Community Health Plan
OF IMPERIAL VALLEY

Enhanced Care Management

CHILDREN AND YOUTH

chpiv.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 Community Health Plan of Imperial Valley 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 Community Health Plan of Imperial Valley at 1-833-236-4141.

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 1-800-430-4263.

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.

Community Health Plan of Imperial Valley 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.[1]

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

- 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.

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

NONDISCRIMINATION NOTICE

Discrimination is against the law. Community Health Plan of Imperial Valley 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, sexual orientation, and gender identity), religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender.

Community Health Plan of Imperial Valley:

- 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, and 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 Community Health Plan of Imperial Valley (CHPIV) at 1-833-236-4141 (TTY: 711), 24 hours a day, 7 days a week.

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:
Community Health Plan of Imperial Valley (CHPIV)
Health Equity Department
P.O. Box 9103
Van Nuys, CA 91410-9103
1-833-236-4141 (TTY: 711)

HOW TO FILE A GRIEVANCE

If you believe that Community Health Plan of Imperial Valley has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, or sex (including pregnancy, sexual orientation, and gender identity), mental disability, physical disability, religion, ancestry, ethnic group identification, medical condition, genetic information, marital status, or gender you can file a grievance with CHPIV 1557 Coordinator. You can file a grievance by phone, in writing, in person, or electronically:

- By phone: Contact CHPIV 1557 Coordinator between 8:00 am and 8:00 pm (EST), Monday through Friday by calling 1-855-577-8234 (TTY: 711).
- In writing: Fill out a complaint form or write a letter and send it to:
- 1557 Coordinator, PO Box 31384, Tampa, FL 33631
- In person: Visit your doctor's office or CHPIV and say you want to file a grievance.
- Electronically: Visit CHPIV's website at https://chpiv.org.

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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 (Telecommunications Relay Service).
- In writing: Fill out a complaint form or send a letter 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.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origina, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, by phone, in writing, or electronically:

- By phone: Call 1-800-368-1019. If you cannot speak or hear well, please call TTY/TDD 1-800-537-7697.

- In writing: Fill out a complaint form or send a letter to:

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

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- Electronically: Visit the Office of Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English

If you, or someone you are helping, need language services, call 1-833-236-4141 (TTY: 711). Aids and services for people with disabilities, like documents in braille 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 الخدمات اللغوية، فاتصل بالرقم 1-833-236-4141 (TTY: 711) تتوفر أيضاً المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة برايل وبطباعة كبيرة. تتوفر هذه الخدمات بدون تكلفة بالنسبة لك.

Armenian

Եթե դուք կամ որևէ մեկը, ում դուք օգնում եք, ունեն լեզվական օգնության կարիք, զանգահարեք 1-833-236-4141 (TTY: 711)։ Հաշմանդամություն ունեցող մարդկանց համար հասանելի են օգնություն և ծառայություններ, ինչպես օրինակ՝ փաստաթղթեր բրայլով կամ խոշոր տպագրությամբ: Այս ծառայությունները ձեզ համար անվճար են:

Cambodian

ប្រសិនបើអ្នក ឬនរណាម្នាក់ដែលអ្នកកំពុងជួយ ត្រូវការសេវាផ្នែកភាសា សូមទូរសព្ទទៅលេខ 1-833-236-4141 (TTY: 711)។ ជំនួយ និងសេវាកម្មផ្សេងៗសម្រាប់អ្នកដែលពិការ ដូចជាឯកសារជាអក្សរស្ទាប និងជាអក្សរខ្នាតធំក៏មានផ្តល់ជូនផងដែរ។ សេវាកម្មទាំងនេះត្រូវបានផ្តល់ជូនអ្នកដោយមិនគិតថ្លៃ។

Chinese (Simplified)

如果您或者您正在帮助的人需要语言服务，请致电 1-833-236-4141 (TTY: 711)。还可提供面向残障人士的帮助和服务，例如盲文和大字版文档。这些服务免费为您提供。

Chinese (Traditional)

如果您或您正在幫助的其他人需要語言服務，請致電 1-833-236-4141 (TTY: 711)。另外，還為殘疾人士提供輔助和服務，例如盲文和大字版文件。這些服務對您免費提供。

Farsi

اگر شما یا هر فرد دیگری که به او کمک می‌کنید نیاز به خدمات زبانی دارد، با شمارهٔ 1-833-236-4141 (TTY: 711) تماس بگیرید. کمک‌ها و خدماتی مانند مدارک با خط بریل و چاپ درشت 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 कॉल करें 1-833-236-4141 (TTY: 711)। विकलांग लोगों के लिए सहायता और सेवाएं, जैसे 'ब्रेल' लिपि और बड़े प्रिंट में दस्तावेज़, भी उपलब्ध हैं। ये सेवाएँ आपके लिए मुफ़्त 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 1-833-236-4141 (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 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、1-833-236-4141（TTY: 711）。までお問い合わせください。障がいをお持ちの方のために、点字や大活字の文書などの補助・サービスも提供しています。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 1-833-236-4141 (TTY: 711) 번으로 연락해 주십시오. 장애가 있는 분들에게 보조 자료 및 서비스(예: 점자 및 대형 활자 인쇄본)도 제공됩니다. 이 서비스는 무료로 이용하실 수 있습니다.

Laotian
ຖ້າທ່ານ, ຫຼື ບຸກຄົນໃດໜຶ່ງທີ່ທ່ານກຳລັງຊ່ວຍເຫຼືອ, ຕ້ອງການບໍລິການແປພາສາ, ໂທ 1-833-236-4141 (TTY: 711) ນອກນັ້ນ, ພວກເຮົາຍັງມີອຸປະກອນຊ່ວຍເຫຼືອ ແລະ ການບໍລິການສຳລັບຄົນພິການອີກດ້ວຍ, ເຊັ່ນ ເອກະສານເປັນຕົວອັກສອນນູນ ແລະ ພິມຂະໜາດໃຫຍ່. ການບໍລິການເຫຼົ່ານີ້ແມ່ນມີໄວ້ຊ່ວຍເຫຼືອທ່ານໂດຍບໍ່ໄດ້ເສຍຄ່າໃດໆ.

Mien
Beiv hnangv meih ganh a’fai meih tengx ga’hlen mienh, se gorngv qiemx zuqc longc tengx porv waac bun muangx, mborqv finx lorz 1-833-236-4141 (TTY: 711). Mbenc duqv maaih jaa-dorngx aengx caux gong tengx waaic fangx mienh, beiv zoux sou benx nzangc-pokc bun hluo aengx caux domh nzangc. Naaiv deix gong-bou jauv-louc mv zuqc heuc meih ndortv nyaanh cingv.

Punjabi
ਜੇ ਤੁਹਾਨੂੰ ਜਾਂ ਜਿਸ ਦੀ ਤੁਸੀਂ ਮਦਦ ਕਰ ਰਹੇ ਹੋ, ਨੂੰ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ ਦੀ ਜ਼ਰੂਰਤ ਹੈ, ਤਾਂ 1-833-236-4141 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ। ਅਪਾਹਜ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ ਜਿਵੇਂ ਕਿ ਬ੍ਰੇਲ ਵਿੱਚ ਦਸਤਾਵੇਜ਼ ਅਤੇ ਵੱਡੇ ਪ੍ਰਿੰਟ ਵੀ ਉਪਲਬਧ ਹਨ। ਇਹ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਹਨ।

Russian
Если вам или человеку, которому вы помогаете, необходимы услуги перевода, звоните по телефону 1-833-236-4141 (TTY: 711). Кроме того, мы предоставляем материалы и услуги для людей с ограниченными возможностями, например документы, выполненные шрифтом Брайля или крупным шрифтом. Эти услуги предоставляются бесплатно.

Spanish
Si usted o la persona a quien ayuda necesita servicios de idiomas, comuníquese al 1-833-236-4141 (TTY: 711). También hay herramientas y servicios disponibles para personas con discapacidad, como documentos en braille y en letra grande. Estos servicios no tienen ningún costo para usted.

Tagalog
Kung ikaw o ang taong tinutulungan mo ay kailangan ng mga serbisyo sa wika, tumawag sa 1-833-236-4141 (TTY: 711). Makakakuha rin ng mga tulong at serbisyo para sa mga taong may mga kapansanan, tulad ng mga dokumentong nasa braille at mga malaking print. Wala kang babayaran para sa mga serbisyong ito.

Thai
หากคุณหรือคนที่คุณช่วยเหลือ ต้องการบริการด้านภาษา โทร 1-833-236-4141 (TTY: 711) นอกจากนี้ยังมีความช่วยเหลือและบริการสำหรับผู้ทุพพลภาพ เช่น เอกสารในรูปแบบอักษรเบรลล์และตัวพิมพ์ขนาดใหญ่ บริการเหล่านี้ ไม่มีค่าใช้จ่ายสำหรับคุณ

Ukrainian
Якщо вам або людині, якій ви допомагаєте, потрібні послуги перекладу, телефонуйте на номер 1-833-236-4141 (TTY: 711). Ми також надаємо матеріали та послуги для людей з обмеженими можливостями, як-от документи шрифтом Брайля або надруковані великим шрифтом. 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 1-833-236-4141 (TTY: 711). Chúng tôi cũng có sẵn các trợ giúp và dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và bản in khổ lớn. Quý vị được nhận các dịch vụ này miễn phí.

Learn more about ECM children and youth

1. **Call Community Health Plan of Imperial Valley at 1-833-236-4141 (TTY: 711),** 24 hours a day, 7 days a week.
2. **Call the State's Medi-Cal Health Care Options at 1-800-430-4263 (TTY 1-800-430-7077).**
3. **Ask the child or youth's doctor or clinic about the benefit.**

For information regarding ECM for adults

SCAN ME

Community Health Plan of Imperial Valley, 512 W. Aten Rd., Imperial, CA 92251

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