



CalAIM Community Supports Webinar Sobering Centers and Day Habilitation

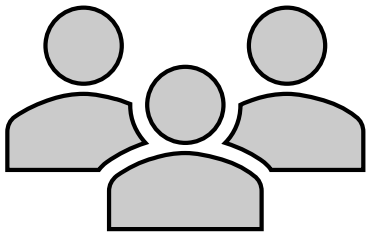
Agenda

- » Welcome and Introductions
- » Review of Sobering Centers
- » Review of Day Habilitation Community Supports
- » Promising Practices
- » Q&A

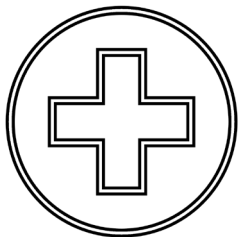
CalAIM and Community Supports



CalAIM Community Supports are **optional services** that health plans can opt to provide in lieu of higher-cost services traditionally covered by Medicaid.



CalAIM includes **14** Community Supports.



MCPs selected Community Supports to offer when CalAIM went-live on January 1, 2022 and have the **option to add new Community Supports every six months.**

In Lieu of Services (ILOS) Authority 101

What Are “In-Lieu-Of” Services”?

ILOS are **medically appropriate** and **cost-effective services or settings** offered by a managed care plan as a **substitute** for a Medicaid state plan-covered service or setting.

States to date have covered various targeted ILOS. California’s recent approval, however, establishes that ILOS authority can be used to offer a **comprehensive menu** of health-related services in Medicaid.

*Example: Offering **home asthma remediation** in lieu of **future emergency department visits**.*

Regulatory requirements: ILOS are authorized through federal regulation¹⁾ which specifies that services must be:

- Medically appropriate and cost-effective substitutes for a covered service or setting under the Medicaid State Plan
- Authorized and identified in the plan contract
- Offered at plan and enrollee option

The regulation also specifies that the cost of ILOS is taken into account in rate setting.

1) 42 CFR §438.3(e)(2)

Community Supports Services Approved in California

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Caregiver respite services
- **Day habilitation programs**
- Nursing facility transition/diversion to assisted living facilities
- Community transition services/nursing facility transition to a home
- Personal care and homemaker services
- Environmental accessibility adaptations
- Medically supportive food/meals/medically-tailored meals
- **Sobering centers**
- Asthma remediation
- Short-term post-hospitalization housing
- Recuperative care (medical respite)

MCP Elections: Sobering Centers & Day Habilitation

Community Supports	Counties with MCP Elections no later than 1/2024
Sobering Centers	38
Day Habilitation	37



Sobering Centers ***Guidance Summary***

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What are Sobering Centers?

Alternative destinations for individuals who are publicly intoxicated

Safe, supportive environments to recover from acute intoxication

Alternative destinations to emergency departments or jail

Sobering care is not “treatment”

- » A Sobering Center is not considered a treatment program
- » Goal: To reduce harms related to and recover from the effects of acute intoxication
- » Sobering is distinct from detoxification “detox”, rehabilitation, and sober living

Detoxification

Social or Medical (with goal to remove substance(s) from body over number of days)

Treatment/ Rehabilitation

Typically aimed at long-term abstinence and recovery

Sober Living

Post-rehabilitation residence where all residents are practicing sobriety

Sobering Center – Possible Services

Medical triage

Lab testing

Temporary beds

Rehydration and
food service

Treatment for
nausea

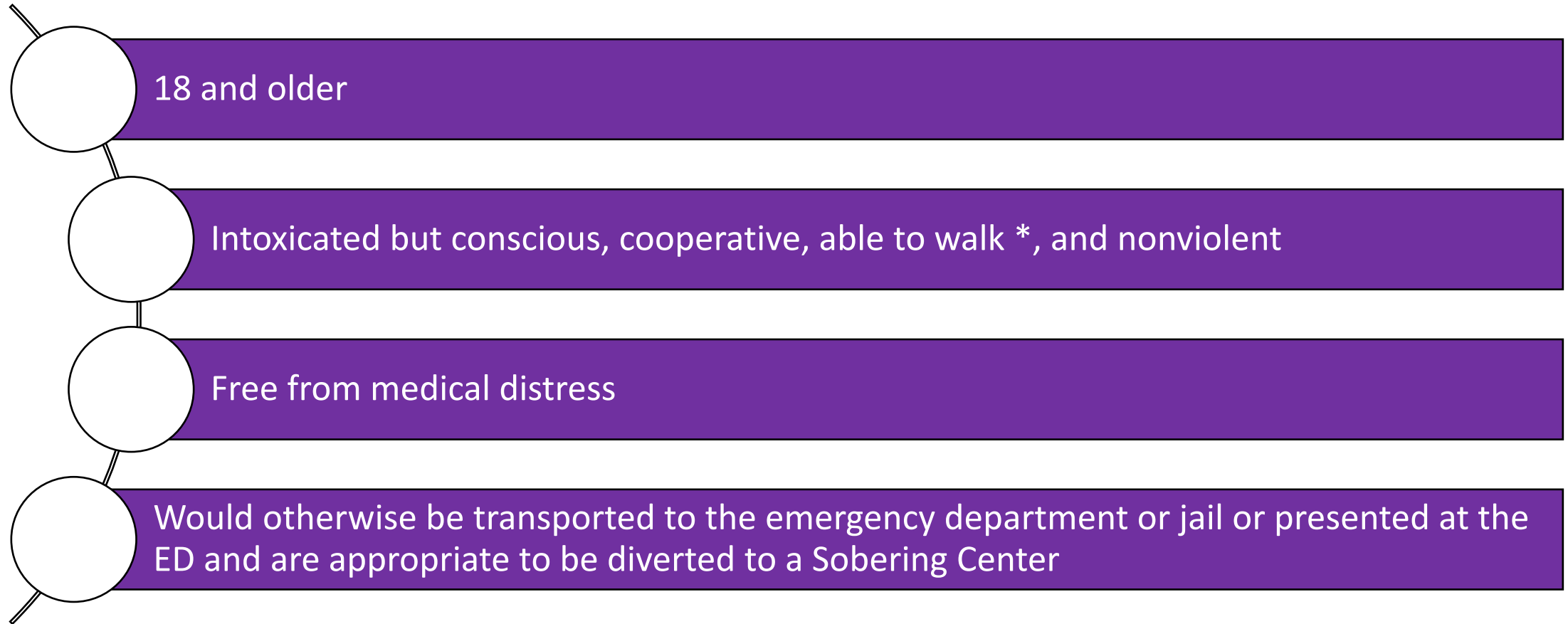
Wound and
dressing changes

Shower and
laundry facilities

Substance use
education and
counseling

Navigation and
warm hand-offs
for additional
services

Sobering Centers: Eligible Populations



**Not necessarily a requirement for ambulance transfers to a sobering center*

Service Requirements

- » Coordinate with county behavioral health agency and conduct warm hand-offs for behavioral health services
- » Provide screening and linkage to ongoing supportive services
- » Partner with law enforcement, emergency personnel, and outreach teams
- » Identify Members with emergent physical health conditions and arrange transport to appropriate medical care
- » Use best practices for Members who are experiencing homelessness and who have complex conditions



Allowable Providers

Eligible providers must have experience and expertise providing direct care to individuals with substance use conditions.

- » Sobering Centers or other appropriate and allowable substance use disorder facilities
- » These facilities are unlicensed. Medi-Cal managed care plans must apply minimum standards.
- » Must be approved by MCPs.

Member Referral

- » Members may be referred from sources including but not limited to:
 - » County agencies
 - » Law enforcement partners
 - » Providers
 - » Community based organizations
 - » Managed care plan teams
 - » Emergency departments
 - » Self-referral

Best Practices for Sobering Centers

Low-barrier, compassionate care model

- Non-judgmental, safe, and trauma informed care¹
- Offer peer-level staffing such as recovery specialists

Clear protocols and streamlined services

- Minimal paperwork, simple intake processes, clear eligibility requirements improve referral process

Coordinating client care between city- and countywide agencies

- Connect clients to a continuum of care services and serve as a referral hub to access other services

Authorizations expedited or gathered beforehand

- Expedited, presumptive, or retroactive authorization practices

Program Benefits

- » Reduce risk of injury through monitoring and care coordination¹
- » Provide a safe environment and critical access to community health services¹
- » Improved quality of life through practical onsite services¹
- » Reduce overcrowding of emergency departments¹
- » Allows law enforcement to focus on other priorities¹



Impacts on Utilization

- » Cost effective alternative to ED visits and jail admissions ^{1, 6}
- » Studies suggest that between 53% and 62% of intoxicated persons transported to the ED did not need ED care ^{2, 3, 4}
- » Fewer than 5% of Sobering Center patients required transfer to higher level of care ⁵
- » Nationwide implementation of sobering centers could lead to health system savings between \$459 million and \$2.1 billion ²

Pricing Guidance

- » The [Non-Binding ILOS Pricing Guidance](#) outlines a high-level pricing approach.
- » There is variation in staffing models resulting in different costs and therefore different prices.

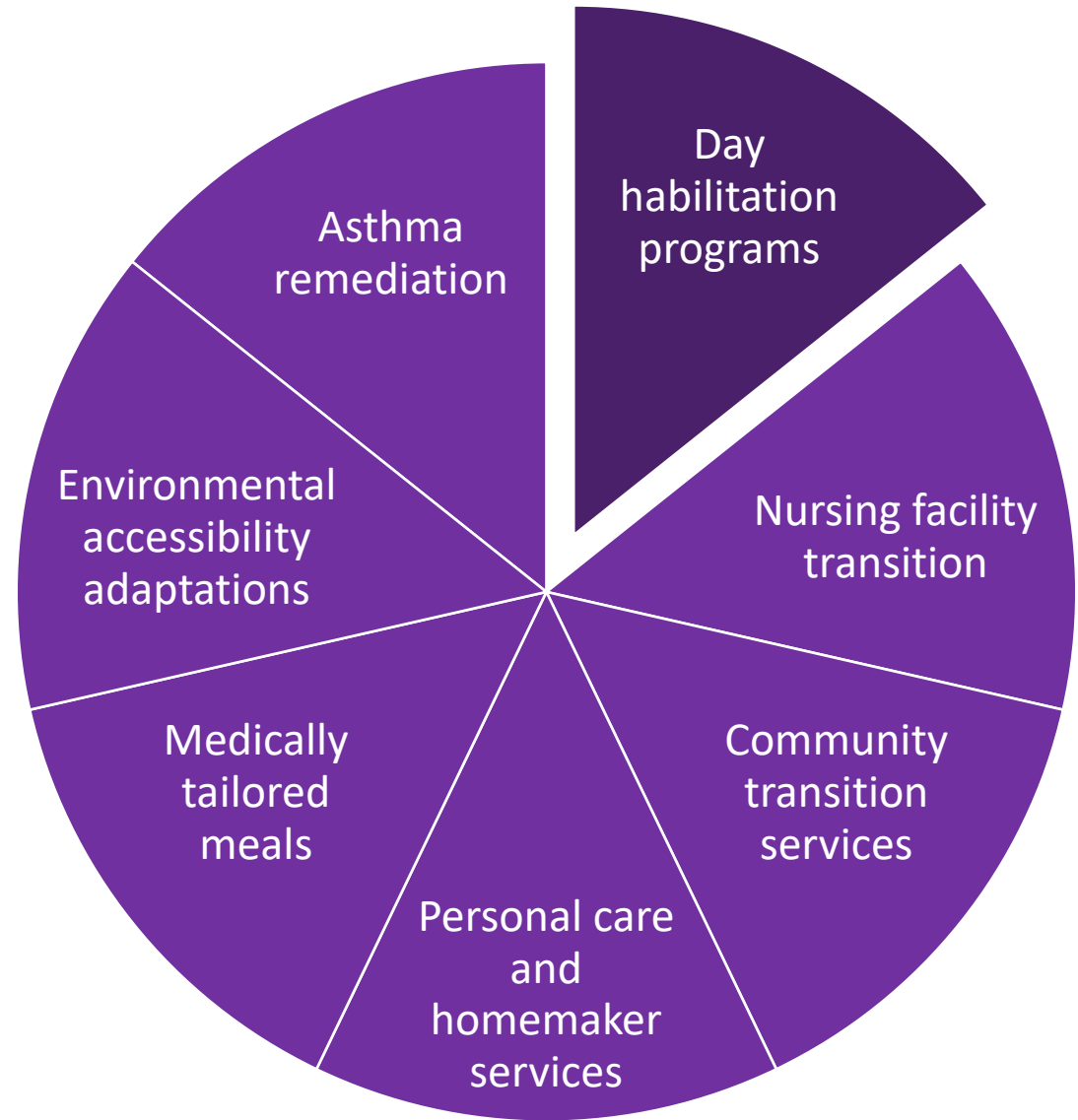
Day Habilitation ***Guidance Summary***

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What are Day Habilitation programs?

- » Assist the Member in self-help, socialization, and adaptive
- » Provided in a Member's home or an out-of-home, non-facility setting
- » Often considered peer mentoring when provided by an unlicensed caregiver with the necessary training and supervision
- » Provide a physical location for members experiencing homelessness and receiving ECM or other Community Supports to meet with providers
- » Provided in a way that improves overall care coordination and management

Part of CalAIM's Independent Living- Focused Community Supports



Day Habilitation Service Offerings

- » The use of public transportation
- » Personal skills development in conflict resolution
- » Community participation
- » Developing and maintaining interpersonal relationships
- » Daily living skills
- » Community resource awareness



Program Assistance

- » Assistance with home-related activities
 - » Selecting and moving into a home
 - » Finding housemates
 - » Household furnishings
 - » Settling disputes with landlords
- » Managing personal financial affairs
- » Recruiting and managing personal attendants
- » Responding to governmental agencies
- » Asserting civil and statutory rights through self-advocacy
- » Building and maintaining interpersonal relationships



Program Assistance cont.

- » Referral to non-Community Supports housing resources
- » Assistance with income and benefits advocacy
- » Coordinated care with Medi-Cal managed care plans
 - » Link to ECM/CS
 - » Link to health care
 - » Link to mental health services
 - » Link to SUD services



Day Habilitation: Eligible Populations



Service Requirements and Restrictions

- » Utilize best practices for Members who are experiencing homelessness or formerly experienced homelessness
- » Services should be available for as long as necessary
- » Services can be provided continuously or through intermittent meetings in individual or group setting
- » Must supplement and not supplant services received by the beneficiary through other programs

Allowable providers

Eligible providers must have experience and expertise with providing these unique services.

- » Mental health or substance use disorder treatment provider, including county behavioral health agencies
- » Licensed Psychologists
- » Licensed Certified Social Workers
- » Registered Nurses
- » Home Health Agencies
- » Professional Fiduciary
- » Vocational Skills Agencies



Program Benefits

- » Supports independent living by developing self-help and self-care skills
- » Develop self-advocacy skills
- » Develop community integration skills and supporting skills in accessing services
- » Develop social and interpersonal skills

Sobering Centers and Day Habilitation Plan Promising Practices

Nancy Shipman, RN
Director, Special Programs
Anthem Inc.

Roll Out Schedule and Referrals

Roll Out Schedule

- Sobering Centers
 - 1/1/2022: Sacramento
- Day Habilitation
 - 1/1/2022: Santa Clara, Sacramento, Placer, Nevada, Madera, Kings, Fresno, El Dorado, Contra Costa, Alameda, Tulare

Referrals

- Sobering Centers
- Day Habilitation

Best Practices

Sobering Centers

- Access to member data for ECM and CS services (ECM and CS providers under 1 entity)
- Referral partnerships
- Simple process for intake
- Streamlining referrals into county funded treatment centers: warm handoffs

Day Habilitation

- Hybrid approach to referral management (utilization and case management combined)
- Care Coordination & Member Support: Education, expectations, eligibility requirements, provider selection
- Care Coordination & ECM/additional CS Providers: Sharing information in real time
- Care Coordination & Provider Support: Experienced providers new model which includes new referral forms, new methods of authorizations, learning what MCO's will and will not do.
- Provider engagement is ongoing, continuous through completion of services

Best Practices for Provider Partnerships



- » Special Programs team member is assigned to each CS Provider engages in the following activities:
 - » Ongoing Assessment process
 - » Guidance and support
 - » Training and education
 - » Collaboration
 - » Program Oversight
 - » Innovation
- » Get the basic processes correct.
 - » Intense deep dives to educate ourselves about the service, processes, and feedback from contracted providers
- » MCP Partnerships, collaborations

Challenges and Opportunities

» Sobering Center

- » Member Data Sharing: Getting member consent when member is not sober.
- » Building out the network with local providers

» Day Habilitation

- » Education and understanding the importance of the connection to successful housing

Success Stories

- » A patient was referred to Substance Use Respite and Engagement (SURE) from Folsom by the Sheriff's Mobile Crisis Team for amphetamine and alcohol intoxication. Due to acute medical conditions the patient was discharged to the hospital with the option of return following stabilization. He self-referred to SURE nine times where he was provided services and support, eventually being transitioned into residential substance use disorder treatment.
- » A patient under the influence of heroin, alcohol, and methadone was referred to SURE. After multiple visits to SURE, he was enrolled in and completed a substance use disorder treatment program. He stays in contact with SURE staff and has reported continued sobriety with daily aftercare and self-help support group attendance.
- » A patient on crack cocaine, after his second referral into SURE, requested substance use disorder treatment and was referred directly into a residential rehabilitation program. He successfully completed residential rehabilitation.
- » Patient brandishing a knife while on amphetamines volunteered for SURE after the police engaged him and peacefully disarmed him. After two hours at SURE the patient was transported to the hospital due to labored breathing and low oxygen levels. The patient never required incarceration and was instead provided the opportunity to sober up and get medical care.

Sobering Centers and Day Habilitation Plan Promising Practices

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Aulina Bradley, RN, BSN, MBA/HCM
Director of Care Management
Aetna



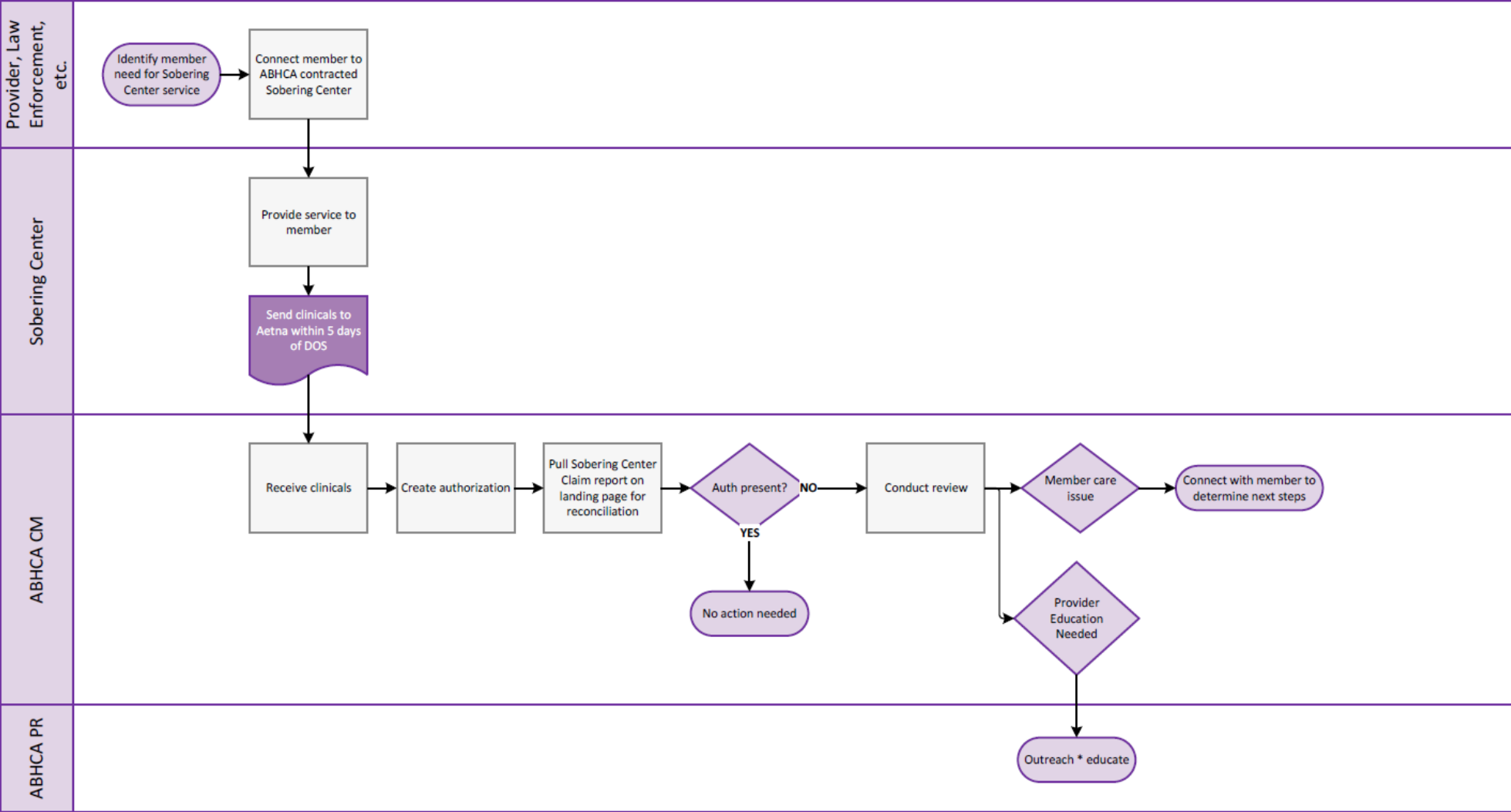
Aetna Better Health of California

Community Supports 2022

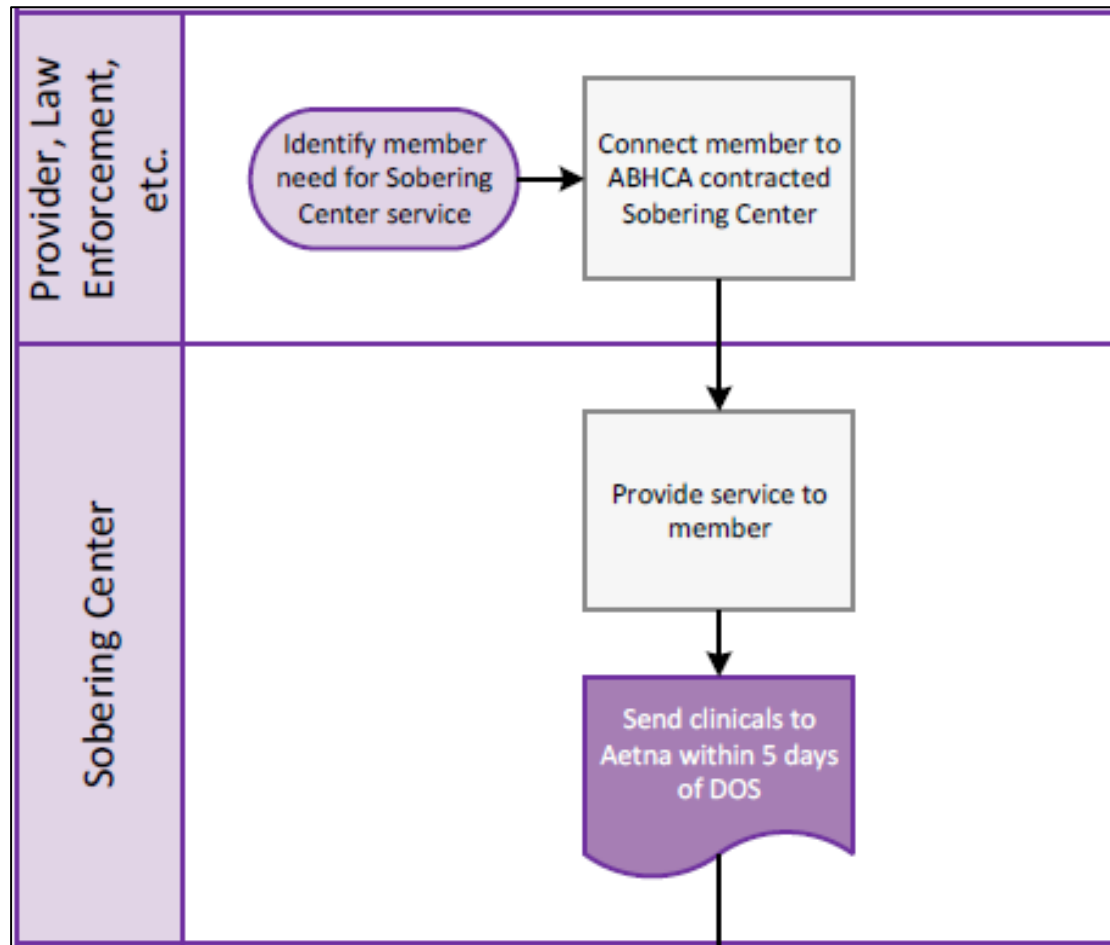


Sobering Center Intake and Authorization Workflow

ABHCA Sobering Centers Workflow

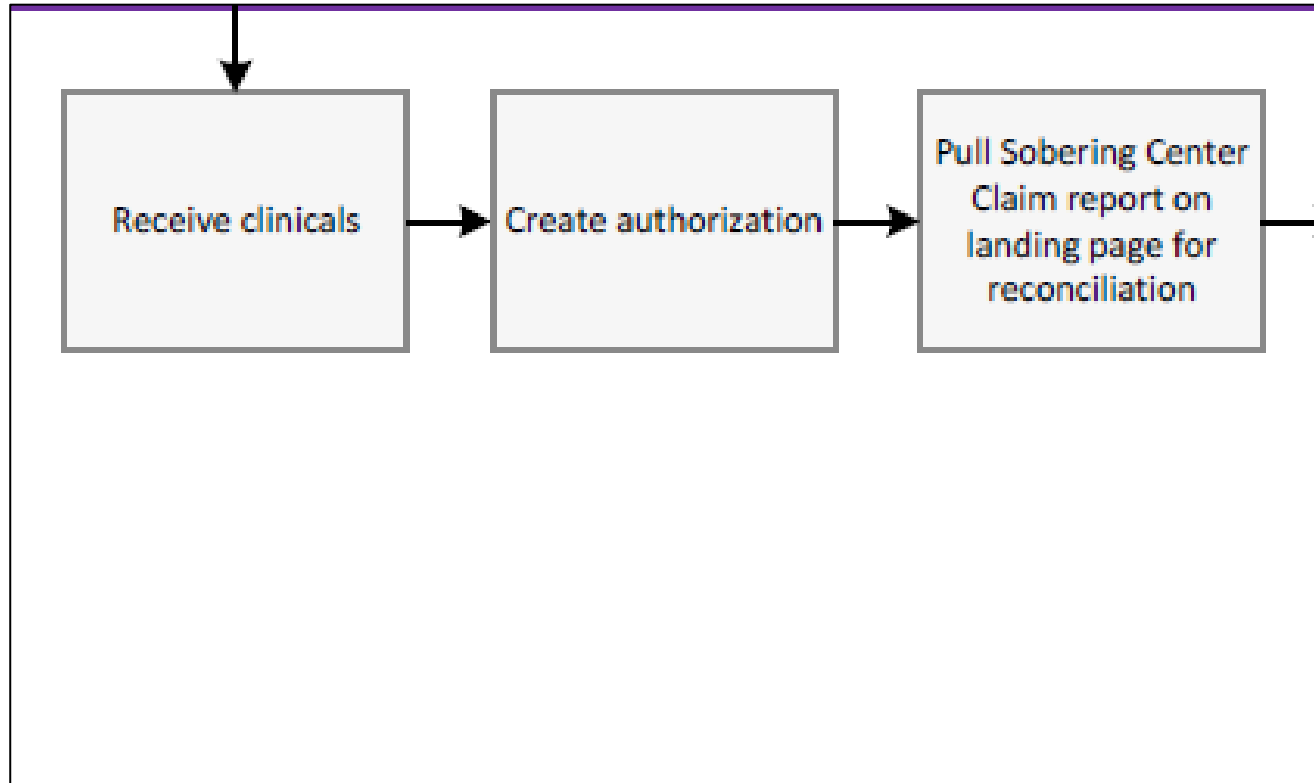


Sobering Center Workflow: Referrals and Providers



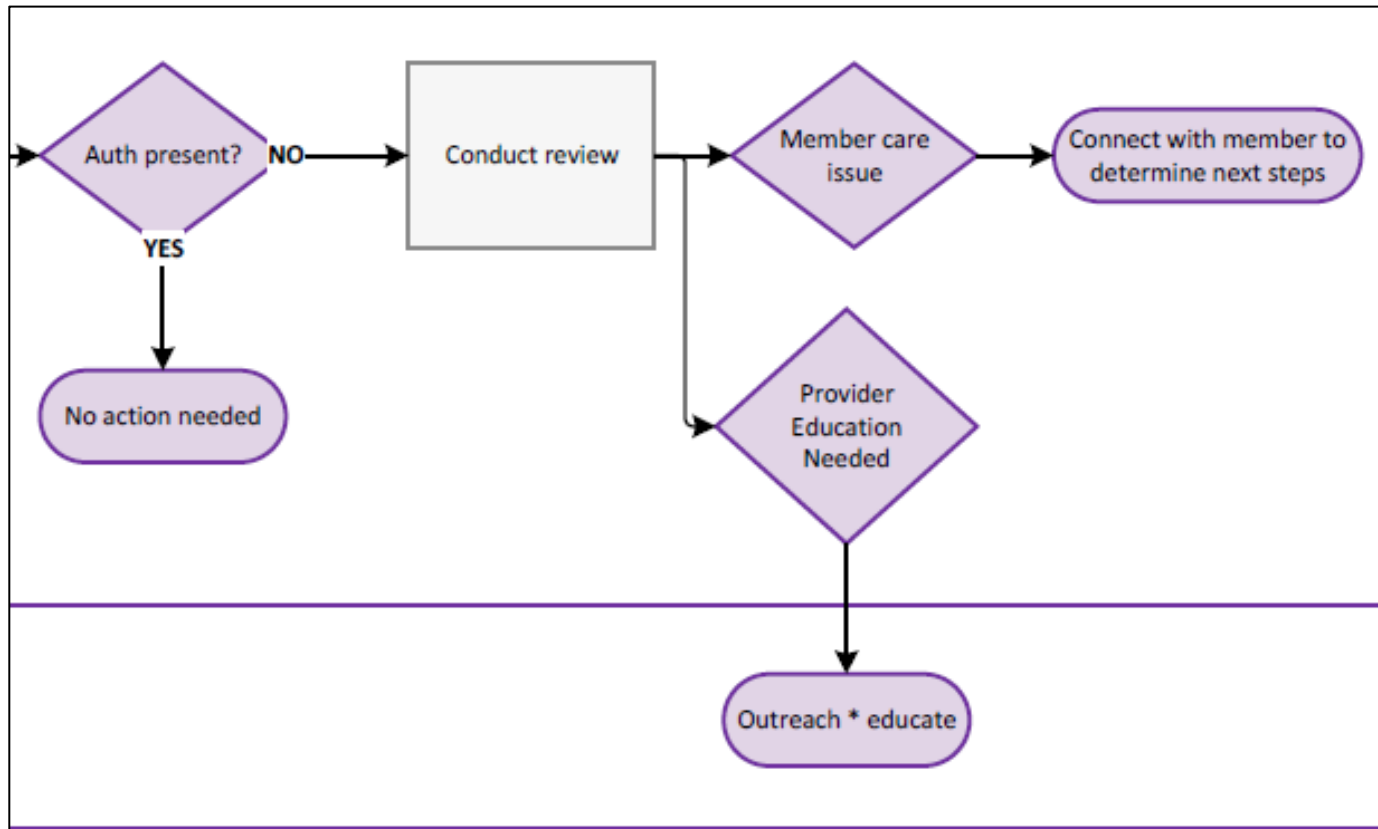
- Provider, law enforcement, or outreach team identifies intoxicated person and links to contacted provider
- Provider intakes member and provides services
- Provider sends clinicals to MCP within 5 days of service

Sobering Center Workflow: MCPs



- Plan receives clinicals and creates authorization
- Plan reviews claim reports for authorization and reconciliation

Sobering Center Workflow: MCPs



- Decision point: is an auth present?
 - » If yes: no action needed
 - » If no:
 - » Conduct a review
- **Decision point:** Is it a member care issue or is provider education needed?
 - » If member care: connect with member
 - » If provider education needed: outreach to provider

DAY HABILITATION PROGRAMS

- » Day Habilitation Programs are provided in a member's home or an out-of-home, non facility setting.
- » Day Habilitation Program services include, but are not limited to, training on:
 - » The use of public transportation;
 - » Personal skills development in conflict resolution;
 - » Community participation;
 - » Developing and maintaining interpersonal relationships;
 - » Daily living skills (cooking, cleaning, shopping, money management); and
 - » Awareness of community resources, such as police, fire, and local services, to support independence in the community



DAY HABILITATION Documentation Requirements

Documentation of:

What is the member's housing status?

- Homeless
- Chronically homeless
- At risk of homelessness
- Entered housing in the last 24 months

The member is participating in (*check one or both*):

- Housing navigation
- Housing tenancy and sustaining services

The member would benefit from the following training:

- Use of public transportation
- Personal skills development in conflict resolution
- Community participation
- Developing and maintaining interpersonal relationships
- Daily living skills (cooking, cleaning, shopping, money management)
- Community resources awareness such as police, fire, or local services to support independence
- Selecting and moving into a home
- Locating and choosing suitable housemates
- Locating household furnishings
- Managing personal financial affairs
- Recruiting, screening, hiring, training, supervising, and dismissing personal attendants
- Dealing with and responding appropriately to governmental agencies and personnel
- Asserting civil and statutory rights through self-advocacy
- Building and maintaining interpersonal relationships, including circle of support
- Other

Sobering Centers Promising Practices

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Eddie Hathcock
Program Director
Sun Street Centers Sobering Center



Our center

Who we are

- A safe alternative for social model detox
- A quiet, safe space to begin recovery on the right foot
- 10-bed facility in Salinas
- 24-hour on-site staff
 - Medical Assistant
 - Recovery Specialist

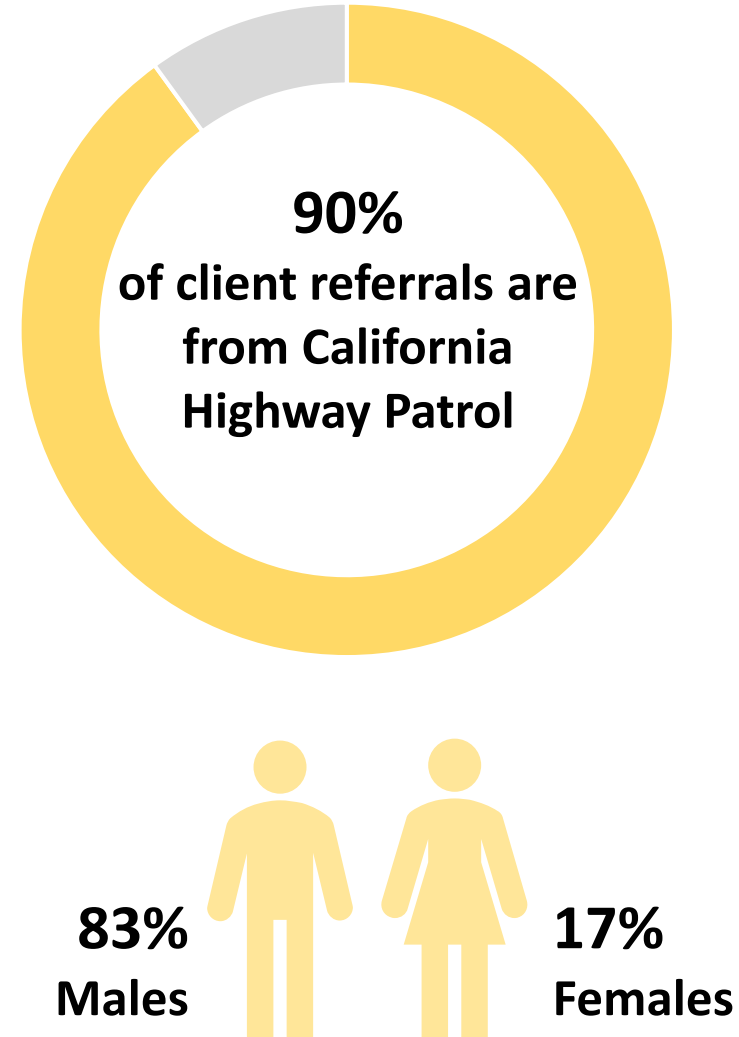


Our program

Our Mission: Preventing alcohol and drug addiction by offering education, prevention, treatment and recovery to individuals and families regardless of income level.

Who we serve

- Ages 18+
- Be verbally responsive, able to communicate, non-combative
- Clients with Medi-Cal, private health insurance, and uninsured clients
- As of 6/5/22, we have served 1,342 clients



Referrals

- Clients diverted from jail and ED for public intoxication
- Referrals from Law Enforcement only (no self-referrals/walk-ins)
- Drop off in and out in 10 minutes



What we do

- Monitor clients and provide food and rehydration
- Provide referrals to physical and mental health specialists and follow-up care
- Transport clients to home, shelter, or treatment facilities
- Referrals to physical & mental health professionals

Client outcomes

- Divert clients from jail and ED for public intoxication
- Monitor clients and provide food and rehydration
- Provide referrals to physical and mental health specialists and follow-up care





Client Stories

FAQs

- » Billing and rates
- » How to become a provider
- » Who can refer patients and how to make a referral
- » How eligibility is determined

Provider Resources

Next Steps for Providers

Learn more about Community Supports:

- [Community Supports Explainer](#)

Review ECM and Community Supports guidance documents:

- [DHCS-MCP ECM and Community Supports Contract Template](#)
- [ECM and Community Supports Standard Provider Terms and Conditions](#)
- Reach out to the MCPs in your county if you are interested in becoming an ECM/Community Supports provider, see Slides 55 – 70 in the Appendix for additional details.

Questions?

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Closing

- » Next Community Supports Webinar:
 - » Asthma Remediation and Home Environmental Modifications
 - » July 20th at 12pm PT
 - » [Register here](#)

- » Please send questions to: CaAIMECMILOS@dhcs.ca.gov.

Resources

- » [DHCS Community Supports Policy Guidance](#)
- » [Non-Binding ILOS Pricing Guidance](#)
- » [National Sobering Center](#)

Citations

1. [Smith-Bernardin, https://www.chcf.org/wp-content/uploads/2021/07/SoberingCentersExplainedInnovativeSolutionAcuteIntoxication.pdf](https://www.chcf.org/wp-content/uploads/2021/07/SoberingCentersExplainedInnovativeSolutionAcuteIntoxication.pdf)
2. [Scheuter, Cost impact of sobering centers on national health care spending in the United States](#)
3. [Ross, EMS triage and transport of intoxicated individuals to a detoxification facility instead of an emergency department](#)
4. [Flower, Validation of triage criteria for deciding which apparently inebriated persons require emergency department care](#)
5. [Smith-Bernardin, EMS Can Safely Transport Intoxicated Patients to a Sobering Center as an Alternate Destination](#)
6. <https://www.sciencedirect.com/science/article/abs/pii/S0735675720310408?via%3Dihub>