

CaIAIM

California Advancing and Innovating Medi-Cal

Community Supports Provider Training December 2021



Agenda

- The following slides are from sessions held during December 2021 to introduce Community Supports
- Topics include:
 - CalAIM Overview
 - Community Supports
 - Community Supports Responsibilities
 - Member Eligibility, Identification and Transition Criteria
 - Coding and Claims
 - Referrals
 - Authorizations and Documentation
 - Collaboration and Data Sharing
 - Oversight
 - Go-Live Checklist

CalAIM Overview

CalAIM Overview

- CalAIM is a multiyear initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes for vulnerable populations
- CalAIM has three primary goals:
 - Identify and manage member risk by using whole person care approaches and addressing Social Determinants of Health (SDOH)
 - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility
 - Improve quality outcomes, reduce health disparities and drive delivery system transformation

CalAIM Populations of Focus (POF)



January 1, 2022

- Individuals and families experiencing homelessness
- Adult high utilizers
- Adults with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)
- Individuals (adults/children) transitioning from incarceration



January 1, 2023

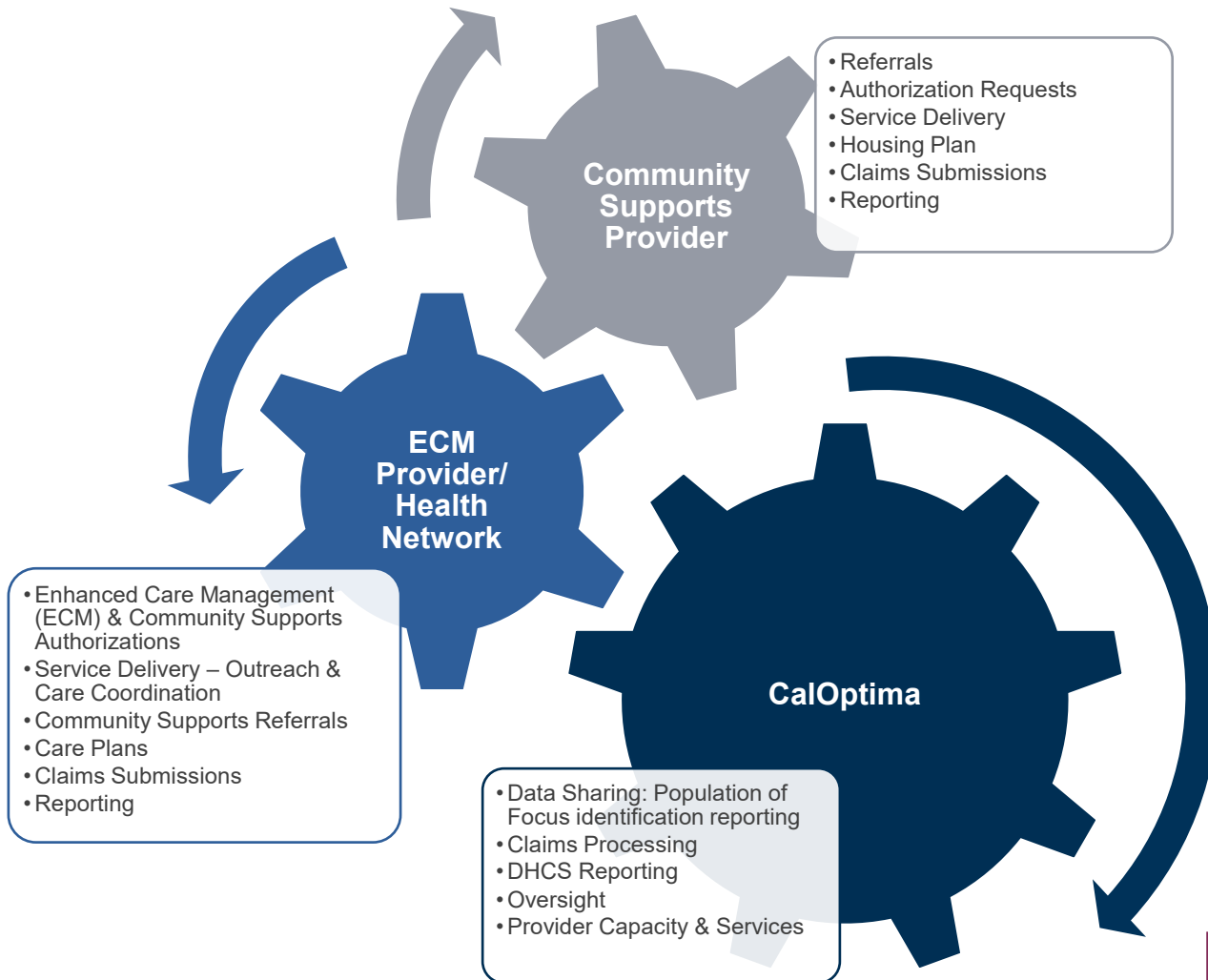
- Individuals eligible for LTC and at risk of institutionalization
- Nursing home residents transitioning to the community



July 1, 2023

- Children with special conditions: high utilizers, Serious Emotional Disturbance (SED), California Children's Services (CCS)/Whole-Child Model (WCM), child welfare, including Foster Care

CalAIM CalOptima Model of Care



CalOptima CalAIM Policies

Policy	Title
GG.1353	Enhanced Care Management Service Delivery
GG.1354	Enhanced Care Management – Eligibility and Outreach
GG.1355	Community Supports
GG.1356	Enhanced Care Management Administration
FF. 4002	Special Payments: Enhanced Care Management Supplemental Payment for Capitated Health Networks

Community Supports

Community Supports

- Flexible wrap-around services
- Four Community Supports to launch January 1, 2022
 - Same services as Orange County's Whole Person Care (WPC) Pilot
- Future Community Supports will be considered with community input
 - Can be implemented every six months, starting from January 1, 2022, per DHCS

Community Supports

<input checked="" type="checkbox"/> Housing transition navigation services
<input checked="" type="checkbox"/> Housing deposits
<input checked="" type="checkbox"/> Housing tenancy and sustaining services
<input checked="" type="checkbox"/> Recuperative care (medical respite)
<input type="checkbox"/> Meals/Medically tailored meals
<input type="checkbox"/> Short-term post-hospitalization housing
<input type="checkbox"/> Personal care and homemaker services
<input type="checkbox"/> Respite services
<input type="checkbox"/> Day habilitation programs
<input type="checkbox"/> Nursing facility transition to assisted living
<input type="checkbox"/> Community transition services/nursing facility transition to a home
<input type="checkbox"/> Environmental accessibility adaptations (home modifications)
<input type="checkbox"/> Asthma remediation
<input type="checkbox"/> Sobering centers

Community Supports: Phase 1

- Phase 1 starts January 1, 2022, and additional Community Supports may be added every six months

HOUSING SUPPORT

- Housing navigation
 - Assessment
 - Search and support plan
 - Address barriers
- Housing deposits
 - One-time funding
 - First and last
 - Utilities, etc.
- Housing sustaining services
 - Intervention
 - Training
 - Relationships

RECUPERATIVE CARE

- Interim housing
 - Bed and healthy meals
- Physical and mental health monitoring
 - Vitals
 - Assessments
 - Wound care
 - Medication
- Short-term assistance
- Coordination of transportation
- Medical stability

CURRENT SERVICES

- Be Well Sobering Centers (IGT funding)
- Recuperative care
- Transplants services
- Dual Eligible Special Needs Plan
- Multipurpose Senior Services Program (MSSP) – home assistance
- Long-Term Care and Supportive Services

Refer to Appendix J: In Lieu of Services Options in the CalAIM proposal for eligibility criteria, allowable providers and restrictions/limitations

CalOptima Policy

GG.1355 Community Supports

- Medically appropriate, cost-effective alternatives provided as a substitute to Medi-Cal covered services
- Optional for both the plan to offer and the beneficiary to accept
 - Services should be integrated with case management, including ECM when appropriate

Community Supports Responsibilities

Community Supports Standards and Capabilities

- Ability to receive referrals from managed care plan
- Sufficient experience in providing services similar to the specific Community Supports
- Ability to submit claims or invoices using standardized protocols
- Business licensing that meets industry standards
- Comply with all reporting and oversight requirements
- No history of fraud, waste or abuse
- No recent history of criminal activity
- No history of liability claims

Receiving Requests

- CalOptima shall refer members/notify Community Supports providers within two business days of an authorization
- If a Community Supports provider capacity is limited, CalOptima or health network shall prioritize initiation of services to members who:
 - Meet all Community Supports criteria
 - Demonstrate a high level of commitment to participation

CalOptima Responsibilities

- CalOptima is responsible for providing:
 - Data elements in a manner and format that is practical for each Community Supports provider
 - Demographic and administrative information confirming the member's eligibility and authorization of the requested service
 - Member assignment files that include but are not limited to:
 - Encounter and claims data
 - Physical, behavioral, demographic, administrative and SDOH data
 - Report of Community Supports provider performance and quality metrics, as requested

Member Eligibility, Identification and Transition Criteria

Eligibility and Identification: Housing Transition Navigation Services

- Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system; or
- Individuals who meet the Housing and Urban Development (HUD) definition of homelessness and:
 - Are receiving ECM; or
 - Have one or more serious chronic conditions; and/or
 - Have SMI; and/or
 - Are at risk of institutionalization or requiring residential services because of SUD

Eligibility and Identification: Housing Transition Navigation Services (Cont.)

- Individuals who meet the definition of an individual experiencing chronic homelessness, either in W&I Code or as defined by HUD; or
- Individuals who are determined to be at risk of experiencing homelessness if they have significant barriers to housing stability and meet one of the following:
 - Have one or more serious chronic conditions
 - Have SMI
 - Are at risk of institutionalization or overdose, or are requiring residential services because of SUD
 - Are receiving ECM; or

Eligibility and Identification: Housing Transition Navigation Services (Cont.)

- Are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have SMI, and/or are children or adolescents with SED, and/or who have been victims of trafficking, and/or domestic violence
- Individuals who meet the State's No Place Like Home definition of "at risk of chronic homelessness"
- Individuals who are not receiving duplicate support from other state, local tax or federally funded programs, which should always be considered first

Transition Criteria: Housing Transition Navigation Services

- Until such time as the member:
 - Is successfully placed in permanent housing, and transitioned to Housing Tenancy and Sustaining Services;
 - Refuses Housing Transition Navigation Services;
 - Loses funding and/or a housing voucher where no resolution of the loss exists;
 - Is no longer physically, cognitively or emotionally able to reside in independent, supported housing; or
 - Is no longer eligible with CalOptima or a health network
 - If the member changes health networks, services will continue in accordance with CalOptima Policy GG.1304: Continuity of Care During HN or Provider Termination

Eligibility and Identification: Housing Deposits

- Any individual who received Housing Transition Navigation Services;
- Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system; or
- Individuals who meet HUD definition of homeless, either in W&I Code or as defined by HUD; and
 - Are receiving ECM; or
 - Have one or more serious chronic conditions; and/or
 - Have SMI; and/or
 - Are at risk of institutionalization or overdose, or are requiring residential services because of SUD

Eligibility and Identification: Housing Deposits (Cont.)

- Are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, have SMI, have SED, and/or who have been victims of trafficking, or
- Individuals who meet the State's No Place Like Home definition of "at risk of chronic homelessness"
- Individuals who are not receiving duplicate support from other state, local tax or federally funded programs, which should always be considered first

Transition Criteria: Housing Deposits

- Until such time as the member:
 - Refuses Housing Transition Navigation Services (at a minimum, tenant screening, housing assessment and individualized housing support);
 - Is no longer physically, cognitively or emotionally stable to reside in independent, supported housing; or
 - Is no longer eligible with CalOptima or a health network
 - If the member changes health networks, services will continue in accordance with CalOptima Policy GG.1304: Continuity of Care During HN or Provider Termination.

Eligibility and Identification: Housing Tenancy and Sustaining Services

- Individuals who received Housing Transition Navigation Services;
- Individuals who are prioritized for a permanent supportive housing unit or rental subsidy resource through the local homeless Coordinated Entry System or similar system; or
- Individuals who meet the HUD definition of homeless; and
 - Are receiving ECM; or
 - Have one or more serious chronic conditions; and/or
 - Have SMI; and/or
 - Are at risk of institutionalization; or
 - Are requiring residential services because of SUD

Eligibility and Identification: Housing Tenancy and Sustaining Services (Cont.)

- Individuals who meet the definition of an individual at risk of homelessness, either in W&I Code or as defined by HUD
- Individuals who are determined to be at risk of experiencing homelessness if they have significant barriers to housing stability and meet one of the following:
 - Have one or more serious chronic conditions;
 - Have SMI;
 - Are at risk of institutionalization or overdose, or are requiring residential services because of SUD or SED (children and adolescents)
 - Are receiving ECM; or

Eligibility and Identification: Housing Tenancy and Sustaining Services (Cont.)

- Are a Transition-Age Youth with significant barriers to housing stability, such as one or more convictions, a history of foster care, involvement with the juvenile justice or criminal justice system, and/or have SMI, and/or have SED (children and adolescents), and/or who have been victims of trafficking or domestic violence
- Individuals who meet the State's No Place Like Home definition of "at risk of chronic homelessness"
- Individuals who are not receiving duplicate support from other state, local tax or federally funded programs, which should always be considered first

Transition Criteria: Housing Tenancy and Sustaining Services

- Until such time as the member:
 - Has a housing support plan that determines services are no longer needed;
 - Refuses Housing Tenancy and Sustaining Services;
 - Loses funding and/or housing voucher where no resolution of the loss exists;
 - Is no longer physically, cognitively or emotionally able to reside in independent, supported housing; or
 - Is no longer eligible with CalOptima or a health network
 - If the member changes health networks, services will continue in accordance with CalOptima Policy GG.1304: Continuity of Care During HN or Provider Termination

Eligibility and Identification: Recuperative Care

- Individuals who are at risk of hospitalization or are post-hospitalization; and
- Live alone with no formal supports; or
- Face housing insecurity or have housing that would jeopardize their health and safety without modification
- Need Recuperative Care to achieve or maintain medical stability and prevent hospital admission or readmission
- Individuals who are not receiving duplicate support from other state, local tax or federally funded programs, which should always be considered first

Transition Criteria: Recuperative Care

- Until such time as the member:
 - No longer needs services and a discharge plan has been established;
 - Has received 90 continuous days of Recuperative Care;
 - Refuses Recuperative Care; or
 - Is no longer eligible with CalOptima or a health network
 - If the member changes health networks, services will continue in accordance with CalOptima Policy GG.1304: Continuity of Care During HN or Provider Termination

Coding and Claims

Community Supports Coding Options

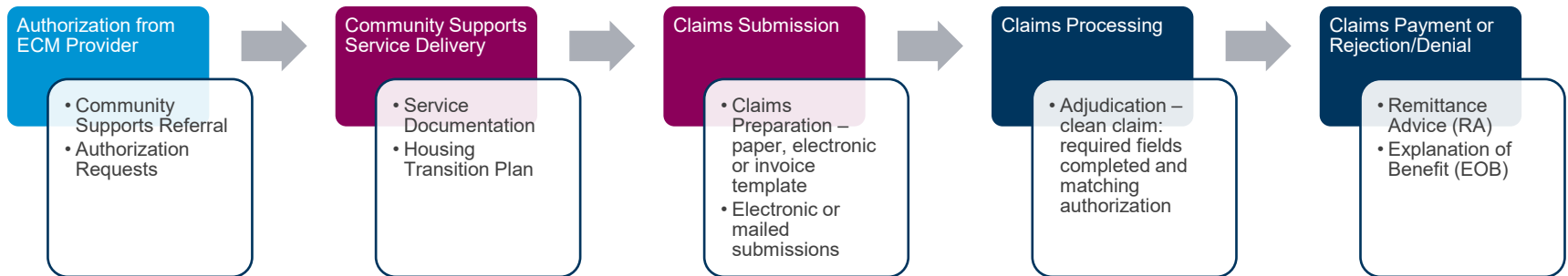
HCPCS Level II Code	Modifier	HCPCS Description	CalOptima Payment Rate Methodology
Housing Transition Navigation Services			
H0043	U6	Supported housing, per diem	Per Enrollee Per Month (PEPM)
H2016	U6	Comprehensive community support services, per diem	PEPM
Housing Deposits			
H0044	U2	Supported housing, per month. Requires deposit amounts to be reported on the encounter. Modifier used to differentiate housing deposits from Short-Term Post Hospitalization Housing	Once in lifetime benefit*
Housing Tenancy and Sustaining Services			
T2040	U6	Financial management, self-directed, waiver; per 15 minutes	PEPM
T2041	U6	Supports brokerage, self-directed, waiver; per 15 minutes	PEPM
Recuperative Care (Medical Respite)			
T2033	U6	Residential care, not otherwise specified (NOS), waiver; per diem	Per Diem

- Code must be used with modifier to be defined and categorized as a Community Supports service

* Must receive Housing Transition Navigation Services to get Housing Deposits

DHCS Enhanced Care Management and In Lieu of Services Coding Options
Updated November 2021

Claims Workflow

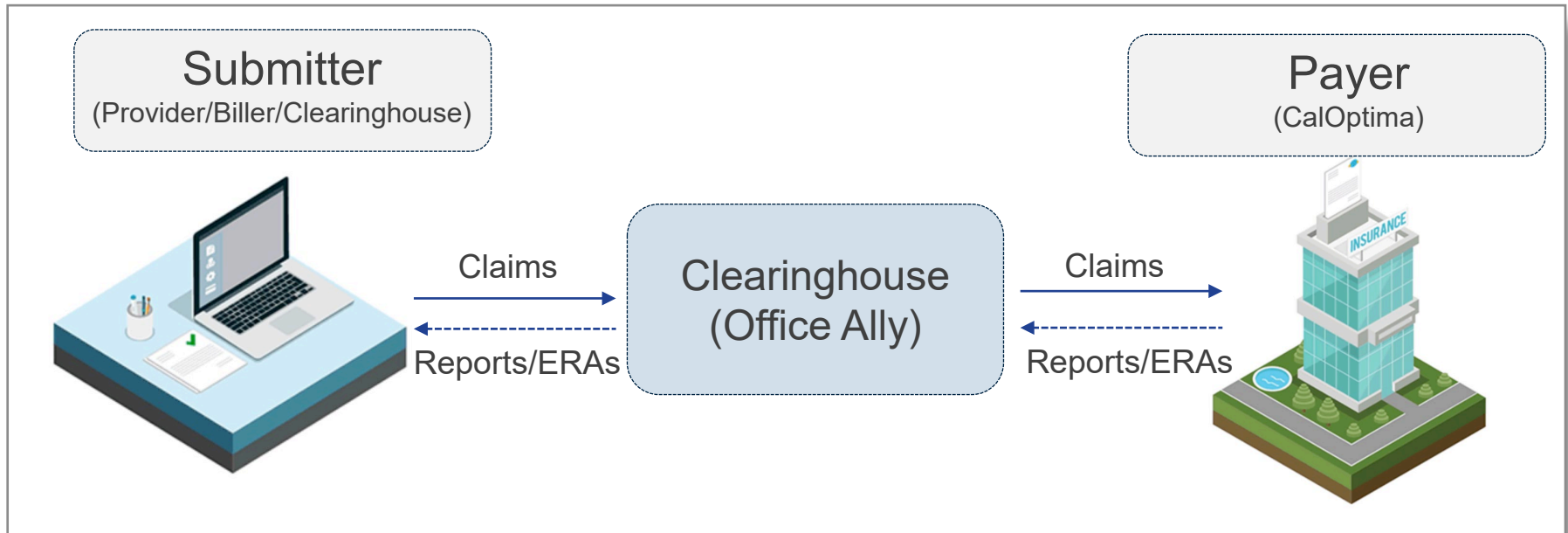


Community Supports Claims

- Community Supports provider can submit claims daily or as needed
- Submission options:
 - Electronic submissions via clearinghouse (Office Ally)
 - 837P file generated from billing system
 - Direct entry into online claims portal
 - CMS-1500 paper forms
 - Mailed to CalOptima
 - All required fields completed for processing
 - CalOptima CalAIM invoice template
 - Multiple claims can be submitted on one file
 - Required fields based on DHCS guidelines

Refer to CalOptima Policy GG.1355 Community Supports, III. Procedure H. Billing for Community Supports & CalOptima Policy FF.2001 – Claims Processing for Covered Services for which CalOptima is Financially Responsible

Electronic Claims Submission



- A clearinghouse, such as Office Ally, offers a web-based service so providers can submit claims or HIPAA-compliant claims files to payers for free
 - Electronic Remittance Advice (ERA)

CMS-1500 Claim Form

- Submit one form per member
- Required fields completed and sent
 - Electronically via clearinghouse online portal or
 - Mail via paper forms

Attention: Claims Department
CalOptima
P.O. Box 11037
Orange, CA 92856

HEALTH INSURANCE CLAIM FORM																																																																																																																																																																							
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8. OTHER INSURED'S POLICY OR GROUP NUMBER: _____				10. CLAIM CODES (Designated by NUCC): _____		13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: _____ SIGNED: <input type="radio"/> YES <input type="radio"/> NO DATE: 4/19/2017																																																																																																																																																																	
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14. DATE OF CURRENT ILLNESS, INJURY OR PREGNANCY (LMP): MM/DD/YYYY QUAL: _____				17. NAME OF REFERRING PROVIDER OR OTHER SOURCE: _____ 17a. NPI: _____		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM: MM/DD/YYYY TO: MM/DD/YYYY																																																																																																																																																																	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC): _____				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Restrict A-L to service line below (24E)): A. _____ B. _____ C. _____ D. _____ E. _____ F. _____ G. _____ H. _____ I. _____ J. _____ K. _____ L. _____		ICD-10: 0-ICD-10 D. _____		22. RESUBMISSION CODE: _____ 23. PRIOR AUTHORIZATION NUMBER: _____																																																																																																																																																															
24. A. DATE(S) OF SERVICE FROM: _____ TO: _____ B. PLACE OF SERVICE: _____ C. EXG: _____ D. PROCEDURES, SERVICES, OR SUPPLIES: _____ E. DIAGNOSIS POINTER: _____ F. \$ CHARGES: _____ G. DAYS OF LINES: _____ H. EPSTOT Family Plan: _____ I. ID QUAL: _____ J. RENDERING PROVIDER ID # _____																																																																																																																																																																							
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25. FEDERAL TAX I.D. NUMBER: _____ SSN: _____ EIN: _____				26. PATIENT'S ACCOUNT NO.: _____		27. ACCEPT ASSIGNMENT? <input type="radio"/> YES <input type="radio"/> NO		28. TOTAL CHARGE: \$ _____		29. AMOUNT PAID: \$ _____																																																																																																																																																													
Date Of Initial Treatment: (mm/dd/yyyy) _____ Latest Visit or Consultation Date: (mm/dd/yyyy) _____ Supervising Physician: _____ Supervising Physician NPI: _____ Supervising Physician ID: _____ Ordering Physician: (Last, First, MI) _____ Ordering Physician NPI: _____ Ordering Physician ID: _____ CLIA: _____ Accident Date: MM/DD/YYYY _____ Mammography Certificate: more...				32. SERVICE FACILITY LOCATION AND INFORMATION: Facility Name: _____ Address: _____ City: _____ State: _____ Zip: _____		33. BILLING PROVIDER INFO. & PHONE #: Billing Provider: _____ Address: _____ City: _____ State: _____ Zip: _____ Telephone: () _____ Billing Provider Specialty/Taxonomy: _____ Rendering Provider: (Last, First, MI) _____ Rendering Provider Specialty/Taxonomy: _____ Provider PIN#: _____ (please see box 24J)																																																																																																																																																																	
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CalAIM Invoice Template

	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
	Billing Provider TIN	Billing Provider Name	Billing Provider First Name	Billing Provider Last Name	Billing Provider Phone No.	Billing Provider Address	Rendering Provider NPI	Rendering Provider TIN	Rendering Provider Name	Rendering Provider First Name	Rendering Provider Last Name	Rendering Provider Phone No.	Rendering Provider Address	Member CIN	Member MRN	Member First Name
1																
2	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	99999999D	33452345	Joe
3	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	99999999D	33452345	Joe
4	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	99999999D	33452345	Joe
5	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	77777777E		Marcus
6	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	77777777E		Marcus
7	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	33333333F		Maria
8	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	33333333F		Maria
9	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	67676767D		Debra
10	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	22222222D		Kaitlyn
11	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	22222222D	2134123	Kaitlyn
12	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	22222222D	2134123	Kaitlyn
13	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	33345345D		Javier
14	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	33345345D		Javier
15	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	33345345D		Javier
16	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	55555555D		Keith
17	933333333	Housing Orange Count			7148975555	301 Main St.	1124794664	1234567891	Housing Orange Count			7148975555	301 Main St.	55555555D		Keith

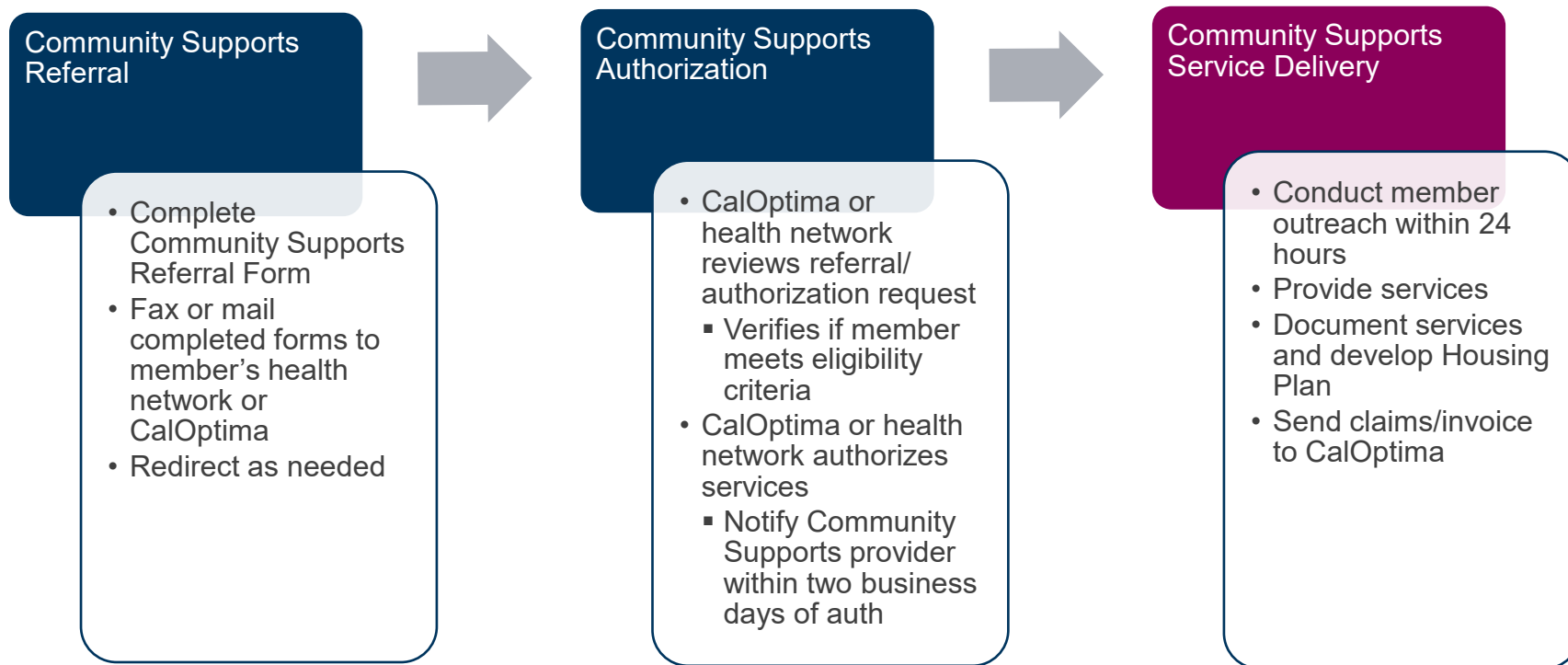
- Able to submit multiple claims on one file
- Required fields based on DHCS guidelines
- **Instructions** included on first tab
- Submit via secure email to calaiminvoices@caloptima.org

Claims/Invoice Processing

- All Community Support services should be submitted as a claim or on invoice template
 - Claims must have matching authorization to be processed
 - Claims with no authorization will be denied
- Standard claims processing timelines
 - Clean claims – within 30 business days, 90% adjudicated
 - Claims – within 90 business days, 99% adjudicated
 - Unclean claim notification within 45 business days

Referrals

Process Overview



- CalOptima or health network will reach out to Community Supports provider if additional information or supporting documentation is needed for authorization
- Member does not need to receive ECM services to be eligible for Community Support services

Community Supports Referral Form



CalAIM Community Supports Referral Form

Note: Member must be eligible with CalOptima.

Step 1: Please fill out all applicable information below and proceed to Steps 2 and 3.

Referral Information:

Referral Date: _____	Referred by: _____
Agency/Relationship to Member: _____	Referring Provider NPI (if applicable): _____
Phone: _____	Referral Source Email: _____

Member Information:

Member's Preferred Language:

Member Name: _____	Medi-Cal CIN: _____
Birthdate: _____	Primary Physician: _____
Member Phone: _____	Member Email: _____

Step 2. Select the Requested Community Supports Services:

<input type="checkbox"/> Recuperative Care (Medical Respite) <i>(Provide short-term residential care, including interim housing, meals and monitoring of a member's medical or behavioral health condition.)</i> Urgent Request? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Housing Transition Navigation Services <i>(Assist member with obtaining housing and preparing for move-in)</i>	<input type="checkbox"/> Housing Deposit <i>(Identify, coordinate and fund move-in costs and services for a basic household, excluding room and board. Member must be receiving Housing Transition Navigation Services. Available once in a lifetime unless a limited exception applies.)</i>	<input type="checkbox"/> Housing Tenancy and Sustaining Services <i>(Provide education, coaching and support to maintain a safe and stable tenancy once housing is secured. Available for a single duration in a lifetime unless a limited exception applies.)</i>
Member eligibility criteria <i>(Select all that apply):</i> <input type="checkbox"/> Homeless/at risk of homelessness and too ill or frail to recover from illness or injury <input type="checkbox"/> Lives alone with no formal supports and too ill or frail to recover from illness or injury <input type="checkbox"/> At risk of hospitalization or after hospitalization. Condition: _____	Member eligibility criteria <i>(Select all that apply):</i> <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless/at risk of homelessness	Member eligibility criteria <i>(Select all that apply):</i> <input type="checkbox"/> Received Housing Transition Navigation Services <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless/at risk of homelessness	Member eligibility criteria <i>(Select all that apply):</i> <input type="checkbox"/> Received Housing Transition Navigation Services <input type="checkbox"/> Prioritized for permanent supportive housing or rental subsidy through the Orange County Coordinated Entry System <input type="checkbox"/> Homeless

- Referral forms available
- Forms facilitate authorization request
- Receive referrals from
 - ECM providers
 - Providers
 - Community-based organizations (CBOs)
 - Member/Authorized Rep/Family/Guardian
 - Field-based teams

Community Supports Referrals

- Fax or mail completed forms
 - Submit to member's health network or to CalOptima
 - Redirect as needed
- No payments for referring members to ECM and Community Supports providers



CalAIM Community Supports Referral Form

Step 3: Fax or mail completed referral form to CalOptima or the member's Health Network, including supporting documentation.

Community Supports Health Network Contact Information

Health Network	Phone Number	Fax Number	Mailing Address
AltaMed Medical Group	866-880-7805 (Option 1, then 4)	323-201-3225	2040 Camfield Ave. Los Angeles, CA 90040
AMVI Care Health Network	714-347-5843	714-938-5168	600 City Pkwy West, Suite 800 Orange, CA 92868
CHOC Health Alliance	800-387-1103	714-628-9119	1120 W. La Veta Ave., Suite 450 Orange, CA 92868
CalOptima Direct/CalOptima Community Network (COD/CCN)	888-587-8088	714-338-3145	CalOptima Attn: UM CalAIM P.O. Box 11033 Orange, CA 92856
Family Choice Medical Group	800-611-0111	818-817-5155	FCMG/Conifer Health Solutions 15821 Ventura Blvd., Suite 600 Encino, CA 91436
Heritage-Regal Medical Group	714-539-3100	714-244-4537	600 City Parkway West, Suites 310 & 400 Orange, CA 92868
Kaiser Permanente	866-551-9619	877-515-6591	Kaiser Permanente Attn: Medi-Cal and State Programs, 2nd Floor 393 E. Walnut St. Pasadena, CA 91188
Noble Mid-Orange County	714-699-5143	714-947-8796	Noble Mid-Orange County C/O HealthSmart Management Services Organization P.O. Box 6300 Cypress, CA 90630-0063
Optum Care Network – Arta	800-780-8879	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
Optum Care Network – Monarch	888-656-7523	949-923-3514	Optum Care Network – Monarch Attention: CalAIM Program 11 Technology MS 41 Irvine, CA 92618
Optum Care Network – Talbert	800-297-6249	714-436-4716	3390 Harbor Blvd., Suite 100 Costa Mesa, CA 92626
Prospect Medical Systems	714-347-5843	714-938-5168	600 City Parkway West, Suite 800 Orange, CA 92868
United Care Medical Group	714-347-5843	714-938-5168	600 City Parkway West, Suite 800 Orange, CA 92868

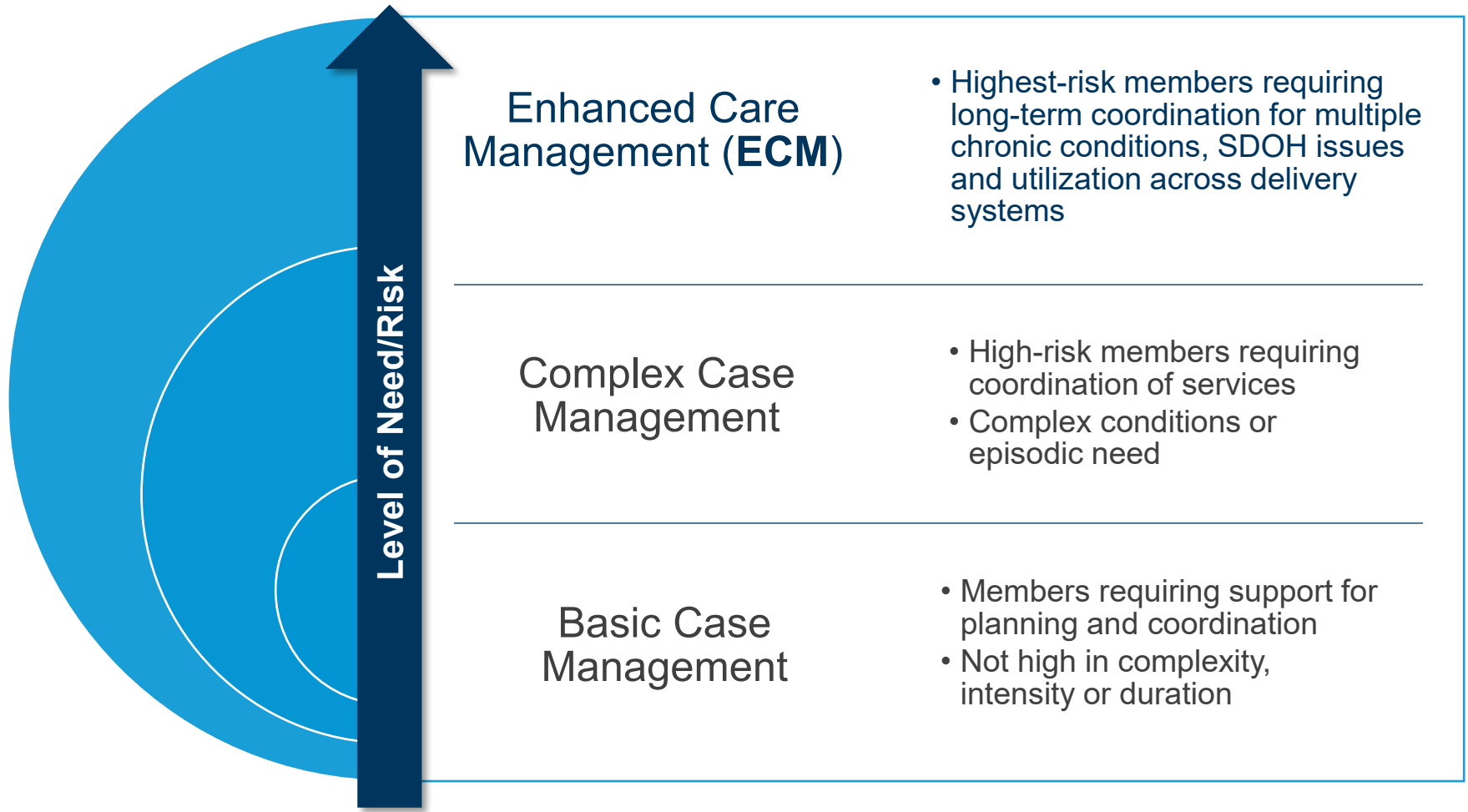
Community Supports Referrals

- CalOptima or health network shall notify Community Supports providers within two business days of an authorization
- If a Community Supports provider capacity is limited, CalOptima or health network shall prioritize initiation of services to members who:
 - Meet all Community Supports criteria
 - Demonstrate a high level of commitment to participation

Member Consent

- There are no formal requirements for the documentation of an individual's consent before beginning to provide services
 - DHCS removed documentation requirements to streamline and simplify implementation
 - However, an individual may decline to engage in or continue Community Supports at any time
- Consider if the member may benefit from or be eligible for ECM services and complete ECM Referral Form

Levels of Care Management



ECM Core Service Components



ECM Referral Form



CalAIM Enhanced Care Management (ECM) Referral Form

Note: Member must be eligible with CalOptima.

Step 1: Please fill out all applicable information below and proceed to Steps 2 and 3.

Referral Information:

Referral Date: _____	Referred by: _____
Agency/Relationship to Member: _____	Referring Provider NPI (if applicable): _____
Phone: _____	Referral Source Email: _____

Member Information:

Member's Preferred Language:

Member Name: _____	Medi-Cal CIN: _____
Birthdate: _____	Primary Physician: _____
Member Phone: _____	Member Email: _____

Step 2. Check all conditions that apply and attach supporting information:

<input type="checkbox"/> Homelessness	<input type="checkbox"/> High Utilization of Health Care	<input type="checkbox"/> Serious Mental Illness/Substance Use Disorder
<p><u>Member eligibility criteria</u> (Select all that apply):</p> <p><input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Chronic homelessness</p> <p><input type="checkbox"/> At risk of homelessness (next 30 days)</p> <p>AND one of the following:</p> <p><input type="checkbox"/> Serious medical condition, or</p> <p><input type="checkbox"/> Serious behavioral condition, or</p> <p><input type="checkbox"/> Serious developmental disorder</p>	<p><u>Member eligibility criteria</u> (Select one that apply):</p> <p><input type="checkbox"/> 5 or more ER visits in the past 6 months, or</p> <p><input type="checkbox"/> 3 or more unplanned hospitalizations in the past 6 months, or</p> <p><input type="checkbox"/> 3 or more short-term skilled nursing facility stays within the past 6 months</p>	<p><u>Member eligibility criteria</u> (Select all that apply):</p> <p><input type="checkbox"/> Serious Mental Health Condition, and/or</p> <p><input type="checkbox"/> Substance Use Disorder</p> <p>AND one of the following:</p> <p><input type="checkbox"/> High risk for psychiatric institutionalization, or</p> <p><input type="checkbox"/> Use of crisis services, urgent care, the ER or hospital as sole source of health care, or</p> <p><input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of substance use or overdose, or</p> <p><input type="checkbox"/> 2 or more ER or hospital stays in the past 12 months because of a Serious Mental Health Condition, or</p> <p><input type="checkbox"/> High risk for overdose and/or suicide, or</p> <p><input type="checkbox"/> Is pregnant or postpartum (12 months from delivery)</p> <p>OR</p> <p><input type="checkbox"/> Receiving services through the County that are similar to ECM, but not covered by Medi-Cal</p>

Page 1 of 2

- Refer members for ECM
- Fax or mail completed forms
 - Submit to member's health network or to CalOptima
 - Redirect as needed

Authorizations and Documentation

Community Supports Authorization

- Authorization from ECM provider/health network is required prior to initiation of services
 - Recuperative Care has presumptive eligibility to meet member needs (two business days after return to work)
- Authorizations require diagnoses, codes and modifiers
 - Use ICD-10 Z codes to identify SDOH
 - Use DHCS-defined criteria for approvals or denials
 - Denials based on eligibility
 - Denials require NOA
 - Member has appeal rights

Recuperative Care Authorizations

- CalOptima contracted Recuperative Care providers may presumptively authorize these services to meet urgent member needs who may be harmed in an authorization delay, e.g., hospital discharge for a member experiencing homelessness who needs home health care
- Presumptive authorization will be valid for no longer than two business days after admission into the Recuperative Care facility

Recuperative Care Authorizations (Cont.)

- Formal authorization from CalOptima and/or a health network must be obtained for the stay
 - The Recuperative Care provider is responsible for immediate submission of a request to CalOptima or a health network including those days presumptively authorized by the provider
 - Request form and medical information including, but not limited to discharge instructions, discharge summary, referral(s) for home health or durable medical equipment, as appropriate, post-discharge medications and post discharge follow-up appointment provider, date and time

Diagnosis Codes: SDOH

Code	Description
Z55.0	Illiteracy and low-level literacy
Z59.0	Homelessness
Z59.1	Inadequate housing (lack of heating/space unsatisfactory surroundings)
Z59.3	Problems related to living in residential institution
Z59.4	Lack of adequate food and safe drinking water
Z59.7	Insufficient social insurance and welfare support
Z59.8	Other problems related to housing and economic circumstances (foreclosure, isolated dwelling, problems with creditors)
Z60.2	Problems related to living alone
Z60.4	Social exclusion and rejection (physical appearance, illness or behavior)
Z62.819	Personal history of unspecified abuse in childhood
Z63.0	Problems in relationship with spouse or partner
Z63.4	Disappearance & death of family member (assumed death, bereavement)
Z63.5	Disruption of family by separation and divorce (marital estrangement)
Z63.6	Dependent relative needing care at home
Z63.72	Alcoholism and drug addiction in family
Z65.1	Imprisonment and other incarceration
Z65.2	Problems related to release from prison
Z65.8	Other specified problems related to psychosocial circumstances (religious or spiritual problem)

Community Supports Authorization

- DHCS criteria for authorization is specific to each Community Supports service
 - Service must also be cost-efficient and result in improved outcomes
- WPC pilot members on Member Transition List (MTL) have presumptive eligibility and are “grandfathered” in for authorization
 - CalOptima or health network will issue new authorizations for these transition members to not disrupt services

Community Supports Provider Responsibilities Upon Authorization

- Conduct outreach to the referred member for services as soon as possible, within 24 hours of assignment
- Coordinate with other providers in the member's care team, including ECM providers, other Community Supports providers, CalOptima or health network
- Obtain and document authorization for data sharing with each member, including PHI
- Comply with cultural competency and linguistic requirements
- Comply with applicable federal and state civil rights laws, including nondiscrimination laws

Community Supports Provider Responsibilities Upon Authorization (Cont.)

- Use best practices for members experiencing homelessness and who have complex health, disability and/or behavioral health conditions
- Coordinate with other entities to ensure the member has access to appropriate supports, including but not limited to Orange County Public Health, Orange County Behavioral Health Services and Orange County Social Services Agency
- Support transition planning into other programs or services that meet the member's needs when a Community Support is discontinued
- Identify additional Community Supports that may benefit the member and pursue authorization

Community Supports Care Plans

- Authorization required
- Documented care plans required



Recuperative Care Transition Plan

- Recuperative Care

Individualized Housing Plan

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services

Documentation

- Service documentation required to support submitted claims
 - Track activities and services provided
 - Make case notes
 - Support audit and oversight activities

Collaboration and Data Sharing


Collaboration

- Continue to build infrastructure for improved data sharing and communication between ECM and Community Supports service providers
 - Goal is to have an integrated system that will facilitate
 - Referrals
 - Authorization requests
 - Service documentation
 - Invoicing/claims

Sharing Information With Community Supports Providers

- As part of the referral process, CalOptima shall ensure Community Supports providers have access to:
 - Demographic and administrative information confirming the member's eligibility and authorization for the requested service
 - Appropriate administrative, clinical and social service information needed to effectively provide the service
 - Billing information necessary to submit claims or invoices to CalOptima

Sample Authorization Notification



FACSIMILE TRANSMITTAL

Date:	Pages: 2 (Incl. cover)
Referred by:	From: Utilization Management Department
Fax:	Phone: (714) 246-8686
Referred to:	Fax: (714) 246-8579
Fax:	

PREAUTHORIZATION FOR OUTPATIENT SERVICES

Member Name:	CIN #:
Date of Birth:	Authorization #:
Member Phone:	

Diagnosis: Code(s) and Description(s)

, has asked CalOptima to review the medical necessity of the following:

Additional Information:

Based on CalOptima's review, the above requested service(s) has been authorized to the following:

Authorized Provider:	Phone #:
Authorized Facility:	Phone #:

☐ Note: Member will be effective with Health Network as of .

☐ Note: Member has a monthly share of cost (SOC) that must be met.

☐ Note: Authorization pending/subject to Coordination of Benefits from Other Healthcare Coverage (OHC).


The requested code(s) are not on CalOptima's Prior Authorization Required list. Therefore, Prior Auth is not required from CalOptima, or the service is carved out from CalOptima. Please check the Medi-Cal website for responsible payer, benefit determination and quantity limits.

If you have any questions regarding the above, please contact Utilization Management Department at (714) 246-8686 (Phone number is ONLY for Provider use).

The option to submit future requests electronically for this and all CCN/CODA members is available at: www.cerecons.com/caloptima/physician/login.aspx.

Authorization does not guarantee payment. Payment is subject to patient's eligibility. CalOptima is not responsible for payment if the member is not eligible as a CalOptima member during the dates of service requested. Payment for services shall be made at the CalOptima Direct rates unless otherwise agreed to by the parties. If the member belongs to a Health Network, authorization must be obtained from the Health Network. Providers must comply with CalOptima Policies and

505 City Parkway West | Orange, CA 92668 | www.caloptima.org
Toll-free Customer Service: 888-587-8088 | Customer Service: 714-246-8500
Main: 714-246-8400 | Fax: 714-246-8580 | TDD/TTY: 711



Procedures. This information is available on the CalOptima website at the following link: www.caloptima.org/en/ForProviders/Resources/ClinicalPracticeGuidelines.aspx. Provider manuals, guides and policies are also available at the following link: www.caloptima.org/en/ForProviders/Resources/ManualsPoliciesandGuides.aspx.

This authorization by CalOptima does not waive the responsibility of the provider/vendor to bill the primary payer prior to billing CalOptima. Please note that CalOptima is always the payer of last resort. If there is other health coverage (OHC), including Medicare, it is the responsibility of the provider/vendor to follow the correct billing procedure to ensure payment by the OHC.

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Main: 714-246-8400 | Fax: 714-246-8580 | TDD/TTY: 711

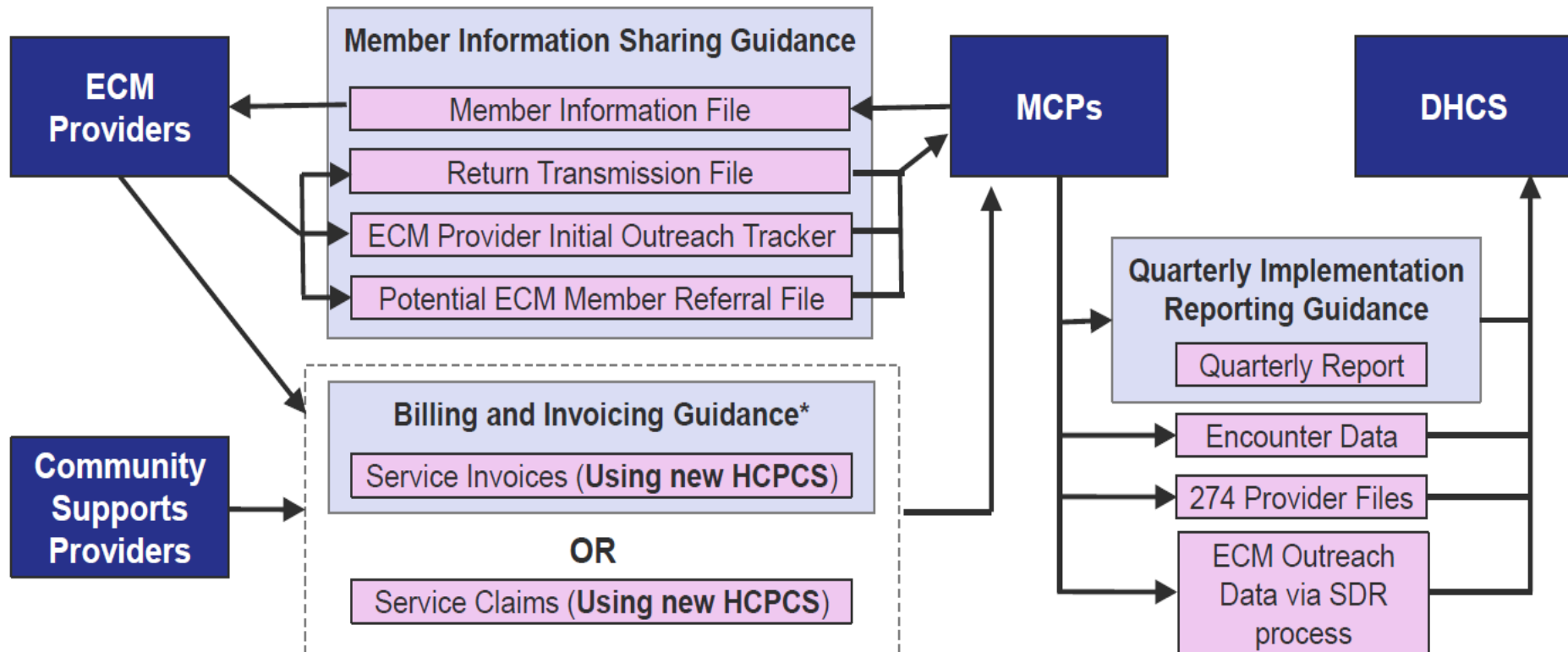
DHCS Receipt of Community Supports Information

- DHCS' vision for the long-term monitoring of Community Supports is to leverage existing data processes as much as feasible, with the least possible burden on providers
- Accordingly, after the initial implementation period, DHCS expects most data to be collected using existing data flows
- For CalOptima, this will be reported to DHCS via encounter reports
 - This data will be collected from providers via claims/invoices using HCPCS codes and modifiers



ECM & Community Supports Dataflows

ECM & Community Supports implementation will be supported by these key dataflows.



**For Community Supports, the service units used for billing purposes may be different than the service units used for invoicing purposes*

Quarterly Reporting to DHCS

- CalOptima shall submit the following data and reports:
 - Encounter data including services generated under Community Supports arrangements
 - Supplemental reports, on a schedule to be specified by DHCS
- Beginning in 2022, DHCS will require CalOptima to submit a “Quarterly Implementation Monitoring Report”

Quarter	Reporting Period*	Report Due Date
2022 Q1	January – March 2022	May 15, 2022
2022 Q2	April – June 2022	August 15, 2022
2022 Q3	July – September 2022	November 14, 2022
2022 Q4	October – December 2022	February 14, 2023
2023 Q1	January – March 2023	May 16, 2023
2023 Q2	April – June 2023	August 14, 2023
2023 Q3	July – September 2023	November 14, 2023
2023 Q4	October – December 2023	February 14, 2024
2024 Q1	January – March 2024	May 15, 2024
2024 Q2	April – June 2024	August 14, 2024

Oversight

Oversight of Community Supports

- CalOptima shall perform oversight of Community Supports providers and hold them accountable for all regulatory and contractual requirements (CalOptima Policy GG.1619: Delegation Oversight)
 - Community Supports providers are responsible for the same reporting requirements as those that CalOptima must report to DHCS
 - CalOptima will not impose upon the Community Supports providers mandatory reporting requirements that are different from or in addition to those required for encounter and supplemental reporting

CalOptima Responsibilities

- Complying with all contract provisions and covered services, regardless of the number of layers of subcontracting
- Developing and maintaining DHCS-approved Policies and Procedures to ensure subcontractors meet required responsibilities and functions
- Evaluating the prospective subcontractor's ability to perform services
- Ensuring the subcontractor's Community Supports provider capacity is sufficient to serve eligible members

CalOptima Responsibilities (Cont.)

- Reporting to DHCS the names of all subcontractors by subcontractor type and service(s) provided, and identifying the county or counties in which members are served
- Making all subcontractor agreements available to DHCS upon request, and ensuring such agreements contain the minimum required information specified by DHCS, including method and amount of compensation

Tracking Service Delivery

- CalOptima or a health network shall track referrals to Community Supports providers to verify that authorized services have been initiated for the member
- CalOptima or ECM providers will receive regular updates from the Community Supports providers about the member's progress toward goals, changes in status, barriers and other significant information affecting services

Reviewing Authorizations

- Quarterly, CalOptima shall review Community Supports providers' authorizations to ensure equitable and nondiscriminatory approval determinations
 - Evaluate ethnic and racial characteristics of the population for whom Community Supports is requested against the characteristics of the authorized POFs. If inequitable, refer to Audit & Oversight
 - Monitor utilization and outcomes of member populations receiving Community Supports as follows:
 - Monthly: Monitor housing status and program participation for homeless members receiving housing-related services
 - Semi-Annually: Monitor emergency room visits and hospitalizations for members receiving Recuperative Care and analyze utilization prior to and after initiation of services

Go-Live Checklist

Go-Live Checklist

- ☐ Verify CalAIM authorizations are in place for transition members
- ☐ Become familiar with referral submission process
- ☐ Establish invoice/claims submission process
- ☐ Ensure key team members are trained on CalAIM policies and processes
- ☐ Keep and maintain service documentation

Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner

Connect with Us

www.caloptima.org

