

# Provider Bulletin

Molina Healthcare of California

[molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx](https://molinahealthcare.com/members/ca/en-us/health-care-professionals/home.aspx)

December 30, 2024

- Imperial
- Riverside
- San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

## Enhanced Care Management (ECM) Referral Standards and Presumptive Authorization Guidance

This is an advisory notification to Molina Healthcare of California (MHC) network providers applicable to the Medi-Cal line of business.

### What you need to know:

In August 2024, the Department of Health Care Services (DHCS) introduced updated ECM Referral Standards and Presumptive Authorization requirements to streamline and standardize access to ECM services.

In response, MHC has revised referral processes and updated provider resources to simplify ECM service delivery, improve provider access, and ensure efficient implementation of presumptive authorization.

Molina's ECM team will provide additional guidance on the Presumptive Authorization process at the next ECM Office Hours session on January 8<sup>th</sup>, 2025.

### When this is happening:

Starting January 1, 2025:

- MHC will align its ECM Referral Forms with the standardized [ECM Referral Standards](#), ensuring consistent information is provided across all Managed Care Plans.
- Under [ECM Presumptive Authorization](#), select ECM Providers will be allowed to initiate ECM services before submitting a referral to MHC, with reimbursement provided for services rendered within a 30-day timeframe.

## Provider Action

Providers can access the revised ECM Referral Forms on our website:

[molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx](https://molinahealthcare.com/providers/ca/medicaid/forms/fuf.aspx)

- Adult Member Referral Form: [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Enhanced-Care-Management-Member-Referral-Form-Adult.ashx](https://molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Enhanced-Care-Management-Member-Referral-Form-Adult.ashx)
- Child and Youth Member Referral Form: [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Enhanced-Care-Management-Member-Referral-Form-Child-and-Youth.ashx](https://molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/Enhanced-Care-Management-Member-Referral-Form-Child-and-Youth.ashx)

Providers can reference the following resources for additional information on this guidance:

1. Webinar: [molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/ECM-Guidance-Referral-Standards-and-Presumptive-Authorization.pdf](https://molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/ca/Medicaid/ECM-Guidance-Referral-Standards-and-Presumptive-Authorization.pdf)
2. Video: [youtube.com/watch?v=faRxED4dexM](https://youtube.com/watch?v=faRxED4dexM)
3. Meeting Transcript: [dhcs.ca.gov/CalAIM/ECM/Documents/Streamlining-Access-to-ECM-New-ECM-Referral-Standards-and-Presumptive-Authorization-Guidance.pdf](https://dhcs.ca.gov/CalAIM/ECM/Documents/Streamlining-Access-to-ECM-New-ECM-Referral-Standards-and-Presumptive-Authorization-Guidance.pdf)



## What if you need assistance?

If you have any questions regarding the notification, please contact your Molina Provider Relations Representative below.

Service County Area	Provider Relations Representative	Contact Number	Email Address
Los Angeles County	Clemente Arias	562-517-1014	<a href="mailto:Clemente.Arias@molinahealthcare.com">Clemente.Arias@molinahealthcare.com</a>
	Christian Diaz	562-549-3550	<a href="mailto:Christian.Diaz@molinahealthcare.com">Christian.Diaz@molinahealthcare.com</a>
	Daniel Amirian	562-549-4809	<a href="mailto:Daniel.Amirian@molinahealthcare.com">Daniel.Amirian@molinahealthcare.com</a>
	Anita White	562-980-3947	<a href="mailto:Princess.White@molinahealthcare.com">Princess.White@molinahealthcare.com</a>
	Elias Gomez	562-517-0445	<a href="mailto:Elias.Gomez@molinahealthcare.com">Elias.Gomez@molinahealthcare.com</a>
Los Angeles / Orange County	Maria Guimoye	562-549-4390	<a href="mailto:Maria.Guimoye@molinahealthcare.com">Maria.Guimoye@molinahealthcare.com</a>
Sacramento County	Johonna Eshalomi	279-895-9354	<a href="mailto:Johonna.Eshalomi@molinahealthcare.com">Johonna.Eshalomi@molinahealthcare.com</a>
	Marina Higby	916-561-8550	<a href="mailto:Marina.Higby@molinahealthcare.com">Marina.Higby@molinahealthcare.com</a>
San Bernardino County	Luana McIver	909-501-3314	<a href="mailto:Luana.Mciver@molinahealthcare.com">Luana.Mciver@molinahealthcare.com</a>
San Bernardino / Riverside County	Vanessa Lomeli	909-577-4355	<a href="mailto:Vanessa.Lomeli2@molinahealthcare.com">Vanessa.Lomeli2@molinahealthcare.com</a>
Riverside County	Patricia Melendez	562-549-3957	<a href="mailto:Patricia.Melendez@molinahealthcare.com">Patricia.Melendez@molinahealthcare.com</a>
San Diego / Imperial County	Salvador Perez	562-549-3825	<a href="mailto:Salvador.Perez@molinahealthcare.com">Salvador.Perez@molinahealthcare.com</a>
	Lincoln Watkins	858-300-7722	<a href="mailto:Lincoln.Watkins@molinahealthcare.com">Lincoln.Watkins@molinahealthcare.com</a>
	Toree Johnson	858-974-1726	<a href="mailto:Toree.Johnson@molinahealthcare.com">Toree.Johnson@molinahealthcare.com</a>

California Facilities (Hospitals, SNFs, CBAS, ICF/DD & ASC Providers)	Facility Representative	Contact Number	Email Address
San Diego & Sacramento, California Facilities	Dolores Ramos	562-549-4900	<a href="mailto:Dolores.Ramos@molinahealthcare.com">Dolores.Ramos@molinahealthcare.com</a>
Los Angeles, California Facilities	Laura Gonzalez	562-549-4887	<a href="mailto:Laura.Gonzalez3@molinahealthcare.com">Laura.Gonzalez3@molinahealthcare.com</a>
Riverside & San Bernardino, California Facilities	Mimi Howard	562-549-3532	<a href="mailto:Smimi.Howard@molinahealthcare.com">Smimi.Howard@molinahealthcare.com</a>

If you are not contracted with Molina and your fax number is not shared with a contracted provider, and you wish to opt out of receiving the MHC Provider Bulletin, please email [mhcproviderbulletin@molinahealthcare.com](mailto:mhcproviderbulletin@molinahealthcare.com).

Please include the provider's name, NPI, county, and fax number, and you will be removed within 30 days.

Molina Healthcare of California: 200 Oceangate, Suite 100, Long Beach, CA 90802