## 3 Helps to connect with and update the child or youth's doctors

The care team includes a lead care manager. This person keeps all the child or youth's doctors up to date on their health and the services they receive. The care team can also help:

- Figure out the child or youth's health needs and developmental milestones
- Make appointments and check on prescriptions and refills
- Find the right doctors



#### 4 Helps to work with the child or youth's support people

Helps work with the child's identified supports so their care team can make sure their family, caregivers and others who support the child or youth can work together to learn how to best help them.



#### 5 Helps connect the child or youth to community and social services

ECM can help get the child or youth linked to other non-health services, too. The care team can help the child or youth find community and social programs that they may need. These include:

- Public benefits
- Appointments
- Child development services



California Advancing and Innovating Medi-Cal (CalAIM) provides ECM services through the Department of Health Care Services (DHCS). The goal is to improve the health of Medi-Cal members across the state.

CalViva Health will work with ECM providers, with local county departments and programs, and community-based organizations. These ECM providers are experts in working directly in the community. They know the needs of the members.





- 1 A “child or youth” is a person under 21 years old.<sup>1</sup>
- 2 They are eligible for ECM services under one or more of these points:



### ***Housing concerns***

- Are homeless or unhoused
- Share a house because they lost their own
- Live in a motel, hotel, trailer park or campground
- Live in a hospital shelter without a safe place for release



### ***Reduce need to go to the hospital or emergency room (ER)***

- Have three or more avoidable ER visits in a 12-month period; or
- Two or more unplanned hospital stays in a 12-month period



### ***Transitioning from a youth correctional facility***

- Leaving or have left a youth correctional facility within the past 12 months



### ***Enrolled in California Children Services (CCS) with more needs***

#### **Has at least one social factor that impacts their health:**

- Lack of access to food
- Unstable housing
- No transportation
- High measure (four or more) of Adverse Childhood Experiences (ACE) screening
- History of recent contacts with law enforcement related to mental health and/or substance use



### ***Involved in child welfare***

- Under age 21 and in California foster care
- Under age 21 and at one time in any state's foster care in the past 12 months
- Under age 18 and eligible for and/or in California's Adoption Assistance Program



### ***Mental health or addiction concerns***

- Eligible for Medi-Cal Specialty Mental Health Services (SMHS)
- Eligible for the Drug Medi-Cal Organized Delivery System (DMC-ODS) OR, the Drug Medi-CAL (DMC) program



### ***Birth equity***

Adults and youth who:

- Are pregnant OR are postpartum (through 12 months period);
- AND
- Are subject to racial and ethnic disparities as defined by California public health data on maternal morbidity and mortality.

<sup>1</sup>Have aged out of foster care up to age 26 (was in foster care on their 18th birthday or later) in any state.

CalViva Health complies with applicable State and Federal civil rights laws and does not discriminate, exclude people or treat them differently because of race, color, national origin, age, mental disability, physical disability, sex (including pregnancy, sex characteristics, sexual orientation, and gender identity), religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender.

CalViva Health:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages
  - If you need these services, contact the CalViva Health at 1-888-893-1569 (TTY: 711), 24 hours a day, 7 days a week, 365 days a year.

Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to: CalViva Health 7625 N. Palm Ave. Suite 109, Fresno, CA 93711, 1-888-893-1569 (TTY/TDD 711) to use the California Relay Service

If you believe that CalViva Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sex characteristics, sexual orientation, and gender identity), you can file a grievance with CalViva Health Member Services. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact us 24 hours a day, 7 days a week by calling 1-888-893-1569. Or, if you cannot hear or speak well, please call (TTY/TDD 711) to use the California Relay Service
- In writing: Fill out a complaint form or write a letter and send it to: CalViva Health Member Appeals and Grievances Department, P.O. Box 10348, Van Nuys, CA 91410-0348. Fax: 1-877-831-6019
- In person: Visit your doctor's office or CalViva Health and say you want to file a grievance.
- Electronically: Visit CalViva Health's website at [www.CalVivaHealth.org](http://www.CalVivaHealth.org).

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing or electronically:

- By phone: Call 916-440-7370. If you cannot speak or hear well, please call 711.
- In writing: Fill out a complaint form or write a letter and send it to Deputy Director, Office of Civil Rights, Department of Health Care Services, Office of Civil Rights, P.O. Box 997413, MS 0009, Sacramento, CA 95899-7413. Complaint forms are available at [http://www.dhcs.ca.gov/Pages/Language\\_Access.aspx](http://www.dhcs.ca.gov/Pages/Language_Access.aspx)
- Electronically: Send an email to [CivilRights@dhcs.ca.gov](mailto:CivilRights@dhcs.ca.gov)

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, D.C. 20201

1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.

This notice is available at CalViva Health website:  
<https://www.calvivahealth.org/nondiscrimination-notice/>

**English:** If you, or someone you are helping, need language services, call Toll-Free 1-888-893-1569 (TTY: 711). Aids and services for people with disabilities, like documents in braille, accessible PDF and large print, are also available. These services are at no cost to you.

**Arabic:** إذا كنت أنت أو أي شخص تقوم بمساعدته، بحاجة إلى المساعدة في الحصول على الخدمات اللغوية، فاتصل بالرقم المجاني (TTY: 711) 1-888-893-1569. المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات بطريقة برايل، والملفات المنقولة (PDF) التي يمكن الوصول إليها، والطباعة الكبيرة، متوفرة أيضاً. تتوفر هذه الخدمات بدون تكلفة بالنسبة لك.

**Armenian:** Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, ունեն լեզվական օգնության կարիք, զանգահարեք անվճար 1-888-893-1569 (TTY՝ 711) հեռախոսահամարով: Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ բրեյլով փաստաթղթեր, մատչելի PDF և մեծ տպագրությամբ փաստաթղթեր: Այս ծառայությունները ձեզ համար անվճար են:

**Cambodian:** ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរសព្ទទៅលេខទូរសព្ទដោយគិតថ្លៃ 1-888-893-1569 (TTY: 711) ។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់មនុស្សពិការ ដូចជា ឯកសារជាអក្សរសម្រាប់មនុស្សពិការ PDF ដែលអាចប្រើសម្រាប់មនុស្សពិការ និងឯកសារត្រីសអក្សរធំៗ ក៏ត្រូវបានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះមិនមានគិតថ្លៃសម្រាប់អ្នកទេ។

**Chinese:** 如果您或者您正在帮助的人需要语言服务，请免费致电 1-888-893-1569 (TTY: 711)。还可提供面向残障人士的帮助和服务，例如盲文、无障碍 PDF 和大字版文档。这些服务免费为您提供。

**Farsi:** اگر شما یا هر فرد دیگری که به او کمک می‌کنید نیاز به خدمات زبانی دارد، با شماره رایگان (TTY: 711) 1-888-893-1569 تماس بگیرید. کمک‌ها و خدماتی مانند مدارک با خط بریل، چاپ درشت و PDF دسترس‌پذیر نیز برای معلولان قابل عرضه است. این خدمات هزینه‌ای برای شما نخواهد داشت.

**Hindi:** यदि आपको, या जिसकी आप मदद कर रहे हैं उसे, भाषा सेवाएँ चाहिए, तो इस टॉल फ्री नंबर पर कॉल करें 1-888-893-1569 (TTY: 711)। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे ब्रेले लिपि में दस्तावेज़, सुलभ PDF और बड़े प्रिंट वाले दस्तावेज़, भी उपलब्ध हैं। ये सेवाएँ आपके लिए मुफ्त उपलब्ध हैं।

**Hmong:** Yog hais tias koj, los sis ib tus neeg twg uas koj tab tom pab nws, xav tau cov kev pab cuam txhais lus, hu rau Tus Xov Tooj Hu Dawb 1-888-893-1569 (TTY: 711). Tsis tas li ntawd, peb kuj tseem muaj cov khoom siv pab thiab cov kev pab cuam rau cov neeg xiam oob qhab tib si, xws li cov ntaub ntawv su uas cov neeg tsis pom kev siv tau, cov ntaub ntawv PDF uas tuaj yeem nkag cuag tau yooj yim thiab cov ntaub ntawv luam tawm uas pom tus niam ntawv loj. Cov kev pab cuam no yog muaj pab yam tsis xam nqi dab tsi rau koj them li.

**Japanese:** ご自身またはご自身がサポートしている方が言語サービスを必要とする場合は、トールフリーダイヤル1-888-893-1569 (TTY: 711) にお問い合わせください。点字、アクセシブルPDF、大活字など、障がいのある方のための補助・サービスもご用意しています。これらのサービスは無料で提供されています。

**Korean:** 귀하 또는 귀하가 도와주고 있는 분이 언어 서비스가 필요하시면 무료 전화 1-888-893-1569 (TTY: 711)번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 점자, 액세스 가능한 PDF 및 대형 활자 인쇄본)도 제공됩니다. 이 서비스는 무료로 이용하실 수 있습니다.



**Laotian:** ຖ້າທ່ານ, ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ຕ້ອງການບໍລິການແປພາສາ, ໂທຫາເບີໂທຟຣີ 1-888-893-1569 (TTY: 711). ນອກນັ້ນ, ພວກເຮົາຍັງມີອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການອີກດ້ວຍ, ເຊັ່ນ ເອກະສານແບບບຣາຍແລ (braille) ສຳລັບຄົນຕາບອດ, ເອກະສານ PDF ທີ່ສາມາດເຂົ້າເຖິງໄດ້ສະດວກ ແລະ ເອກະສານພິມຂະໜາດໃຫຍ່. ການບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

**Mien:** Da'faanh Meih, Fai Heuc Meih Haih Tengx, Oix help Janx-kaeqv waac gong, Heuc Bieqcll-Free 1-888-893-1569 (TTY: 711). Jomc Caux gong Bun Yangh mienh Caux mv fungc, Oix dimc in braille, dongh eix PDF Caux Bunh Fiev, Haih yaac kungx nyei. Deix gong Haih buatc Yietc liuz maiv jaax-zinh Bieqc Meih.

**Punjabi:** ਜੇ ਤੁਹਾਨੂੰ, ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਨੂੰ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ 1-888-893-1569 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਰਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼, ਪਹੁੰਚਯੋਗ PDF ਅਤੇ ਵੱਡੇ ਫੰਟ, ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਹਨ।

**Russian:** Если вам или человеку, которому вы помогаете, необходимы услуги перевода, звоните на бесплатную линию 1-888-893-1569 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы в специальном формате PDF, напечатанные крупным шрифтом или шрифтом Брайля. Эти услуги предоставляются бесплатно.

**Spanish:** Si usted o la persona a quien ayuda necesita servicios de idiomas, comuníquese al número gratuito 1-888-893-1569 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en braille, en letra grande y en archivos PDF accesibles. Estos servicios no tienen ningún costo para usted.

**Tagalog:** Kung ikaw o ang taong tinutulungan mo ay kailangan ng tulong sa mga serbisyo sa wika, tumawag nang Walang Bayad sa 1-888-893-1569 (TTY: 711). Makakakuha rin ng mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumentong nasa braille, naa-access na PDF at malaking print. Wala kang babayaran para sa mga serbisyong ito.

**Thai:** หากคุณหรือคนที่คุณช่วยเหลือ ต้องการบริการด้านภาษา โทรแบบไม่เสียค่าธรรมเนียม บริการ 1-888-893-1569 (TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้พิการ เช่น เอกสารอักษรเบรลล์, PDF ที่เข้าถึงได้, และเอกสารที่พิมพ์ขนาดใหญ่ บริการเหล่านี้ไม่มีค่าใช้จ่ายสำหรับคุณ

**Ukrainian:** Якщо вам або людині, якій ви допомагаєте, потрібні послуги перекладу, телефонуйте на безкоштовну лінію 1-888-893-1569 (TTY: 711). Ми також надаємо матеріали та послуги для людей з обмеженими можливостями, як-от документи в спеціальному форматі PDF, надруковані великим шрифтом чи шрифтом Брайля. Ці послуги для вас безкоштовні.

**Vietnamese:** Nếu quý vị hoặc ai đó mà quý vị đang giúp đỡ cần dịch vụ ngôn ngữ, hãy gọi Số miễn phí 1-888-893-1569 (TTY: 711). Chúng tôi cũng có sẵn các trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu dạng chữ nổi braille, bản in khổ lớn và PDF có thể tiếp cận được. Quý vị được nhận các dịch vụ này miễn phí.



## Learn more about ECM children and youth

- 1 **Call CalViva Health at 888-893-1569 (TTY: 711),** toll free 24 hours a day, 7 days a week.
- 2 **Call the State's Medi-Cal Health Care Options at 800-430-4263** (TTY 800-430-7077).
- 3 **Ask the child or youth's doctor or clinic about the benefit.**

*For information regarding ECM for adults*

