



Sacramento COVID Response Rehousing Effort

8.17.2022 PRK Rehousing Providers Meeting
Overview of CalAIM's Housing-Related Services

Today's Meeting: CalAIM Resources

- Overview of CalAIM's Housing-Related Services
 - Enhanced Care Management (ECM)
 - Community Supports
- ECM and Community Supports in Sacramento
- Referral Process for People Experiencing Homelessness

CalAIM Overview

- CalAIM = California Advancing and Innovating Medi-Cal
 - New Medi-Cal initiative that seeks to improve the health of Californians, particularly focused on Californians with the most complex needs
 - People experiencing homelessness who have physical or behavioral health issues are one of the populations of focus
- The state contracts with managed care plans (MCPs), which then contract with networks of providers to deliver the services to Medi-Cal beneficiaries
 - Sacramento County has five MCPs: Aetna, Anthem Blue Cross, Health Net, Kaiser, Molina
 - Each person who is enrolled in Medi-Cal selects a plan and each MCP is only responsible for providing health coverage to its own members

Enhanced Care Management & Community Supports

- Among the many components of CalAIM, two new programs offer benefits and services for people experiencing or at risk of homelessness:
 - Enhanced Care Management (ECM)
 - Medi-Cal benefit - MCPs are required to provide ECM to eligible members
 - Community Supports (CS)
 - MCPs are encouraged, but not required to provide community supports (all 5 Sacramento MCP are participating, with some currently offering more than CS services than others)
 - Key goal is to allow members to obtain care in the least restrictive setting possible and to keep people in the community

Enhanced Care Management (ECM)

- MCPs are required to provide ECM
- Populations eligible to enroll in ECM include individuals and families experiencing homelessness
- ECM = intensive care coordination and services across multiple systems of care to help address both the clinical and non-clinical needs of Medi-Cal members
 - ECM providers are required to meet members where they are in their communities, instead of just at the doctor's office (e.g., at shelters, on the street, or at home)
 - Enhanced care managers help Medi-Cal members set clear goals, make sure they receive the full array of benefits they are eligible for to meet those goals, and coordinate across systems to help members achieve their goals

Community Supports (CS)

- New services that MCPs can add to the package of benefits and services they offer to eligible members
- Intended for Medi-Cal members with complex health needs who also have unmet social needs
- MCPs are encouraged, but not required, to provide as many of the 14 pre-identified services as possible
 - Housing Transition Navigation Services
 - Housing Tenancy and Sustaining Services
 - Recuperative Care (Medical Respite)
 - Caregiver Respite Services
 - Community Transition Services/Nursing Facility Transition to a Home
 - Environmental Accessibility Adaptations (Home Modifications)
 - Sobering Centers
 - Housing Deposits
 - Short-Term Post-Hospitalization Housing
 - Day Habilitation Programs
 - Personal Care and Homemaker Services
 - Nursing Facility Transition/Diversion to Assisted Living Facilities
 - Medically Supportive Food/Meals/Medically Tailored Meals
 - Asthma Remediation

Community Supports in Sacramento

Community Supports	Aetna	Anthem	Health Net	Kaiser	Molina
Housing Transition Navigation Services	X	X	X	X	X
Housing Deposits	X	X	X	1/1/2024	X
Housing Tenancy and Sustaining Services	X	X	X	X	X
Short-Term Post-Hospitalization	X	X	1/1/2023	1/1/2024	X
Recuperative Care (Medical Respite)	X	X	X	1/1/2024	X
Respite Services	X	X	1/1/2023	1/1/2024	X
Day Habilitation Programs	X	X	1/1/2023	1/1/2024	X
Nursing Facility Transition/Diversion to Assisted Living Facilities, such as Residential Care Facilities for Elderly and Adult Residential Facilities	X	1/1/2023	1/1/2023	1/1/2024	1/1/2024
Community Transition Services/Nursing Facility Transition to a Home	X	1/1/2023	1/1/2023	1/1/2024	1/1/2023
Personal Care and Homemaker Services	X	X	1/1/2023	1/1/2024	X
Environmental Accessibility Adaptations (Home Modifications)	X	X	X	1/1/2024	7/1/2023
Medically Tailored Meals/Medically-Supportive Food	X	X	X	1/1/2024	X
Sobering Centers	X	X	X	1/1/2024	X
Asthma Remediation	X	X	X	1/1/2024	X

Making Referrals to ECM and CS

- Medi-Cal members who are eligible for ECM and CS can be referred by anyone (self-referred, by community members/family, by providers)
- Person must be enrolled in Medi-Cal, have selected an MCP, and be eligible for ECM and/or CS
- In Sacramento:
 - For ECM = 1 referral form that all plans accept
 - For CS = different forms/processes for each MCP
- Once member is approved & enrolled:
 - Each MCP contracts with different providers for ECM and CS; people enrolled in both ECM and CS may not have the same provider for both
 - If a person is enrolled in ECM, their ECM provider can/should assess and refer them for CS

Handout with links and additional details for each MCP at the end of the slide deck.

Referral Processes

MCP	ECM	Community Supports
Aetna	Submit via portal, fax (860-900-1779), or email	Submit CS authorization request through Findhelp Marketplace or submit referral form and documentation via fax or email
Anthem	Submit electronic form and attach documentation through Care Central/Availity Portal or email form and documentation	Submit via Care Central portal, email, fax, or customer care phone number
Health Net	Submit form via Health Net Provider Portal or fax	Use FindHelp or use CS authorization guides to determine eligibility, identify CS providers through provider directory, and contact them to provide member contact info and supplemental info used to determine eligibility
Kaiser	Providers: Email form using secure email Members: Call to provide enrollee contact info and reason for referral	Providers: Email form using secure email Members: Call to provide enrollee contact info and reason for referral
Molina	Send to ECM-specific email address	Send to CS-specific email address

Tips for making referrals

- For PRK clients, check with Goodwill on-site staff to see if they're already been referred for or enrolled in ECM. If so, work with ECM provider to get CS referral submitted.
- Include client's consent to proceed with services in documentation when submitting referral if possible.
- Support client to be available/respond to follow up communications from MCP.
- Use portals when possible to make it easier to track/follow up.
- Include all required documentation when submitting referral form.
 - Suggested supporting documentation for homelessness (per Anthem): Eviction notice(s); Documentation of entries/exits from shelters; Documentation of homelessness or at risk for homelessness by service providers; PCP/specialists or outreach providers; Documentation/office visit note with diagnosis or identification of at least [one] complex physical, behavioral, or developmental health need; Medication/treatment orders; Financial statements

Suggested Supportive Documentation for CS

- **Housing transition and navigation:** Documentation of homelessness or at risk for homelessness by service providers, PCPs, specialists, or outreach providers; documentation of entries/exits from shelters; notices from current landlord; financial statements
- **Housing tenancy and sustaining:** Housing support plan; lease agreements
- **Housing deposits:** Housing support plan; lease agreements; utility bill/deposit agreements; financial statements
- **Day habilitation programs:** Documentation of housing status by service providers, PCP, specialist or outreach providers; documentation of participation in housing transition/navigation or housing tenancy and sustaining services
- **Personal care and homemaker services:** Documentation/office visit notes with diagnosis & identification of frailty; assessments identifying members physical needs; documentation from support agencies indicating services/supports member needs or receives; physical therapy/durable medical equipment evaluation documenting safety needs; medication/treatment orders
- **Environmental accessibility adaptations (home modifications):** Order from the member's current PCP or other health professional specifying the requested equipment; physical therapy/durable medical equipment evaluation documenting safety needs; documentation/office visit notes with diagnosis & identification of frailty
- **Medically-tailored meals/medically-supportive food:** Documentation/office visit notes with diagnosis or identification of chronic illness requiring special diet; skilled nursing discharge plan; documentation from support agencies indicating services/supports member needs or receives; ED, inpatient, skilled nursing discharge paperwork; medication/treatment orders

Questions?

Making Referrals to Enhanced Care Management (ECM) and Community Supports (CS)

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Below is an outline of each of Sacramento’s five Medi-Cal Managed Care Plans (MCP) referral processes for both Enhanced Care Management (ECM) and Community Supports (CS). To refer or help refer a client to either ECM or CS, your client needs to be enrolled in Medi-Cal and have selected an MCP. You will need to know which health plan/MCP your client is a member of and follow the referral process(es) for that plan.

- For ECM, you can use the joint ECM referral form that all Sacramento MCPs have agreed to, but you will need to submit it to the appropriate plan using their individual processes.
- For Community Supports, each MCP offers different services and so uses its own referral forms and process.

MCP	Enhanced Care Management (ECM)	Community Supports (CS)
Aetna	Submit via portal or send ECM Referral Form via fax (860-900-1779) or email (ABHCAEnhancedCareManagment@AETNA.com)	Submit CS authorization request through FindHelp Marketplace or submit CS Member Referral Form and documentation via fax (860-900-1779) or email (ABHCAEnhancedCareManagment@AETNA.com)
Anthem	Submit electronic form and attach documentation through Care Central/Availity Portal or email ECM Referral form and documentation to CalAIMReferrals@anthem.com	Submit Community Supports – Member Referral Form via Care Central portal , secure email (CalAIMReferrals@anthem.com), fax (877-734-1857), or call customer care phone number (800-407-4627)

MCP	Enhanced Care Management (ECM)	Community Supports (CS)
Health Net	Submit ECM Referral form via Health Net Provider Portal or fax (800743-1655)	No single CS Form. Use FindHelp or use CS authorization guides (under Forms & Tools here) to determine eligibility, identify CS providers through provider directory, and contact them to provide member contact info and supplemental info used to determine eligibility
Kaiser	<p>Health Plans and Healthcare providers only: Email Sacramento MCP ECM Referral Form using secure email to REGMCDURNS-KPNC@kp.org with “ECM Referral” as subject line</p> <p>Members: Call 1-833-721-6012 to provide enrollee contact info and reason for referral</p>	<p>Health Plans and Healthcare providers only: Email form using secure email to REGMCDURNS-KPNC@kp.org with “CS Referral” as subject line</p> <p>Members: Call 1-833-721-6012 to provide enrollee contact info and reason for referral</p>
Molina	Send ECM Member Referral Form to MHC_ECM@Molinahealthcare.com	Send relevant CS Referral Form(s) (available here) to MHC_CS@Molinahealthcare.com

Aetna Community Supports landing page: <https://aetnacacal-aim.findhelp.com/>

Anthem CalAIM website: <https://providers.anthem.com/california-provider/patient-care/calaim> (for questions and concerns, email: CalAIM@anthem.com)

Health Net CalAIM website: https://www.healthnet.com/content/healthnet/en_us/providers/support/calaim-resources.html

Molina Help Finder: <https://molinahelpfinder.com/>