Enhanced Care Management (ECM) Chart Review Guide

Audit Overview

Program:	Enhanced Care Management (ECM)
Review Type:	ECM Chart Review Nurses
Reviewers:	CCAH Care Integration Team
Population:	Medi-Cal members enrolled in Enhanced Care Management (ECM)
Sample Size:	Targeted sampling of ECM members based on enrollment volume, risk indicators, and prior findings. Sample size may vary to ensure meaningful review and oversight.
Frequency:	Annually, and as needed, based on identified risk indicators or prior audit findings.
Look-Back Period	Up to 1 year
Data Sources:	Provider records and ECM documentation submitted for review

Scoring Definitions and Methodology

Yes (Compliant)	Documentation supports completion of the ECM requirement and reflects appropriate care coordination and service delivery during the review period.
No (non-compliant)	Documentation does not demonstrate completion of the ECM requirement or is missing, incomplete, or inconsistent.

Not/Applicable (N/A)	The ECM requirement does not apply based on the member's enrollment period, service applicability, or clinical circumstances.
Scoring Methodology	Each ECM requirement is reviewed and scored as Yes, No, or Not Applicable. N/A responses are excluded from score calculations.
Score Calculation and Performance Threshold	Individual chart scores reflect the percentage of compliant (Yes) responses among applicable requirements. Overall results summarize performance across all charts reviewed. A 70% benchmark is used to assess compliance. Charts scoring below the performance threshold may be routed for additional review.
Weighted Scoring Clarification	Weighted Scoring Clarification (2026 Update). Individual items are scored Yes (1), No (0), or N/A for compliance. Tier weights are applied during calculation per the Tiered Weighting Structure, and N/A responses are excluded from the denominator

Reviewer Instructions

Reviewers assess each applicable ECM requirement using documentation available within the ECM Chart Review Tool and supporting records. Responses must reflect the member's enrollment period, service applicability, and documentation present during the review timeframe. Reviewers must apply scoring independently of escalation designation. PI and PQI escalation determinations do not affect Yes/No/NA scoring outcomes.

Documentation Due Date (Cutoff Date):
The documentation due date provided to the ECM provider is the cutoff date for this review. Only documentation submitted by the cutoff date will be considered for scoring. Extensions will not be granted. Late documentation is not accepted for scoring but may be reviewed by Program Integrity as part of a formal dispute process.

No Late Documentation:
Once the chart review has started, no additional documentation, corrections, addenda, or replacement files will be accepted or used for scoring, even if dated within the review period. Any documentation received after the cutoff date is excluded from the

review and should not be added to the record set used for scoring. Documentation not received by the established cutoff date will result in a No score for any affected requirement that cannot be verified through the record set available by the cutoff date. If missing documentation prevents substantiation of ECM services or core requirements, the finding must be reviewed for Program Integrity escalation.

Record Set Used for Review:
The review must be completed using the fixed record set received by the cutoff date. Reviewers must save and or label the record set as "Received by Cutoff Date" to ensure consistency and prevent changes during the audit process.

The only exception is correcting a Plan error, such as documentation submitted by the cutoff date that was not included in the review due to administrative or technical issues. In such cases, the original submission date must be verifiable. No new or revised provider documentation may be added.

Insufficient Sample Size (10-chart target):
If fewer than the required number of charts (10% of enrolled ECM members) are available at the time of review due to enrollment volume, timing, or data availability, reviewers will score using all available applicable charts received by the cutoff date. Charts received after the cutoff date will not be accepted.

Provider Clarification Period
Following completion of the initial chart review, providers may be offered a one-time clarification period of up to five (5) business days to submit written clarification or explanation regarding documentation already submitted by the original cutoff date.

This clarification period is limited to explanation only and does not permit submission of new documentation, revised records, addenda, or replacement files. Clarifications may be used to interpret existing documentation but may not be used to cure missing documentation.

Final Review Determination
Following receipt of any provider clarification, reviewers will finalize scoring based solely on documentation received by the cutoff date and issue a final determination within five (5) business days.

Managing Partial Documentation:
Partial documentation that does not fully demonstrate completion of the ECM requirement must be scored as No (Non-compliant)

Care Management Reflects ECM-Level Clinical Case Management
Reviewers must assess whether the record demonstrates ECM-level clinical case management across the Member's documented needs, diagnoses, risks, care plan, and service history. This requirement is not met by administrative activity alone. Appointment scheduling, transportation coordination, referral submission, general check-ins, or documentation that only states "followed up" are not sufficient unless the record also shows clinical case management action, coordination, education, monitoring, or follow-up tied to the Member's identified needs.

To score Compliant, documentation must show that care management activities were connected to the Member's condition, risks, barriers, or care plan needs. Evidence may include condition-specific assessment, health education, symptom monitoring, medication adherence support, self-management education, prevention strategies, PCP and/or specialist coordination, follow-up on provider recommendations, Member or support person understanding, and reassessment or reinforcement over time.

Score No when documentation does not show ECM-level clinical case management, when care is limited to administrative tasks, or when the record lacks sufficient detail to support condition-specific education, monitoring, coordination, self-management support, prevention, or follow-up.

Use N/A only when the Member's enrollment duration, documented clinical status, or verified circumstances make this requirement not applicable during the review period. Do not use N/A because documentation is missing, vague, or incomplete.

Program Integrity (PI) and PQI Review Routing
If the overall score is below 70%, the review must be escalated to Program Integrity for further review and follow-up. In addition, individual chart findings may be routed for further review regardless of overall score. Tier assignment and weighting reflect scoring impact only. Identified findings may require additional review based on the nature of the issue.

Findings that indicate billing, eligibility, or service-substantiation risk are routed to Program Integrity (PI). These determinations may occur on a chart-level or finding-level basis.

Findings designated as a Potential Quality Issue (PQI), defined as a deviation or suspected deviation from expected provider performance, clinical care, or care delivery that cannot be determined to be justified without additional review, are routed to the Program Quality Department for further evaluation. PQI routing may occur independently of Program Integrity escalation.

PQI designation does not alter tier assignment, weighting, or scoring and is managed separately from Program Integrity review. Reviewers must apply scoring independently of PI or PQI routing. Routing determinations do not affect scoring outcomes.

References: DHCS Enhanced Care Management (ECM) Policy Guide, January 2026.

#	Requirement	Methodology		Policy/Regulatory/Citations
	Core Service #1: Outreach and Engagement			
1	Outreach and engagement efforts to support ECM enrollment and initial engagement were documented?	**1**	Documentation demonstrates timely outreach and engagement attempts to the Member following ECM enrollment, consistent with the Member's identified risk level.	DHCS CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM: Outreach and Engagement, p. 55 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate outreach or engagement attempts, or outreach is insufficient to support ECM enrollment and engagement.	

		N/A	The requirement does not apply due to enrollment timing or documented clinical or administrative circumstances.	
2	Member communication and engagement were culturally and linguistically appropriate.	**1**	Documentation reflects communication and engagement efforts that are culturally and linguistically appropriate to the Member, including use of preferred language, interpreter services, or other accommodations when indicated.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM, 1) Outreach and Engagement, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate culturally or linguistically appropriate communication.	
		N/A	The requirement does not apply based on the Member's communication needs or documented circumstances.	
3	Member engagement included at least two in-person contacts per month unless otherwise documented.	**1**	Documentation reflects at least two in-person contacts per month or clearly documents Member	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service

			preference or barriers to in-person engagement.	Components of ECM, 1) Outreach and Engagement, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not reflect required in-person contacts and lacks justification.	
		N/A	Requirement does not apply due to enrollment timing or documented circumstances.	
4	Alternative communication methods were used when in-person contact was not feasible or when the Member's preference for non-in-person engagement was documented. ECM is intended to be interdisciplinary, high touch, person centered and provided primarily through in-person interactions with Members where they live, seek care and prefer to access services.	**1**	Documentation reflects use of alternative communication methods when in-person engagement was not feasible or preferred.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM, Overview of ECM Core Service Components, 2) Comprehensive Assessment and Care Management Plan, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not reflect alternative engagement methods when needed.	
		N/A	Requirement does not apply because in-person engagement occurred as required.	
	CORE SERVICE #2: Comprehensive Assessment and Care Management Plan			
5	Clinical and non-clinical information was used to assess the Member's health status and identify gaps in care.	**1**	Documentation reflects use of clinical and non-clinical information to assess the	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service

			Member's physical, behavioral, social, and functional needs and identify gaps in care.	Components of ECM, 2) Comprehensive Assessment and Care Management Plan, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate a comprehensive assessment of clinical and non-clinical information or identification of gaps in care.	
		N/A	The requirement does not apply based on enrollment timing or documented circumstances.	
6	A Comprehensive Health Assessment or Comprehensive Health Risk Assessment was completed; best practice is within 30 days and includes the DHCS-standardized LTSS referral questions to identify and refer members with potential LTSS needs. This process actively involved the ECM member (and their parent, caregiver, or guardian, as applicable), along with appropriate clinical input, to support development of a comprehensive, individualized, person-centered care plan.	**1**	Documentation reflects timely completion of the Comprehensive Health Assessment (best practice: within 30 days), incorporating appropriate clinical input, person-centered engagement, and the DHCS-standardized LTSS referral questions.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM, 2) Comprehensive Assessment and Care Management Plan, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate completion of the Comprehensive Health Assessment consistent with	

			best practice or inclusion of required elements.	
		N/A	The requirement does not apply due to enrollment timing or documented exceptions.	
7	Comprehensive Health Assessment was updated when there was a notable change in the Member's health or social status.	**1**	Documentation reflects that the Comprehensive Health Assessment was updated when significant changes in the Member's health or social status occurred.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM, 2) Comprehensive Assessment and Care Management Plan, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not reflect timely updates to the Comprehensive Health Assessment.	
		N/A	The requirement does not apply due to duration of enrollment or documented circumstances.	
8	The Care Management Plan was developed following ECM enrollment; best practice is within 90 days.	**1**	Documentation reflects that a Care Management Plan was developed, best practice 90 calendar days following ECM enrollment, based on the Comprehensive Health Assessment.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM, 2) Comprehensive Assessment and Care Management Plan, Pg. 56 CCAH ECM Core Services Policy #405-1328

		0	Documentation does not demonstrate the development of a Care Management Plan within the required timeframes.	CCAH ECM Care Management Overview Policy #404-1308
		N/A	The requirement does not apply due to enrollment timing or documented circumstances.	
9	Care Management Plan incorporated identified needs, goals, and interventions to address needs.	**1**	Documentation reflects that the Care Management Plan incorporates identified needs, goals, and interventions aligned with the Member's preferences and priorities.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM, 2) Comprehensive Assessment and Care Management Plan, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not reflect alignment between identified needs and the Care Management Plan.	
		N/A	The requirement does not apply based on enrollment timing or documented circumstances.	
10	Care Management Plan was reviewed and updated when there were changes in the Member's health status, social needs, goals, or service utilization.	**1**	Documentation reflects review and updates to the Care Management Plan when changes in health status,	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026: V. Core Service Components of ECM, 2) Comprehensive

			social needs, goals, or service utilization occur.	Assessment and Care Management Plan, Pg. 56 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not reflect timely review or updates to the Care Management Plan.	
		N/A	The requirement does not apply based on enrollment duration or documented circumstances.	
	Core Service #3 Enhanced Coordination of Care			
11	Care coordination activities supported ongoing communication, information sharing, and follow-up across involved providers and systems to support continuous, integrated care.	**1**	Documentation shows communication, follow-up, or sharing information between multiple providers or systems. Evidence supports ongoing coordination, not one-time contact	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 3) Enhanced Coordination of Care, Pg. 58-59 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate coordination activities. Communication is absent, minimal, or not tied to care coordination.	
		N/A	The requirement does not apply based on the Member's	

			services, enrollment timing, or documented circumstances.	
12	The Member received ongoing outreach, education, and care coordination support to promote active engagement in their care and treatment.	**1**	Documentation reflects ongoing outreach, education, and care coordination support provided to the Member to promote engagement in care and treatment.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 1) Outreach and Engagement Pg. 55-56 3) Enhanced Coordination of Care, Pg. 58-59 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate ongoing outreach, education, or engagement support.	
		N/A	The requirement does not apply based on enrollment timing or documented circumstances.	
13	The ECM provider coordinated and engaged with providers identified as part of the Member's ECM Care Team, as applicable.	**1**	Documentation reflects coordination and engagement with providers identified as part of the ECM Care Team, including communication and collaboration as appropriate.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 3) Enhanced Coordination of Care, Pg. 58-59 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate coordination or engagement with the identified ECM Care Team providers.	

		N/A	The requirement does not apply due to provider availability or documented circumstances.	
14	Regular contact with the Member and authorized parties occurred to support care coordination and information sharing	**1**	Documentation reflects regular contact with the Member and/or authorized representatives to support care coordination and information sharing.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 3) Enhanced Coordination of Care, Pg. 58-59 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate regular contact with the Member or authorized parties.	
		N/A	The requirement does not apply based on enrollment timing or documented circumstances.	
	Core Service #4 Health Promotion and Preventive Care			
15	Resources, referrals, and/or education were provided to support health promotion and preventive care.	**1**	Documentation reflects the provision of resources, referrals, and/or education to support health promotion and preventive care needs.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 3) Enhanced Coordination of Care, Pg. 58-59, 4) Health Promotion Pg. 59, 7) Coordination of and Referral to Community and Social Support Services Pg. 62
		0	Documentation does not demonstrate the provision of	

			resources, referrals, or education related to preventive care.	CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		N/A	The requirement does not apply based on Member needs or documented circumstances.	
	Core Service #5 Transitional Care Services			
16	Discharge planning documentation was developed, updated, and coordinated with involved providers to support safe transitions of care, when applicable	**1**	Documentation shows discharge planning was created/updated and includes coordination with relevant providers (SNFs, RCFEs, hospital team, PCP, specialists, ECM team) to support a safe transition. Evidence may include discharge plan, transition plan, outreach notes, coordination emails, or documented calls.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 5) Transitional Care Services Pg. 60-61 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not show discharge planning was developed/updated and coordinated with involved providers, or discharge planning is missing/incomplete for a	

			transition that occurred during the review period.	
		N/A	No inpatient admission/discharge or transition event occurred during the review timeframe, or the requirement is not applicable based on the Member's situation during the review period.	
17	Discharge risk assessment and coordination of post-discharge follow-up services were completed to support safe transitions of care, when applicable	**1**	Documentation reflects discharge risk assessment and coordination of post-discharge follow-up services to support continuity of care.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 5) Transitional Care Services Pg. 60-61 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate discharge risk assessment or coordination of follow-up services.	
		N/A	The Member did not experience a transition of care during the review period.	
18	Medication reconciliation was completed following transitions of care or changes in treatment, when applicable	**1**	Documentation reflects medication reconciliation was performed when applicable. Evidence may include a reconciled med list,	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 5) Transitional Care Services Pg. 60-61

			comparison of discharge meds vs current meds, confirmation of changes, documentation of discrepancies addressed, and communication with the PCP/pharmacy when needed.	CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not reflect medication reconciliation when it should have occurred based on the Member's circumstances (example: recent discharge, medication changes, new prescriptions, transition between settings, or documented med concerns) during the review period.	
		N/A	No medication reconciliation was indicated during the review timeframe based on documented circumstances (no med changes identified, no transition event requiring reconciliation, and no medication management needs documented).	

19	ECM services were discontinued, transitioned, or closed in accordance with program requirements, including required documentation of outreach attempts and completion of closure or transition planning, when applicable.	**1**	Documentation demonstrates that ECM services were appropriately discontinued, transitioned, or closed in accordance with program requirements, including documented outreach attempts and completion of required closure or transition planning.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, VIII. Engaging Members In ECM, Discontinuing Delivery of ECM Pg. 115-116 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate appropriate closure or transition of ECM services, including missing closure documentation, insufficient outreach attempts, or failure to complete required transition processes.	
		N/A	ECM services remained active during the review period.	
20	Transition to a lower level of care or graduation planning occurred when the Member no longer met ECM criteria or was ready for step-down services, when applicable	**1**	Documentation reflects assessment of readiness, coordination of step-down services, and transition to a lower level of care or graduation from ECM, as appropriate.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, VIII. Engaging Members In ECM, Discontinuing Delivery of ECM Pg. 115-116 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	No evidence of transition or graduation planning when the	

			Member no longer required ECM level services.	
		N/A	Member continued to meet ECM criteria during the review period.	
	Core Service #6 Member and Family Supports			
21	Support and referrals were provided to promote adherence to treatment plans, appointments, and prescribed services, and to address identified barriers to compliance, when indicated.	**1**	Documentation shows the ECM team provided support/referrals to help the Member follow treatment plans, keep appointments, and access prescribed services, and addressed barriers when identified (transportation, reminders, health literacy, scheduling support, care coordination, referrals).	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 3) Enhanced Care Coordination Pg. 58-59, 4) Health Promotion Pg. 59, 7) Coordination of and Referral to Community and Social Support Services Pg. 62, 6) Member and Family Supports Pg. 61-62 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not show adherence support/referrals when barriers or needs were identified, or support was not documented clearly enough to demonstrate the requirement was met.	

		N/A	No adherence barriers or need for support/referrals were identified during the review period, based on documentation.	
22	Documentation reflected the Member's authorized support person(s), when applicable	**1**	Documentation identifies authorized support person(s) when applicable (Authorized person, caregiver, family member, legal representative) and reflects appropriate involvement/communication consistent with authorization and Member preference.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 6) Member and Family Supports Pg. 61-62 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not identify authorized support person(s) when applicable, or involvement/communication is not supported in the record when it should be present (ex: Member has an Authorized person /caregiver, but no documentation reflects this).	
		N/A	Member has no authorized support person(s), or involvement is not applicable based on documented preference/circumstances.	

23	Education and support were provided to ensure the Member and/or support person(s) were informed and able to manage the Member's condition.	**1**	Documentation shows education/supports were provided that help the Member/support person(s) manage the condition (examples: condition education, medication education, symptom monitoring guidance, care plan education, resource coaching, disease management supports).	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 4) Health Promotion Pg. 59, 6) Member and Family Supports Pg. 61-62 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not show education/supports were provided when needs are present, or documentation is too limited to support that the requirement was met.	
		N/A	education/support was not indicated during the review period based on documentation (no relevant needs identified, or Member declined and this is documented).	
24	The Member and/or authorized support person(s) signed and received a copy of Care	**1**	Documentation shows the care plan was shared and the Member and/or authorized	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service

	Plan and information on how to request updates.		support person(s) signed and/or acknowledged receipt, consistent with your tool's expectation (signature, attestation, documented acknowledgement, or documented method of delivery).	Components of ECM, 6) Member and Family Supports Pg. 61-62 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not show the care plan was provided and signed/acknowledged when applicable, or evidence is missing/incomplete.	
		N/A	Care plan was not required yet based on enrollment timing, Member declined and refusal is documented, or signature/receipt is not applicable based on documented circumstances.	
	Core Service #7 Community and Social Supports			
25	Assessment and referral to appropriate Community Support Services were completed when indicated.	**1**	Documentation shows needs were assessed and appropriate referrals were made for Community Supports when indicated (example: housing-related	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 3) Enhanced Care Coordination Pg. 58-59, 4) Health Promotion Pg. 59, 7) Coordination of and

			supports, nutrition, recuperative care, respite, personal care, etc.), including follow-through steps documented as applicable.	Referral to Community and Social Support Services Pg. 62 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not show assessment and referral to Community Supports when needs were identified/indicated, or referrals are missing/incomplete for the review period.	
		N/A	Community Supports were not indicated during the review timeframe based on documented assessment and Member needs.	
26	Coordination and follow-up occurred for referrals to Community Social Support Services	**1**	Documentation shows follow-up on referrals occurred (status checks, outreach to the agency, tracking outcomes, helping Member complete steps, documenting barriers, and next actions).	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, V. Core Service Components of ECM, 3) Enhanced Care Coordination Pg. 58-59, 4) Health Promotion Pg. 59, 7) Coordination of and Referral to Community and Social Support Services Pg. 62 CCAH ECM Core Services Policy #405-1328
		0	Documentation does not show coordination/follow-up after referrals were made	

			when follow-up was needed, or the outcome/status is not documented.	CCAH ECM Care Management Overview Policy #404-1308
		N/A	No referrals were made during the review period, or follow-up is not applicable due to timing (recent referral with documented plan to follow up) or documented circumstances.	
27	ECM services were timely disenrolled following sustained non-engagement, including documented outreach attempts and adherence to required timeframes, when applicable.	**1**	Documentation demonstrates that sustained non-engagement was identified and ECM services were disenrolled within required timeframes (for example, within 45 calendar days), including documented outreach and engagement attempts prior to closure, when applicable.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, VIII. Engaging Members In ECM, Discontinuing Delivery of ECM Pg. 115-116 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate timely disenrollment following sustained non-engagement, or outreach attempts and non-engagement thresholds were not adequately documented.	

		N/A	The Member remained actively engaged in ECM services during the review period, or non-engagement thresholds were not met.	
	#8 Continuation of Services			
28	Transition to a lower level of care or case management occurred when appropriate	**1**	Documentation demonstrates that a transition to a lower level of care or case management occurred when appropriate, including assessment of readiness, coordination of services, and documented transition planning.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, VIII. Engaging Members In ECM, Discontinuing Delivery of ECM Pg. 115-116 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate transition planning or coordination when the Member no longer met ECM criteria or was appropriate for step-down services.	
		N/A	The Member continued to meet ECM eligibility criteria during the review period, or transition to a lower level of care was not indicated based on documented circumstances.	
	#9 Population of Focus			

29	Does the care provided and documentation reflect the Member's identified ECM Population of Focus?	**1**	The care provided and documentation clearly reflects the Member's identified ECM Population of Focus, including alignment between documented needs, interventions, and services delivered.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, IV. ECM Populations of Focus Pg. 10-54 CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not reflect alignment with the Member's identified ECM Population of Focus, or the Population of Focus is missing, incorrect, or unsupported by the documentation.	
		N/A	Not applicable based on enrollment timing or documented circumstances (for example, insufficient review period to assess alignment).	
	#10 Overall ECM Eligibility and Service Delivery Review			
30	Care management activities reflect ECM-level clinical case management, including condition-specific assessment, health education, symptom monitoring, prevention strategies, self-management support, PCP and/or specialist coordination, and documented follow-up based on the Member's identified clinical needs.	**1**	Documentation demonstrates ECM-level clinical case management. The record shows that care management activities were tied to the Member's diagnosed conditions, risks, barriers, and care plan needs.	DHCS, CalAIM Enhanced Care Management (ECM) Policy Guide, January 2026, IV: Comprehensive Assessment and Care Management Plan, Pg. 56; Enhanced Coordination of Care, Pg. 58–59; Health Promotion, Pg. 59; Member and Family Supports, Pg. 61–62.

			Documentation includes condition-specific assessment, health education, symptom monitoring, self-management support, prevention strategies, PCP and/or specialist coordination when indicated, and evidence of Member or support person engagement. The record shows ongoing follow-up, reassessment, reinforcement, or care plan progression over time.	CCAH ECM Core Services Policy #405-1328 CCAH ECM Care Management Overview Policy #404-1308
		0	Documentation does not demonstrate ECM-level clinical case management. The record lacks condition-specific assessment, health education, symptom monitoring, self-management support, prevention strategies, PCP/specialist coordination when indicated, or follow-up. Documentation is limited to administrative tasks, general check-ins, appointment scheduling, transportation, or referrals without evidence of clinical intervention or care plan progression.	

		N/A	The requirement does not apply based on the Member's enrollment duration, documented clinical status, or verified circumstances during the review period. N/A should not be used solely because documentation is missing or limited.	

	Tiered Weighting Structure				
Tier	**Category**	**Description**	**Included Items**	**Weight**	**Rationale**
1-High	**Highest Program Integrity and regulatory impact. Weaknesses here compromise documentation defensibility and may indicate unsubstantiated services.**	Requirements tied directly to DHCS ECM core-service compliance, documentation defensibility, service substantiation, and transitions of care.	**6, 7, 8, 9, 10, 16, 17, 18, 29,30**	**5**	Highest Program Integrity impact. These items support eligibility, service substantiation, and documentation defensibility of ECM billing. Certain items may also reflect clinical safety or care-delivery concerns and are

					reviewed through Program Quality processes when applicable.
2-Moderate	**Core ECM Service Delivery**	Ongoing care coordination, education, outreach, resource linkage, and communication with providers.	**5, 11, 12, 13, 14, 15, 21, 25, 26**	**3**	Represents core ECM activities; key indicator of whole-person care.
3-Low	**Engagement & Access Quality**	Outreach strategies, culturally/linguistically appropriate communication, and member support.	**1, 2, 3, 4, 22, 23, 24**	**1**	Important for equity and quality; lower clinical risk.
4-Moderate-High when applicable	**Transitions & Closure (Conditional)**	Transition planning, graduation, discontinuation, and non-engagement closure.	**19, 20, 27, 28**	**2 + conditional penalty**	Only scored when applicable; a "No" results in a significant penalty to reflect transition-related risk. N/A remains neutral.

Program Escalations

This section defines post-scoring escalation managing only. Escalation designation does not alter scoring, weighting, or tier assignment.

Enhanced Care Management (ECM) Chart Review Guide

Requirement Item #	Required Item	Weight	Escalation Category
1	Outreach and engagement documented	1	PQI Pattern-Based Review
2	Culturally/linguistically appropriate communication	1	PQI Pattern-Based Review
3	In-person contact frequency	1	PI Pattern-Based Review
4	Alternative communication methods used	1	PQI Pattern-Based Review
5	Clinical/non-clinical information used to guide care.	3	PQI Pattern-Based Review
6	Comprehensive Health Assessment completed.	5	**Automatic PI & PQI**
7	Assessment updated when required.	5	PQI Pattern-Based Review
8	Care Management Plan developed.	5	**Automatic – PI**
9	Care Plan includes needs/goals/interventions	5	PQI Pattern-Based Review
10	Care Plan reviewed and updated.	5	PQI Pattern-Based Review
11	Ongoing care coordination documented.	3	PQI Pattern-Based Review

12	Ongoing outreach, education, and support	3	PQI Pattern-Based Review
13	Coordination with ECM Care Team	3	PQI Pattern-Based Review
14	Regular contact with members and member-designated supports system	3	PQI Pattern-Based Review
15	Health promotion/preventive supports	3	PQI Pattern-Based Review
16	Discharge planning documentation	5	**Automatic – PQI**
17	Post-discharge coordination.	5	**Automatic -PQI**
18	Medication reconciliation	5	PQI Pattern-Based Review
19	ECM services discontinued/closed appropriately.	2+2 penalty	**Automatic – PI**
20	Stepdown/graduation when appropriate	2+2 penalty	**Automatic – PI**
21	Adherence supports provided	3	PQI Pattern-Based Review
22	Authorized supports documented	1	PQI Pattern-Based Review
23	Education/self-management supports	1	PQI Pattern-Based Review
24	Care Plan signed/acknowledged	1	**Automatic – PI**

25	**Community Supports assessed/referred**	3	PQI Pattern-Based Review
26	**Community Supports follow-up**	3	PQI Pattern-Based Review
27	**Timely disenrollment after non-engagement**	2+2 penalty	**Automatic – PI**
28	**Transition to a lower level of care completed**	2+2 penalty	**Automatic – PI**
29	**Correct Population of Focus documented**	5	**Automatic – PI**
30	**Care management reflects ECM-level clinical case management**	5	PQI & PI Pattern-based

For items designated as Pattern-Based Review, repeated failures across multiple charts (for example, three or more occurrences of the same issue) may indicate a systemic concern. Potential Quality Issues (PQI) are referred to the Quality Improvement & Population Health department for further review. Program Integrity may assess patterns of PI-related failures in accordance with established integrity review processes. Escalation designation does not alter scoring, weighting, or tier assignment.

Change Log			
Date	**Version**	**Change Description**	**Owner**
02/27/2026	2026.1	Added tiered weighting structure, conditional Tier-4 penalty, Program Integrity Trigger items, updated scoring methodology, updated tables, and clarified reviewer instructions.	Care Integration

03/10/2026	2026.2	Added required language clarifications (no extensions, cutoff-date rules, clarification-period rules). Updated formatting and aligned documentation cut off guidance with audit communications. Program Integrity trigger updates pending PI confirmation.	Care Integration
03/12/2026	2026.3	Reorganized Guide structure to place Tiered Weighting Structure and Program Escalations at the end of the document. Added Program Escalations table covering all 29 ECM requirements, incorporating post-scoring escalation logic (Automatic – PI, Automatic – PQI, PI/PQI Pattern-Based Review). Clarified separation of scoring, weighting, and escalation. Preserved existing tiers and weights while aligning Program Integrity and Program Quality escalation pathways based on PI guidance.	Care Integration
3/24/2026	2026.4	Finalized chart review escalation logic and summary display. Clarified	Care Integration

		Program Integrity (PI) and Potential Quality Issue (PQI) routing to reflect score-based and item-level findings without altering scoring methodology or tier weighting. Updated audit sampling methodology to apply a standard 10% whole-chart review of currently enrolled ECM members, with expanded sampling criteria defined for identified risk. Validated escalation visibility, conditional formatting, and reviewer guidance for consistency and accuracy.	
4/21/2026	2026.5	Replaced fixed chart sample size with a risk-based sampling approach to allow flexibility based on provider size, risk indicators, and prior findings.	Care Integration
5/20/2026	2026.5	Added Question 30, Care Management Reflects ECM-Level Clinical Case Management, under Overall ECM Eligibility and Service Delivery Review. Updated scoring structure from 29 to 30 ECM review elements.	Care Integration

		Added review criteria for condition-specific assessment, health education, symptom monitoring, prevention strategies, self-management support, PCP/specialist coordination, member engagement, and documented follow-up. Added reviewer instructions to clarify that administrative activity alone does not meet ECM-level clinical case management. Updated scoring formulas and escalation logic to include the new question.	